

**Port Gamble S’Klallam Tribe – Title IV-E
Waiver Demonstration Project**

Final Evaluation Report – June 2020



***Prepared for Port Gamble S’Klallam Tribal Child Welfare
Program***

***Marc Bolan Consulting
Seattle WA***

www.marcbolanconsulting.com

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EXECUTIVE SUMMARY

In January 2016 the Port Gamble S’Klallam Tribal Child Welfare program started implementing a Waiver Demonstration project supporting the use of different interventions and policy practices related to serving families involved in or at-risk of involvement with welfare program services. The tribe received approval from the Department of Health and Human Services Children’s Bureau and proposed to implement two newer interventions – Positive Indian Parenting and Family Group Decision Making, to work on policy improvements around supporting foster care providers and youth transitioning out of foster care, and to use the financial flexibility afforded by the Waiver to modify program policies, procedures and practices.

In 2015 the program contracted with Marc Bolan Consulting, an independent research and evaluation firm in Seattle, to manage the overall evaluation of the project. The goal of the study was to evaluate the implementation of the different components of the waiver project and to evaluate the short- and longer-term impacts of these interventions on case outcomes and costs to the system. In this study we drew on secondary data on the experiences of individual cases over time and the costs associated with the services of these cases, primary data from staff and stakeholders and survey data from those involved in the implementation and participation in the different interventions. The primary components of the overall evaluation included:

1. Process/Outcome evaluation of the Positive Indian Parenting intervention
2. Process/Outcome evaluation of the Family Group Decision Making intervention
3. Comparison of outcomes for cases before (i.e. “Old” cases) vs. after (i.e., “New” cases) the onset of the Waiver Demonstration project
4. Assessment of the changes over time in the services and supports provided by the program to families involved in or at-risk of involvement in dependency cases (i.e., System Change Study)
5. Assessment of the cost-effectiveness for cases before vs. after the onset of the Waiver Demonstration project

We identified some key findings that emerged from the process, outcome and cost evaluation components of the study:

- “New” cases (i.e., those starting from January 1, 2016 on) were more likely to close, reunify or move into a guardianship in a shorter period of time than those starting before the waiver period. The cost effectiveness analysis indicated that the benefits of case resolution experienced for this population clearly outweigh the slightly higher costs needed to achieve these outcomes.
- Enhanced prevention efforts over time have contributed to beneficial outcomes for individuals and the program. The survey and interview data suggests that the combination of the use of interventions such as Positive Indian Parenting along with shifts in the program’s ability to do day-to-day prevention with at-risk families has resulted in short term changes in participant knowledge, skills and behaviors and an important longer term decline in cases coming into the welfare system.
- The system change study highlighted a number of important changes that further help us understand the successes over time. The program’s work in evaluating and modifying policies, practices and procedures has resulted in more direct work with families, stronger communication with these families and some shift in how the staff are viewed by participants; now seen more of a “provider of services” vs.

and “enforcer of the plan”. Similarly, we found stronger collaborations between the Child Welfare program and Court Services, that have supported the family’s efforts to make progress on cases.

- Initiating and implementing the Family Group Decision Making program was a concern. While the intervention would seem to have promise for this community, the lack of process and outcome data means that we have little understanding of how well it would work in this community.
- Of note there has been substantial progress in the program’s ability to recruit and retain licensed foster care providers. Beyond the enhancement of the foster care coordinator role within the program staff structure, the Child Welfare program received assistance on mapping the process of how the licensing program operates on a day-to-day basis and on how to review and restructure of foster care provider files for compliance with existing foster care licensing standards.

The overall findings suggest that the interventions, coupled with financial flexibility and technical support afforded by the Waiver demonstration, have clearly supported the program’s ability to better serve tribal families. The evaluation showed beneficial case outcomes at only slightly higher costs, showed that families and individuals gained valuable knowledge and skills in working with the program and, perhaps most importantly, the program has developed policies, procedures and practices that should allow it sustain these efforts moving forward past the waiver period.

INTRODUCTION AND OVERVIEW

Background and Context – Social/Historical/Other Antecedents to Implementation

The Port Gamble S’Klallam Tribe, originally known as the *Nux Sklai Yem* (“strong people”), are descendants of the Salish people who have been well-established in the Puget Sound Basin and surrounding areas since 2400BC. The Port Gamble S’Klallam Reservation, located on the northern tip of Washington State’s Kitsap Peninsula, was established in the late 1930s. Many of the Tribe’s members, who total about 1300, still live on or near the Reservation today.

In 2012, the Port Gamble S’Klallam Tribe (PGST) was the first tribe in the nation to receive approval from the U. S. Department of Health and Human Services (DHHS) to run its own Title IV-E program governing guardianship assistance, foster care, and adoption assistance. The Tribe’s licensed foster care program uses Tribal standards on the reservation. The Tribe’s first preference, through this program, is to place a foster child with a relative, with an overarching goal of reuniting child and parents.

PGST’s Indian Child Welfare Program, a division of PGST Children and Family Services Department, manages the Tribe’s Title IV-E program and provides the bulk of services to the community’s vulnerable children and at-risk families including:

- child protective investigation services
- foster home licensing
- child placement
- child welfare services support to children in relative or Tribal foster care
- caregiver and parent support services
- case management services
- referrals to community and professional services

The purpose of the Program is to ensure children are safe, nurtured, protected, and supported. The program offers services in a way that protects and benefits the children; respects and preserves the culture, values, and traditions of the Port Gamble S’Klallam Tribe; and gives families access as well as input into the full range of programs and services they need.

The Tribe’s child abuse and neglect prevention, intervention, treatment, and foster care services as well as the family support/preservation services are primarily provided within the Tribal structure. PGST’s Behavioral Health Program (chemical dependency and mental health), Youth Prevention, and Together for Children programs independently and collaboratively provide resources, services and classes for families focused on family strengthening and communications; child development; and on domestic violence, and drug and alcohol prevention.

Purpose of the Waiver Demonstration/Overarching Goals

Despite continuing efforts to change child welfare practice, the effects of historical and intergenerational trauma from previous, non-Tribal policies are still prevalent in many Tribal communities. The PGST community is continually trying to learn and re-learn how S’Klallam cultural traditions and values can strengthen our

children, families, and Tribal community. Although historical trauma and events have, in many cases, interfered with the ability to parent, the rural area in which the PGST reservation is located presents challenges such as lack of transportation to services outside of the reservation, and limited economic opportunities. The PGST Children & Family Services Department proposes to help children needing foster care be placed in high quality foster homes, improve the well-being outcomes for children and families receiving services in-home, and on a larger scale, to engage families in healing and recovery as much as possible from historical and generational trauma.

This sentiment prompted the desire to pursue the waiver demonstration project that would allow the program to test some alternative interventions and improvement policies tailored to the needs of the Tribal community. At this point little has been learned about the efforts of Tribal communities to utilize interventions and employ different approaches in providing services to children and families involved in the child welfare system and this project offered an opportunity to assess how these approaches could impact long term outcomes and goals including:

- (1) Increasing permanency for all infants, children, and youth by reducing time in foster placements when possible and promoting a successful transition to adulthood for older youth.
- (2) Increasing positive outcomes for infants, children, youth and families in their homes and tribal communities, and improve the safety and well-being of infants, children, and youth.
- (3) Prevent child abuse and neglect and re-entry of infants, children, and youth into foster care.

Intervention/Components

As noted, there were two primary interventions and two program improvement policy areas included the waiver demonstration program. The interventions are described below:

Positive Indian Parenting is a curriculum developed by NICWA (National Indian Child Welfare Association) intended to provide culturally appropriate parenting training to birth parents in these dependency cases. The curriculum has been used in many Tribal settings with diverse populations, and has often been tailored to fit the specific traditions of a given Tribe, thus providing the Tribal community a voice to in determining effectiveness of the curriculum, and offering input into how the curriculum can also be refined for lasting effects. In this project the Port Gamble S’Klallam Tribe worked with NICWA to tailor the curriculum to reflect S’Klallam values, and NICWA provided ongoing training to local staff on how to facilitate the curriculum with the target families. Over the period of the Waiver project the curriculum was delivered in group settings and used as a one-on-one delivery model with a small number of families with open dependency cases.

The core components for the PIP intervention included eight weekly sessions focusing on:

1. Traditional Parenting – positive Native teachings about managing child behavior and child development, utilization of community resources and helpers
2. Lessons of the Storyteller – using stories with children, support of extended family
3. Lessons of Cradleboard – Native examples of nurturing children for healthy development, understanding of child’s stages and phases, accessing positive elders

4. Harmony in Child Rearing – teaching about harmony and balance, traditional teachings on preventing parenting problems
5. Traditional Behavior Management – positive ways in which Native peoples have historically managed child behavior, use skills in traditional teachings to set limits and discipline
6. Lessons of Mother Nature – Native examples from nature to help children, helping children prepare for world
7. Praise in traditional Parenting – how Native cultures have used praise to support children, traditional teachings to encourage learning and positive behaviors, accessing elders
8. Choices in Parenting

Family Group Decision Making (FGDM) is a process in which family members, community members and others collaborate with the child welfare agency that has become involved in the family's life to create a plan for a child or youth. The family members define whom they claim as their family group. In FGDM processes, a trained coordinator who is independent of the case brings together the family group and the agency personnel to create and carry out a plan to safeguard children and other family members. FGDM is viewed as a strength-based practice to come up with a working service plan with input from family and community members to provide resources for child/ren. The process involves getting to know family members, articulate issues, provide an explanation of court processes and timelines, and brainstorm regarding resources. Further work includes linking service providers in working with children and families; promoting resolution-based ideas or coming up with alternatives for working through family issues that resulted in child welfare case. Further details about the content of the curriculum are described in the section on fidelity.

The two program improvement policies include:

Preparing Youth in Transition: The establishment of procedures designed to assist youth as they prepare for their transition out of foster care, such as arranging for participation in age-appropriate extra-curricular activities, providing appropriate access to cell phones, computers, and opportunities to obtain a driver's license, providing notification of all sibling placements if siblings are in care and sibling location if siblings are out of care, and providing counseling and financial support for post-secondary education. Initial discussions also included drafting and revision of a more detailed policy and procedural manual to specifically address working with older youth. While a children's bill of rights is included with the transition to successful adulthood plans, the Child Welfare program is also interested in continuing to work with older youth to ensure their needs are being adequately met to prepare them for life outside of the child welfare system.

Recruiting and Supporting High Quality Foster Homes: The development and implementation of a plan to improve the recruitment and retention of high-quality foster family homes trained to assist infants, children, and youth swiftly secure permanent families. Supports for foster families under such a plan may include increasing maintenance payments to more adequately meet the needs of infants, children, and youth in foster care and expanding training, respite care, and other support services for foster parents.

The Tribal community has seen an influx of cases entering the child welfare system due to neglect stemming from parental substance abuse, as well as child medical or behavioral issues. There remains a need for training specifically designed for tribal foster care providers to handle these types of issues, as well as be able to work with youth who are experiencing trauma. Foster care providers were often unequipped to handle behavioral

issues as they arose, although the desire to help their extended family members was there. The Child Welfare program wants to ensure these foster care providers receive the support they need to continue as foster parents, as well as showing the tribal community how important and valued foster care provider services are for contributing to safety and well-being of young community members.

Target Population

The interventions included in the Waiver Demonstration project, first and foremost, targeted services to families involved in the Port Gamble S'Klallam Child Welfare program. This included Tribal families with open dependency cases, about 40 active cases at the start of the Waiver period. The Family Group Decision Making was planned for use with open dependency cases and the hope was that the Positive Indian Parenting would also be offered to families with open cases. However, there was also an expectation that the Positive Indian Parenting program would be offered throughout the community, likely drawing in parents with an interest in the topics and families at potential risk for involvement in the child welfare program.

With respect to the proposed program improvement policies, the target population for the Preparing Youth in Transition strategy included youth from ages 14 to 18 involved in open dependency cases who were coming close to the end of their youth involvement in the case. At the start of the Waiver period this included 14 youth, most of whom were actively participating in the Tribal youth services activities. In the case of the Recruiting and Supporting High Quality Foster Homes improvement policy the primary audiences included those in the community who currently served as Tribal foster care providers as well as those in the community potentially interested in maintaining licensed foster care homes.

EVALUATION FRAMEWORK

Theory of Change/Logic Model

The original Logic Model and Theory of Change Model for the Waiver Demonstration project are presented in **APPENDICIES 1-2**. These models consider the implementation and potential outcomes associated with the use of the two program interventions (i.e., FGDM and PIP) as well as the two program improvement policies. Some key elements of the models:

- The models assume over time that the program would draw on a combination of local knowledge and outside technical assistance and expertise to ensure that the interventions are effectively developed and implemented
- Given the size of the Tribe and target populations the expectation was that the programs would be used with relatively small numbers of participants and families
- The short-term outcomes for each of the primary interventions indicate that we would first expect changes for the staff who were to carry out the local implementation and then second changes in the knowledge, attitudes and skills of those who participated in the intervention.
- The hope was that longer-term improvements in stability and case outcomes would result from a combination of the interventions utilized in conjunction with other changes in the system of services and supports provided by the program.

We did not modify our logic models over time, rather using them as a guide for assessing implementation and impact over time. Our analysis later in this report will show that the program did not implement the interventions and policy improvement areas to the extent originally expected, and as such does not have enough data to show changes in the expected short outcomes. In hindsight, though, it is evident that the original model could have been more complete in articulating how changes in the way that the program serves and supports families with dependency case would contribute to the achievement of outcomes. As will be discussed further, the program experienced substantial changes in how they serve families, carry out different roles and functions, and partner with other programs, that have likely contributed to successes with families seen over time. Our original model could have explored this connection more from the onset.

Overview of Evaluation

The evaluation for the Waiver Demonstration project combined the collection of quantitative and qualitative data to assess the implementation and impacts of project activities and strategies. The Child Welfare program serves a small number of families (i.e., less than 10 new cases per year) and thus it was not feasible to use comparison or experimental design approaches in the study. Rather we relied on the collection of data from target populations (e.g., participants in the Positive Indian Parenting) and data from individual dependency case files from the periods before and after the start of the waiver project to address the key research questions.

There were four primary components of the overall evaluation:

1. Process/Outcome evaluation of the Positive Indian Parenting (known locally as the "Strong People Parenting the S'Klallam Way" Program) intervention
2. Process/Outcome evaluation of the Family Group Decision Making intervention
3. Comparison of outcomes for cases before vs. after the onset of the Waiver Demonstration project
4. Assessment of the changes over time in the services and supports provided by the program to families involved in or at-risk of involvement in dependency cases (i.e., System Change Study)

Here is brief summary of the elements for each of the different components of the evaluation:

Evaluation of Positive Indian Parenting curriculum (Process and Outcomes)

Data Sources/Collection: Assessments of the implementation of program sessions completed by the program facilitator and Pre/Post program surveys completed by participants. Of note, there was an intent to conduct open-ended follow-up interviews with selected participants six weeks after the completion of the program, but this did not come to fruition.

Sampling Plan: The program facilitators completed the implementation assessments after each of the program sessions during each of the course cycles. With respect to the participant survey data the goal was to have all participants complete the Baseline and Follow-up surveys over the course of the program period. We had hoped to separate out those program participants who had some involvement with the Child Welfare program during the time period but found that sample too small for any meaningful analysis.

Data Analysis: As expected the sample for analysis of the implementation and outcome data is fairly small. In the case of the implementation assessments we have data from eight different sessions over two different classes. As such much of the analysis looked at simple frequencies and descriptive statistics as well as qualitative assessment of open-ended responses to questions about successes and challenges experienced during the session. In the case of the survey data, again we only have Baseline and Follow-Up data from 19 individuals. Again, we relied on descriptive statistics coupled with comparisons of frequencies and averages for the paired sample over time to examine changes in expected outcomes.

Limitations: As noted with a small sample there were challenges in assessing whether the intervention truly impacted knowledge, attitudes and behaviors of the participants. Moreover, as this was a project focusing on child welfare related outcomes, it would have been more useful to be able to isolate to the experiences of families of those involved in the Child Welfare program. Yet, as noted, this subsample was too small for any meaningful analysis.

Evaluation of Family Group Decision Making curriculum (Process and Outcomes)

Data Sources/Collection: The primary intent was to collect data regarding the implementation of the FGDM process from both the program facilitator and the session participants. We developed a survey completed before and after the session by the facilitator that addressed issues including amount of time spent of different phases of the meeting, participants level of preparedness for and engagement in the meeting, and overall successes and challenges experienced during the meeting. Moreover, we developed a similar survey completed

by all participants before and after the session that addressed issues including participants level of preparedness for and engagement in the meeting, perceived purposes of the session, assessment of specific components of the process including presentation of information, private family time discussion and eventual development of the family plan, and overall successes and challenges experienced during the meeting. Last, we also developed an observational assessment completed by an external member of the evaluation team that recorded information on the facilitators role and activities, the participant's level of preparedness for the meeting, the intended goals of the meeting and the overall successes and challenges experienced during the meeting. These data would provide a perspective on the extent to which the process was carried out as intended.

To gain some perspective on the potential outcomes for the family involved in the dependency case over the course of the intervention we created interview tools to gather information before and after the FGDM session from the client and his/her Family Care Coordinator (FCC). The interview protocol focused on questions of who the family works with for support, the relationship between the parents and children, the relationship between the birth parents and foster care providers, the current family strengths and weaknesses and the goals the individual/family hopes to achieve over time. The intent was to follow-up regarding the progress on stated goals during the post session interview.

Sampling Plan: The intent was to gather survey data from the facilitator and invited participants at the all the FGDM sessions. In addition, to the extent possible we intended to complete the external observational assessment at each of the sessions. Moreover, in each case we would complete the Pre and Post interviews with the parent(s) and the Family Care Coordinator.

Data Analysis: We expected a very small sample of cases (less than 5). As such the analysis would focus on the assessment of qualitative data from the surveys and observational assessment to provide picture about program implementation and similar data from the interviews to highlight possible changes in case outcomes over time.

Limitations: As will be described in further detail the clear limitation was the lack of data. The program intended to use the intervention on a consistent basis, but in reality, only carried out two sessions during the study period and we were only able to get any meaningful data from one of those sessions.

Comparison of outcomes for cases before vs. after the onset of the Waiver Demonstration project

Data Sources/Collection: The analysis contrasting the case outcomes and characteristics over time drew from data housed in the Port Gamble S'Klallam Tribal TAS Child Welfare database. As the staff work with dependency cases, they consistently enter information on case status, court actions, licensed/non-licensed care placements and foster care payments into this system. Therefore, we were able to access information over the course of the case's history on their status (e.g., ongoing, reunification, etc.), numbers and types of court actions, numbers, dates and lengths of provider placements, and amounts of licensed care and respite payments. The system houses all data on these clients from April 2012 (the time when PGST started self-managing the Title IV-E services) to current day.

Sampling Plan: The full sample consists of all families with dependency cases opened in the period between April 1, 2012 and September 20, 2019. For the purposes of the analysis each individual child was considered a

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distinct case. The “Old” cases included all of those opened in the period from April 1, 2012 – December 31, 2015, before the onset of the Waiver project and the “New” cases opened from January 1, 2016 on. This included 76 children, 49 in “Old” sample and 27 in the “New” sample. Of note this includes cases with out-of-home placements as well as those we referred to as “permanency” cases where the dependency action was opened but the child(ren) were never removed from the home.

Data Analysis: We had a sufficient size sample to complete some quantitative analysis comparing measures of case status, length of cases and number of placements for the two groups. The analyses were more descriptive in nature looking at comparisons in averages and frequency distributions for the two groups. Our primary analysis looked a direct comparison of the outcomes by 24 months after case initiation. In the case of the “Old” sample (n=39) this involved only looking at those who opened the case between April 2012 and November 2014 and would have up to 24 months of follow-up before they entered too far into the Waiver Demonstration period. For the “New” sample (n=21) this included those opening from January 2016 and January 2018, ensuring they could have 24 months follow-up prior to the end of the analysis period.

Limitations: While the full sample includes 76 total cases, some of the analyses comparing different samples with different case resolutions continue to draw on small sample sizes. For example, analyses looking at patterns of placements for those with different case resolution status or looking at the length of cases (and subsequently costs of cases) among those who resolved by 24 months were based on the comparison of small numbers of individuals.

Assessment of Program System Change over the course of the Waiver Demonstration project (i.e., System Change Study)

Data Sources/Collection: All data for this assessment was gathered through interviews with different program staff and stakeholders. This included interviews completed by the evaluation team with key program staff (i.e., program management staff, Child and Family services staff, family care coordinators, foster case support staff, etc.), key staff with other programs that Child Welfare partners with (i.e., Wellness Center, Youth Services, Court Services, etc.), foster care providers as well as families who experienced dependency actions and worked with the program. We developed distinct interview protocols for each group with the intent of gathering data to inform about direct work with the clients and cases, collaborations and partnerships intended to support families, the specific needs and challenges experienced by clients and families and the ways the program modified policies, activities and procedures over time.

Sampling Plan: The sample consisted of identified staff and stakeholders who could provide insight on changes with program implementation and impacts over the course of the waiver project. The plan was to talk with all key management and program staff and then interview a subset of those from partner agencies and departments, those who served as foster care providers and families who participated in the program services. The evaluation team worked with the program staff to construct a purposive sample, individuals who could best inform about the research questions of interest. The final sample included 10 individuals from the groups noted above.

Data Analysis: We used qualitative analysis identifying key patterns and themes across responses from the full sample and the different subgroups to highlight possible changes in the various domains of interest. We aligned these data with questions associated with the system change study (discussed further below) and confirmed some the key shifts we observed over time in conversation with the program management staff who have been working with the program since of the onset of the study period. The specific analysis looked for consistency in responses across interview subjects and uses key quotes to illustrate key findings.

Limitations: We intended to interview some birth parents who had been involved in dependency actions but were unable to successfully connect with any individuals in this sub-sample.

PROCESS STUDY

We focused the process evaluation for Waiver Demonstration project in two areas. First, we collected data regarding program implementation to assess the program's experience and success in carrying out the intended interventions targeted at families involved in the child welfare system. This includes the PIP and FGDM interventions described earlier as well as the policy improvement areas for working with youth and foster care providers. The key research question addressed whether the program was able to implement these new interventions with the level of fidelity needed to impact the experiences of participants, and as we will discuss, we drew on a combination of quantitative and qualitative data to answer this question.

Second, we addressed the overarching question of how the system of services and supports provided by the program to families involved in (or at risk of involvement in) the child welfare system changed over the course of the Waiver Demonstration project. For the purposes of this summary we refer to this as the System Change Study. In addressing this question we were interested in how various facets of the structure, organization, and operations of the Child Welfare program evolved over this period when new interventions were utilized, new improvement areas were considered and the program was able to draw on technical assistance resources to examine the policies and procedures encompassed in this system of supports for families. We consider this more of a "process" question in that the focus was on gathering data around how the program implemented services with clients and stakeholders differently over time. Yet it is also evident that some this change is also reflected through the beneficial outcomes experienced by many families who were served during this shift in program operations and structure. We utilized open-ended interviews with program staff, stakeholders, partnering programs, and foster care providers to document these changes over time.

Key Implementation Measures

Family Group Decision Making (FGDM)

In looking at the implementation of the Family Group Decision Making process we were most interested in measures regarding the extent to which the program carried out the process as intended. There are clear guidelines and recommendations regarding the implementation of the components of the process including how to invite participants to the session, how to engage these individuals in greater participation, and how to proceed through the different phases of the process.

We used a combination of participant surveys, facilitator surveys and an observational assessment to capture information on the program implementation. These data provided insight on:

- The roles of staff, facilitators and participants in the process
- The perceived purposes of the session
- The participants level of preparedness for and engagement in the meeting
- The assessment of specific components of the process including presentation of information, private family time discussion and eventual development of the family plan
- The amount of time spent on different phases of the meeting
- The overall successes and challenges experienced during the meeting

Positive Indian Parenting (i.e., "S'Klallam Strong Families")

With respect to implementation of the Positive Indian Parenting program, we developed a detailed fidelity assessment instrument completed by the facilitators that documents the extent to which they used individual components of each session with the participants and notes any successes and challenges that occurred during the program sessions. This tool also gives the facilitator the opportunity to indicate whether program participants have started to use some of skills and behaviors addressed in the individual sessions. The more specific measures culled from this assessment include:

- The length of the overall session and of different components of the session
- The number of participants and composition of the group
- The extent to which the facilitator was able to implement different activities and exercises
- Levels of participant and engagement among program participants
- Overall successes and challenges experienced during each session

System Change Study

In the System Change Study, we were most interested in how various components of the organization, structure and operation of the Child Welfare program changed over time. There are different facets of the program that help explain how the program works with families before, during and after formal involvement in the program services, how the program manages the financial components needed to provide the series, the how the program partners or collaborates with other Tribal programs and entities in the provision of services and how the program manages and uses data to support implementation efforts. The data we collected allowed to us explore changes over time in the following areas:

Direct work with families involved in (or at-risk of involvement in) child welfare program services

- How the program investigates possible child-welfare related cases
- The types of prevention related services utilized with families in advance of formal involvement with the Child Welfare program
- The use of newer interventions (e.g., FGDM, PIP) to support case outcomes
- The day-to-day direct work with families including the areas of supporting basic needs, helping with placement and in-home placement situations, helping them with court requirements and providing ongoing support for challenges
- How the program works with families as they move closer to potential reunification or guardianship situations

Financial and administrative operations of the program

- Ways the program utilized financial sources to support the provision of services to the clients as well as the direct needs of families (involved in or at-risk of involvement in the program), foster care providers and youth involved in the dependency cases
- The evolving roles and responsibilities of the staff involved in the provision of services
- The different procedures, strategies, and tools that staff use to manage and support ongoing dependency cases

- The information systematically collected from clients and/or about the dependency cases
- The use of these data to support ongoing program operation and/or direct support for families involved in the program

Collaborations and Partnerships

- The Child Welfare program’s work with other internal Tribal and external support programs to enhance the provision of support services to the families with dependency cases, to foster care providers and to youth involved in these cases
- The ways the program collaborates with the Tribal Court services in addressing the needs of the Court and the families during hearings and court sessions

Data Analysis

Family Group Decision Making – Process Evaluation

As noted earlier, the program completed little implementation of the Family Group Decision Making (FGDM) with open dependency cases. The process was used with two families and we do have some data with regards to the implementation of the FGDM intervention. At each of the two sessions the meeting participants and facilitator completed our before/after survey and in the second meeting (i.e., the family involved in the research study) a member of the research team attended and completed an observational assessment of the session. In total, 15 participants completed the survey (see in **APPENDIX 3**) and some general findings include:

- Participants seemed to understand the underlying concern with the family that prompted the need for the meeting and the purpose of the meeting at the start of the process.
- Participants feel that the Child Welfare staff members and coordinator were clear about what would happen at the meeting, about the family concerns and were open to questions about the process.
- Participants reported that the meeting was carried out in a respectful manner, that the coordinator and staff treated the family with respect and provided the time needed to work on a family plan.
- About 86 percent strongly agree they would recommend the FGDM process to others in similar situations.
- A common theme expressed in open-ended comments noted that the meeting provided a safe environment where the family could open-up on these difficult issues.

Positive Indian Parenting – Process Evaluation

As noted, the focus of the PIP process evaluation was on the question of implementation of the curriculum. To that, the program facilitators completed a fidelity assessment after each session in the class that captured information on participants understanding of materials, overall engagement and participation in class activities. The tool further gathered information about the use of specific components of the curriculum during the session and allowed the facilitator to report on what they thought worked or did not work in the sessions and whether it appeared that parents were starting to use strategies discussed in the sessions (see **APPENDIX 4**). Some general findings include:

- The facilitators were able to mostly or completely cover the different components of each of the sessions suggesting a strong level of fidelity to the intended implementation.
- They provided fairly high ratings of group interest in an understanding of the content and topics, participation in the discussions and exercises, and belief that participants would use strategies learned in the session.
- Moreover, by the later sessions in the class, the facilitators believe that many participants were engaging in behaviors such as storytelling with their children, positive reinforcement strategies, participation in traditional activities such as music, crafts and events, and demonstration of patience with their children.

System Change Study

As noted, we used a purposive sample of interviews completed by the evaluation team to gather data for the System Change Study. We conducted the interviews over a period from mid-2019 to early 2020. As such the sample included all program management staff, a subset of the Family Care Coordinators active at that time and other program staff involved in the support of foster care providers. We further completed interviews with staff involved in the implementation of the two different interventions (i.e., PIP and FGDM), with key stakeholders from other Tribal support programs including Youth Services and Court Services and with a subset of past/current foster care providers. In total we completed interviews with 10 individuals. Below we note some key findings of the assessment and more detailed discussion of changes over time in the staff work with families, the financial and administrative program operations and in partnerships and collaborations.

Key Findings

- **The nature of the day-to-day work with families involved in and at-risk of involvement with the Child Welfare program has changed over time.** We observed changes in how the staff approach the work with the clients, in the tools, procedures and practices they use to work with these families and the ways they draw on resources to support clients. There is some belief that these shifts have supported more beneficial outcomes for participants and created a more positive perspective and reputation of the program in the community.
- **The Waiver demonstration project participation contributed to such shifts in a number of ways.** We found that the time and financial flexibility afforded by the Waiver supported the program in addressing past barriers through finalizing guardianships for longer-term cases, implementing and paying for more prevention work with at-risk families, and building better tools, procedures and practices for the day-to-day work with clients and management of program services.

Direct work with families involved in (or at-risk of involvement in) child welfare services before, during and after formal involvement

Our assessment identified changes in how the program works with families before, during and after involvement in child welfare services. First, the program itself has taken a more active role in and responsibility for implementing activities and practices intended to prevent at-risk families from progressing to the point of an open dependency case. In the period prior to the Tribe taking formal management of the Title IV-E services the

Family Preservation Program (FPP) operated through Child and Family Services that was designed to work with at-risk families. At its height the FPP program staff typically worked with families with issues that did not quite rise to the level of removal of children from the home on addressing family needs, family and personal barriers to success and connecting them with other support resources. However, over time with shifts in the investigator role within the Public Safety department, there were fewer and fewer referrals of families to the program and over time the responsibility for many of these services shifted to the Child Welfare program.

Moreover, in the period prior to the waiver project there were two other factors limiting prevention services. First, the financial constraints placed on child welfare programs meant that the program could only be reimbursed for services provided to active dependency cases and subsequently the program had to fight for financial support for prevention resources with the State of Washington. Second, in the earlier years of Tribal management of the child welfare services the responsibility for investigation of possible dependency cases lay in the purview of the Public Safety Department. Those serving as investigators typically had a background in law enforcement and less experience in working with clients on direct support activities. The charge at that time was simply for the investigator to assess whether court intervention was needed, and, if so, pass the client on to the Child Welfare program. In situations where court intervention was not suggested the intent was to refer the families to the FPP program, but as noted, these referrals stopped towards the end of that program's life span.

The evolution of the child welfare investigator role in conjunction with the advent of the Waiver Demonstration project has resulted in a situation where the Child Welfare program provides more prevention related services in advance of formal involvement in the program. The current investigator, who also serves as the program supervisor, has the skills and experience needed to staff individual cases. Moreover, the continued work with the State of Washington coupled with the financial flexibility afforded by the waiver has led to a situation where the program can support the use of different prevention services. Additionally, this building partnership with the State of Washington has made it easier to access and utilize programs including Family Builders and In-Home Therapy. Over time there is a hope that the Family Care Coordinators will take on additional responsibility for working with at-risk families, perhaps in a model where FCC's have both prevention and dependency caseloads, thus drawing some of the day-to-day work from the program supervisor.

The data shows that there have been shifts over time in how the program staff approach working with families involved in dependency cases. The FCC's, in particular, commented on how the nature of their communication with clients has shifted to better address ongoing individual needs, ongoing challenges, preparing for different situations including court appearances, dealing with foster care providers, and working with other support providers. One FCC further noted how changes in how the staff documents the activities with clients in case notes has supported consistent communication efforts with the families.

With these changes in the nature of the work with the families and children there is an increasing sense that staff operate in a role that is more supportive of the family and the needs of the dependency case. For a long time the perception of the program and its staff was as the "enforcer" of the plan; the FCC viewed as a person working for an enforcement body that would check in occasionally to make sure that the family was progressing on the documented family protection plan that would result in some case resolution. More and more, the staff have adopted a more "resource driven" perspective, working with the family to address ongoing needs and challenges while at the same time documenting progress on the plan. The staff are now viewed more as

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“providers” of service and there is some belief that that this has influenced the overall perception of the Child Welfare program services and has led to more beneficial outcomes for families and children.

Over time the program has also pushed to resolve many of the longer-term dependency cases. Since the onset of management of the welfare services, the program has had a fair proportion of cases where the children were unlikely to reunify with the birth parents and had been situated in long term placements with a consistent set of foster parents. It was logical to believe that many of the cases might evolve into guardianships where the responsibility for the oversight of the cases would shift away from the program. However, in the earlier years we found that very few of these longer-term placement situations resulted in guardianships even though the program viewed guardianships as a positive resolution and had the desire to achieve this outcome.

Our assessment found that in earlier years the program faced constraints in supporting families pursuing guardianship arrangements. Up until about 2017 there was no consistent mechanism that would allow potential guardians to access State of Washington funded services such as childcare or specialized medical care. As such, there was great reluctance among guardianship candidates to pursue this resolution because of the uncertainty of these financial supports and because many still felt that the Child Welfare staff would do a better job overseeing the process of supporting these children. To this second point, those we interviewed who had considered and/or proceeded through the guardianship process in past years did comment on some challenges understanding the process of attaining a guardianship and wished the program staff had done a better in job in educating them on this process.

As noted over time the program management staff worked with the State of Washington to resolve the financial barriers to guardianship and the staff worked more closely with potential guardians on pursuit of this resolution. One key change emerging over the period of the Waiver Demonstration project that facilitated this work was the development of a foster care coordinator role; a staff member with personal experience in attaining guardianships who was equipped to better educate potential guardians about the pros and cons of the process.

Financial and administrative operations of the program

The program has experienced dramatic changes in staff composition and program roles over time. At the onset of the study period when the Tribe took over management of the Child Welfare services the program consisted of a program manager and a couple of Family Care Coordinators whose primary purpose was to staff the ongoing dependency cases. At that time the investigations of potential dependency cases were driven by the Public Safety department and ongoing prevention work with at-risk families was implemented through Family Preservation or other support programs throughout the tribe.

By the end of the Waiver period the Child Welfare program personnel included a program supervisor who also serves as the in-house investigator, two Family Care Coordinators, a kinship care coordinator, a Foster Care program coordinator and additional support staff roles. We also know that the program provides substantially more prevention activities for at-risk families and has been able to draw from consultants and technical assistance resources to support program operations and data management/evaluation activities. Additionally, the program has now incorporated more consistent structured supervision of cases and enhanced clinical supervision to support the staff.

The staff composition has changed as well over time. In the years prior to the waiver project the primary staff were individuals who grew up and lived outside the community. As such many of them came in with the approach of supporting families and children, but perhaps not with enough knowledge and history of family situations. With staff turnover, more and more community members who grew up and continued to live on the reservation started to fill these support roles. Many interviewees view this as a positive change that has supported the program's ability to work with families and the community. The staff have been able to draw on their history of and experience with the families to build stronger rapport and identify situations that will work best for the families and children. Additionally, there is a sense that including more Tribal members in program staffing and operations is one factor that has helped build a more positive reputation of the program within the community.

The Waiver project further afforded the program the opportunity to evaluate the policies and procedures related to the management and operations of the program services. The program was able to draw on technical assistance from trained consultants to map out the procedures by which staff gather information, manage this information, work with clients and document this work with the clients. As one interviewee noted *"as we went through this assessment process, we developed a better understanding of the structure of the program – assess what is missing, who is responsible for what, what changes were needed for policies and procedures."* The belief is that changes in these practices and procedures have supported the program staff in better addressing the individual needs of families and children. A second interviewee commented that it *"has been helpful to work on development of proper case notes – including emphasis on more specific details about the contact with families, more discussion of the different roles of individuals in the situations. Important work on how to keep the clients on a consistent schedule! Development of forms that can be used more effectively in the field – development of more formal intake forms and safety planning documents – now we have these available in a common binder that can be brought to each visit!"*

In addition, during this period the program has enhanced their data management systems, including entering all past and current data on placements, court actions and foster care payments into the system and working with the database development consultants on easier access to system data. Moreover, the department financial support staff has streamlined ways of managing payment and staff time cost data and the program has worked with Court Services on accessing court information in a more timely and efficient manner.

The waiver demonstration project provided the program with greater financial flexibility for program operations and services. First, it allowed the program to utilize more prevention-based services including the new PIP and FGDM interventions as well as the use of some of the direct services with at-risk families noted earlier in the discussion. The shift allowed the program staff to work directly and earlier in the process with these at-risk families and provide them with concrete supports even in advance of formal involvement in the welfare services. The capped allocation approach further opened up the possibility for reimbursements for a range of different prevention and intervention programs, including for activities such as the development of a park for kids in wheelchairs and supplies and services such as lice treatments. In the past the program was either not sure they could provide financial support for such activities or choosing not to reimburse for such activities.

Second, over time the program has been more thoughtful and purposeful about drawing on financial support for program operations. For example, with the advent of the Foster Care coordinator and kinship care navigator roles the program has been able to provide more direct support to licensed (and some non-licensed) foster care

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providers for a range of needs. This has included direct financial support for concrete goods or projects such as remodeling a bathroom for wheelchair access as well as the financial support needed to cover costs of additional foster care training and resources. Moreover, the program has been exploring the possibility of using this financial flexibility to license more foster care providers that work with specialized situations (e.g., behavioral health treatment homes), to help at-risk and currently involved families with treatment costs not covered by Medicare and with helping these families obtain legal representation for court hearings.

Collaborations and Partnerships

Over time the Child Welfare program has maintained and enhanced partnership with other Tribal and non-Tribal partners who work with many of these same at-risk and program involved families. It is likely that these growing collaborations have contributed to beneficial outcomes experienced by families over the course of involvement in the welfare system. Of note, there has been a clear shift in the partnership between the program and Court Services. This is an important partnership in that the Court Services staff play a crucial role in implementing the legal components of the supervision and enforcement of the dependency action.

Our assessment suggests that while the formal procedures involved in the initiation and supervision of a dependency case in the court system has remained similar over time, the nature of the working relationship between the program staff and families and the program staff with the Court services personnel has evolved. The project management staff commented on how this growing relationship has allowed for the development of new services to support the families and has allowed the program staff to communicate more effectively with families about court expectations before participation in hearings. Moreover, the communication between the program staff and court staff and with the presiding officer from Public Safety has led to more timely information sharing and greater consensus regarding the family's needs in the court setting.

From the perspective of the Court personnel this enhanced collaboration with the program has been invaluable. The staff play a crucial role in providing insights and recommendations to the prosecutor and judge and the court staff rely on these recommendations heavily in judicial decisions about the case. Over time they have seen changes in the "depth and breadth" of information included in family protection plans and case reports and have increased use of this information to support decision making at the hearings. As one interviewee commented *"as opposed to the past there is a feeling that we now are all in the same boat!"*

Individuals from the Court Services further contribute to emerging multi-disciplinary teams that have been developed to work with individual families and children. Over time there has been a realization that families involved in dependency cases need to draw on a wide range of resources and as such the program has worked with Court Services, Public Safety, Re-Entry, Health and Behavioral Health to form teams to provide more coordinated wrap-around services for the cases. In the past the focus was more of the FCC reaching out to find resources and then making a referral for the family to this resource. In the current the decisions about identification and accessing of services and resources are more collaborative and intentional to support the family protection plan.

The program has also maintained a long-standing partnership with the tribal Behavioral Health center. The Behavioral Health center has been a consistent resource for referrals regarding mental health and substance

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abuse counseling and treatment services and there is some thought that over the percentage of cases where these issues are prevalent has increased. We noted that staff play an important role the multidisciplinary teams serving cases. In addition, some Behavioral Health Center staff played a crucial role in the implementation of the Positive Indian Parenting intervention, helping with the adaptation of the original curriculum to fit the community, facilitation of the curriculum classes and sessions and training of community members on facilitation of the curriculum.

The intent over time is to continue working to build partnerships. The tribal Youth Services department has been charged in the past in working with many of the older foster care youth in the community and helping them build the life skills needed for transition out of foster care services. This type of work has been supported by different grants and funding, but there has not been as much direct collaboration between the program and Youth Services on these activities. With the continued emphasis on preparing youth for transition and ongoing dialogue regarding raising the age of transition to 23 there is some of more collaboration between the programs.

Additionally, of late, there has been some movement toward collaboration with the tribal Together for Children (TFC) program. Since 2012 the TFC program has provided infant and early childhood home visitation services and this period has worked with a number of families who were involved in the welfare program and even with some of the foster families. There is some thought that the work of the TFC program with new mothers has been influential in the reduction of cases coming into the FCC program, serving as an important prevention program for those at-risk of involvement in the system. The FCC staff have started to meet more consistently with the TFC personnel regarding the staffing of those cases where is some welfare system involvement and have communicated some possible data sharing.

OUTCOME STUDY

We focused on three components in assessing the potential outcomes of the Welfare Demonstration project for families involved in dependency cases:

1. The short-term outcomes for those families participating in the Family Group Decision Making intervention
2. The short-term outcomes for those families participating in the Positive Indian Parenting intervention
3. The longer-term case outcomes for those families served by the program in the period after the onset of the Waiver Demonstration project in comparison with those cases initiated before the project period

We summarize the data and findings assessing each of these components below.

Family Group Decision Making – Outcome Evaluation

The intended outcome evaluation of the FGDM intervention involved the collection of data from parents of the family invited to participate in the FDGM session and the Family Care Coordinator (FCC) for that dependency case before and after the completion of the session. The core research question is whether participation in the FGDM resulted in more positive outcomes for the family. We used a Single Case Design (SCD) research approach to collect data from a small sample of participants before and after participation in the session. At each time period the parent(s) and the FCC working with the family completed interviews with the research staff with questions about strengths and challenges with the current case, expectations and assessments of the FGDM process, and progress on self-identified family and case goals. (see **APPENDIX 5**)

As noted, over the Waiver Demonstration period the FGDM process was used with two families, and only one was enrolled in our formal Single Case Design research project examining the impact of the intervention on attainment of case goals. And, in fact, with that case we were unable to collect follow-up interview data from the key parent involved in the case as she left the community with unknown whereabouts shortly after the FGDM session. As such we have no outcome data to assess the potential impacts of the intervention.

Positive Indian Parenting – Outcome Evaluation

The key research question is whether participation in the Positive Indian Parenting curriculum is contributing to short term outcome change for families involved in (or at-risk of involvement in) the child welfare program. As such we are most interested in whether the parents are enhancing their knowledge and skills and starting to use different parenting behaviors with their children. We developed a survey (**see APPENDIX 6**) completed by each participant during the first or second curriculum session and then completed a second time at the end of the program that captures data on self-report knowledge, skills and behaviors.

In addition, starting with some of the more recent sessions, we invited participants to complete a follow-up interview with the research staff about six weeks after the completion of the parenting intervention. The follow-up interview gathers information about the program, the curriculum itself and changes they have experienced in

parenting knowledge, attitudes and behaviors over the course of the program. Unfortunately, we were not able to complete any of these interviews before the end of the study period.

In total 25 individuals completed the Baseline survey and 23 individuals completed the Post survey. The paired sample of those completing the survey at both time periods is 19 individuals. **TABLES 1 and 2** summarize a comparison of the key measures between the two time points. We see:

- Parental knowledge is generally high from the Baseline and stays high over the course of the intervention. We do see some increase in agreement with the statement “I know how to use traditional teachings to support my children and to encourage their learning.”
- There are some increases in parent’s utilization of different behaviors and activities over the course of the intervention. In particular, we find that parents are more likely to “use storytelling to share Tribal history,” “used shared parenting or extended family for child care,” “participate in traditional activities or community events,” “talk about traditional roles or spiritual beliefs,” and “talk about and/or use traditional foods and medicines.”

TABLE 1: S’Klallam Strong Parent Survey – Baseline/Post Comparison – Knowledge/Skills

<i>Please note your level of agreement with the following statements</i>	BASELINE Average	POST Average
1. I know how stories can be used to help my children make better decision	4.32	4.26
2. I think talking with my children is very important to positive parenting.	4.84	4.84
3. Child development is about “readiness,” or when a child is ready to take on the next new skill.	4.21	4.16
4. I can use skills based on traditional teachings to prevent problems before they start.	4.21	4.37
5. I know how to use traditional teachings to support my children and to encourage their learning.	4.05	4.47

1-strongly disagree, 2-disagree, 3-neither agree nor disagree, 4-agree, 5-strongly agree

TABLE 2: S’Klallam Strong Parent Survey – Baseline/Post Comparison – Use of Skills

<i>How often have you done the following in the past 2 months with your children and family</i>	BASELINE Average	POST Average
6. Used storytelling to share Tribal history	1.91	2.97
7. Used positive reinforcement with your children	4.35	4.59
8. Used shared parenting, extended family to parent and/or for childcare	3.44	3.94
9. Asked or sought guidance from Aunties/Uncles or Grandmas/Grandpas	3.61	3.33
10. Teaches with patience, not insisting on mastery on first tries	4.13	4.19
11. Participated in traditional activities or spiritual ceremonies (e.g., <i>Canoe Journey, Singing, Drumming, Shaker Church, etc.</i>)	2.68	3.11
12. Participated in tribal community events such as dinners, celebrations, etc.	3.11	3.44
13. Talked of traditional roles and spiritual beliefs about children	2.81	3.19
14. Used traditional language or names (e.g., <i>Seya for grandmother</i>)	2.22	2.17
15. Talked about and/or used traditional foods or medicine	2.22	2.83
16. Participated in traditional music, arts, or crafts activities	2.83	3.00

1-never, 2-once or twice 3-Few times a month, 4-once a week, 5-several times a week

The participants further provided open-ended comments about the curriculum and parenting sessions:

- Many talked about the important things they learned from the program including how to better interact with their children, how to better build tradition and family history into their parenting strategies and gaining important communication skills
- Participants noted that an important component of the curriculum was that it allowed them to interact with, communicate with and listen to the experiences of other parents. Additionally, many commented on the importance of the focus on storytelling across many of the sessions
- One common area of additional focus is in the need for more information on co-parenting, which is a common occurrence in the tribal setting

Comparison of Case Outcomes – “Old” vs. “New” Cases

The advent of the waiver demonstration project in January 2016 resulted in the implementation of new interventions, improvement policies and other modifications to policies, practices and procedures for working on Tribal dependency cases. The hope is that with these changes we would see more positive outcomes for clients, particularly in areas such as reduced time in foster care and out-of-home placements, fewer re-entries in the system, faster time to reunification, fewer cases starting in the system, and reduced costs of implementation.

As noted, the Tribe has managed its own Title IV-E/foster care program since April 2012, and as such has maintained information on legal actions, placements, costs, and case outcomes on individual cases in the TAS system since that time. In this component of the evaluation we are able to draw on these data to compare cases that started before the onset of the Waiver Demonstration project (*i.e.*, “Old” cases starting before January 1, 2016) with those starting after the onset of the project (*i.e.*, “New” cases). The “Old” case sample includes 49 youth, some of whom started as early as 2012, and some who continue to be active cases today. The “New” case sample includes 27 youth starting since January 2016, some of whom are re-entries to the system.

We have longitudinal data on case histories for dependency cases that started before and after the onset of the Waiver Demonstration project. In this analysis we look at measures including case length, re-entry status, numbers of placements to licensed/non-licensed foster care homes, and case conclusions (*i.e.*, *reunification, aged out, guardianships, etc.*)

Of the 49 youth in “Old” cases, 13 are re-entries who had come back into the system after exiting in an earlier time period. In **TABLE 3** we present the current case status (*i.e.*, as of February 2020) for each of the youth. At this time period about 84 percent of youth have resolved cases, resulting in a reunification, guardianship, age out of the system, or permanency (*i.e.*, *local term for an in-home dependency*). More specifically, over 30 percent of the youth reunified with birth parents with an average case length of 33 months, and over 16 percent of youth ended up in guardianship arrangements with an average case length of 47 months.

TABLE 3: “Old” Case Sample Summary of Case Determination Outcomes

	Ongoing	Reunification	Aged Out	Permanency	Guardianship
New Case	7 (19.4%)	12 (33.3%)	3 (8.3%)	7 (19.4%)	7 (19.4%)
Re-Entry	1 (7.7%)	3 (23.1%)	6 (46.2%)	2 (15.6%)	1 (7.9%)
OVERALL	8 (16.3%)	15 (30.6%)	9 (18.4%)	9 (18.4%)	8 (16.3%)
<i>Average Case Length (months)</i>	81	33	36	9.1	47

In **TABLES 4-5** we look at the placement history of the 40 “Old” sample youth who had cases that involved out-of-home placement with foster care providers. In total, these 40 youth had a total of 147 different placements, an average of 3.68 per youth. Interestingly, we find that youth whose cases ended in a reunification actually had the highest number of different out-of-home placements (i.e., average of 3.80 placements and 60 percent had 4+ placements). Those whose cases ended in guardianships had the lowest average number of placements (average=25.0), and 37.5 percent of these youth were placed only with a single provider who later became the legal guardian.

TABLE 5 further breaks out placement history by the license status of the providers. First, of the 147 total placements, 43 (29.2%) were with Port Gamble licensed foster care providers. We further find that 65 percent of these youth had at least one placement with a licensed foster care provider, and that rate is highest for those whose cases ended in either reunification or a guardianship.

TABLE 4: “Old” Case Summary – Placements with Providers

	% 1 Placement	% 2-3 Placements	% 4+ Placements	Average
Ongoing	1 (12.5%)	2 (25.0%)	5 (62.5%)	4.75
Reunification	0 (0.0%)	6 (40.0%)	9 (60.0%)	3.80
Aged Out	2 (22.2%)	4 (44.4%)	3 (33.3%)	2.63
Guardianship	3 (37.5%)	2 (25.0%)	3 (37.5%)	2.50
OVERALL	6 (15.0%)	14 (35.0%)	20 (50.0%)	3.68

TABLE 5: “Old” Case Summary – Placements by License Status

	NO Licensed Provider Placements	1+ Licensed Provider Placements	Total # of Licensed Provider Placements
Ongoing	2 (25.0%)	6 (75.0%)	10
Reunification	5 (33.3%)	10 (66.7%)	16
Aged Out	5 (55.5%)	4 (44.4%)	8
Guardianship	2 (25.0%)	6 (75.0%)	9
OVERALL	14 (35.0%)	26 (65.0%)	43

We looked at similar measures for the smaller sample of “New” youth whose cases started after January 1, 2016. In total there are 27 youth, 3 of who are re-entries to the system. Of note, the maximum possible length of a “new” cases is 49 months (e.g., a case starting in January 2016 until February 2020.)

TABLE 6 shows that 2/3 of the youth in the “new” cases had some type of case resolution in this time period. One-third of the youth reunified with their birth parents with an average case length of 23 months. Smaller numbers either aged out of care, were in-home dependency cases, or led to a guardianship arrangement. We still have 9 youth (i.e., 33 percent) in ongoing dependency cases.

TABLE 6: “New” Case Sample Summary of Case Determination Outcomes

	Ongoing	Reunification	Aged Out	Permanency	Guardianship
New Case	7 (31.8%)	7 (31.8%)	3 (13.6%)	1 (4.5%)	4 (18.2%)
Re-Entry	2 (40.0%)	2 (40.0%)	1 (20.0%)	0 (0.0%)	0 (0.0%)
OVERALL	9 (33.3%)	9 (33.3%)	4 (14.8%)	1 (3.7%)	4 (14.8%)
<i>Average Case Length (months)</i>	19.2	23.2	17.8	3.0	16.8

We summarize the placements of the 26 youth who experienced some out-of-home placement over the course of the dependency case (see **TABLE 7**). In total these youth had 56 different placements. The average youth had 2.15 different placements and 73 percent had two or more placements during the case. The average is highest for those whose cases are ongoing, though we should note that all 9 youth who reunified had two or more placements before the reunification.

In **TABLE 8** we look further at placements with licensed and non-licensed providers. Of note, only 14 of the total 56 placements were with licensed foster care providers (i.e., 25%). Overall, 46 percent of the youth did have 1 or more placements with a licensed care provider, and this rate is higher for those whose cases are still ongoing.

TABLE 7: “New” Case Summary – Placements with Providers

	% 1 Placement	% 2+ Placements	Average # of Placements
Ongoing	3 (33.3%)	6 (66.7%)	2.11
Reunification	0 (0.0%)	9 (100%)	2.22
Aged Out	2 (50.0%)	2 (50.0%)	2.75
Guardianship	2 (50.0%)	2 (50.0%)	1.75
OVERALL	7 (26.9%)	19 (73.1%)	2.15

TABLE 8: “New” Case Summary – Placements by License Status

	NO Licensed Provider Placements	1+ Licensed Provider Placements	Total # of Licensed Provider Placements
Ongoing	2 (22.2%)	7 (77.7%)	7
Reunification	6 (66.7%)	3 (33.3%)	3
Aged Out	3 (75.0%)	1 (25.0%)	1
Guardianship	3 (75.0%)	1 (25.0%)	3
OVERALL	14 (53.8%)	12 (46.2%)	14

In **TABLE 9** we present a more direct comparison between the “Old” and “New” cases. In this analysis we restricted the samples to those who we could track for at least 24 months of follow-up data over the respective time periods. For “Old” cases we looked at those who started between April 2012 and November 2014 and tracked measures of case resolution and placements for the 24 months after the start of the case. In this analysis the follow-up period did span into the first year under the Waiver Demonstration project. For “New” cases we looked at those starting between January 2016 and January 2018, ensuring that we do have 24 months of follow-up for even the most recent cases.

While our samples are small there are some interesting results:

- Of note, the “New” youth sample is roughly half the size of the “Old” sample; it is clear that far fewer youth entered the Child Welfare program after the start of the Waiver project.
- The percent of youth who are re-entries into the system is smaller in the “New” case sample. We see that over 28 percent of the “Old” youth are re-entries compared with only 14 percent of the “New” youth.
- The percent of cases with some kind of resolution by 24 months is much higher in the “New” case sample. Over 52 percent had some kind of resolution and over 33 percent resulted in either a family reunification or guardianship arrangement. In contrast, only 28 percent of the “Old” cases had some kind of resolution by 24 months and the majority of those were situations with in-home dependencies where the child never left the setting with parents.
- The “Old” sample cases closed, on average, about 10 months after starting, though we should note that many of them were in-home dependencies that often resolve quicker. The “New” sample cases closed in about 12.5 months.
- The average number of placements for youth with out-of-home placements was similar for the “Old” and “New” case samples, though we find that a higher percentage of the placements for the “Old” youth were with licensed providers.

TABLE 9: Comparison of “Old” and “New” Cases – 24M Follow-Up

	OLD cases	NEW cases
# Total Children	39	21
# Re-Entries	11 (28.2%)	3 (14.3%)
Status (at 24M after start of case)		
ONGOING/OPEN	28 (71.8%)	10 (47.6%)
REUNIFICATION	3 (7.6%)	4 (19.1%)
AGE OUT	1 (2.5%)	3 (14.3%)
IN HOME/PERMANENCY	7 (17.9%)	1 (4.8%)
GUARDIANSHIP	0 (0.0%)	3 (14.3%)
Average Months to Case Completion	10.0	12.5
Total Placements (at 18M after start of case)	75	47
Average # Placements (<i>youth with out of home placements</i>)	2.34	2.35
With Licensed providers	27 (36.0%)	8 (17.0%)

FISCAL/COST STUDY

The cost analysis for the Waiver Demonstration project focused on two key questions:

1. Is there a reduction in the costs per youth/case over time with the advent of the proposed interventions?
2. Do the saved costs associated with the achievement of outcomes including shorter duration of foster care situations, faster time to reunification and reduced re-entries into the system outweigh the costs associated with the implementation of the waiver demonstration project and proposed interventions (i.e., cost effectiveness study).

As such, this analysis aligns with the method we used in contrasting case outcomes over time by looking at the experiences of the “Old” and “New” dependency cases. We have seen to this point in the analysis that over the course of the Waiver Demonstration period the Child Welfare program implemented new interventions, started work in different policy improvement areas, and, as shown in the System Change Study, modified the way in which it provides services and supports to families involved in the program. We have also seen evidence to suggest that these enhancements resulted in fewer new cases to the program, fewer re-entries, and more “successful” resolution of cases in a shorter period of time. This combination of factors clearly influenced the costs associated with the provision of services to families before and after the onset of the project.

In the Port Gamble S’Klallam tribal system there are five components to estimate the costs of services for each case 1) estimated costs per court hearings based on staff salaries, supplies, fringe benefits, outside contractual costs and indirect costs, 2) monthly payments for standard licensed foster care and ancillary maintenance services, 3) monthly payments through TANF and/or other support sources for non-licensed foster care services, 4) estimated costs of the services provided by the Family Care Coordinators and other program staff based on computations of the percent of time staff spend on individual cases, and 5) the cost associated with the training for and implementation of the PIP and FGDM interventions. We used a combination of these components to compute the total costs for service provision for each client over time and on a monthly basis.

Data Sources and Collection of Data

We drew from multiple sources to compile the data on the five cost components noted above. In this section we describe the different sources and notes some of the challenges we encountered and assumptions we used in gathering and using these data.

Estimated Court Costs

The Port Gamble S’Klallam Tribal Court maintains all information for all participants (*inclusive of past dependency cases*) on court appearances, time in court proceedings and court actions. These data are also maintained in the Child Welfare Program TAS database. As such we have a thorough record of court actions associated with each child in each case over their time in the dependency action. For each child we know the number of court actions for each calendar year in the program.

Working with the Tribal Court staff we computed an estimated cost per court hearing. While we know that court actions could vary in terms of length or content (e.g., could be a review hearing, emergency order, custody action, etc.), we did not have enough detailed information about the specific court actions that would lend to an approach where the cost per hearing would vary based on length or type. Rather, we drew on information about the costs of the judge, prosecutor and court clerk to prepare for and preside over a court session one day per month specific to child welfare cases. The Court Services estimated the cost of this one-day session at \$4,770; further analysis of our sample suggested that, on average, the court held 10 hearings pertinent to dependency cases per month. From there we estimated a per Court session cost of \$477. So, for a case with 5 hearings in a calendar year the court costs would be \$2,385.

Moreover, while we assume that the costs of court services in earlier years of the analysis (e.g., 2012-2013) should be lower than in later years (2018-2019) we did not have sufficient detailed information about the variation in these costs over time. As such we used the same fixed cost per court hearing for all court actions experienced over the duration of program services.

Licensed Foster Care Payments

Since moving to self-management of the Title IV-E foster care program the Tribe has kept information on the monthly standard and ancillary maintenance payments for licensed foster care providers serving as placement for children in open dependency cases. The amount per month in standard maintenance payments is determined by the child's level of care and is a fairly consistent amount over time. In later project years this standard amount did increase to reflect changes in the cost of living. The ancillary maintenance payments (i.e., respite pay, household maintenance costs, childcare costs, other expenses, etc.) could vary over time and by case.

For the purposes of this analysis the total licensed foster care payments per year are a summation of the standard maintenance payments made on behalf of the child to the provider, any payments for respite provider care and any payments for child care services to the Port Gamble S'Klallam Tribal Early Childhood Education center (ECE) or other qualified child care providers. As noted, we did have information on other expenses reimbursed by the program to providers (e.g., mileage, transportation, supplies, etc.), yet we found over time inconsistent documenting of these costs from year to year and indications of periods where the program made more of these payments as a means of spending budget allocated to program services. As such we did not feel comfortable including these costs in the overall amount.

Non-Licensed Foster Care Payments

We also considered the payments to non-licensed foster care providers as an expense to the system of services for those in dependency cases. Our analysis suggests that fairly sizable number of placements were with non-licensed providers and thus not linked to Title IV-E maintenance payments. The aforementioned PGST TAS database also houses information on monthly TANF payments to families providing care for children in these cases. Over time there has been a standard per childcare amount of \$359 per month which did increase to \$429 after June 2018 in the later phases of our study. Using these monthly data, we computed yearly amounts of non-licensed care payments for each case. Of note, in the final analysis below the "Payment" costs in a

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summation of the Licensed and Non-Licensed care payments for each child as it was the case that many had placements with both types of providers over the course of service in the program.

Child Welfare Program Staff Costs

Since the onset of Tribal management of the Title IV-E welfare services the program has gathered detailed information of the amount of time staff have spent on individual dependency cases. The Family Care Coordinators (and over time also other program staff) have recorded time sheets on their work with individual cases on one day per week. The financial support staff in the earlier years of program (2012-2015) then compiled these time sheets to compute an estimated percentage of time that staff member spent on a given case. So, in 2013, staff member X spent about 2.5% of her time working on case Y. From there it was possible to use information on that staff member's salary/fringe/benefits along with the staff member's length of service plus the duration of the case in that year to compute an estimated yearly staff cost. So, in the previous example, if the total cost of the staff member in that year to the system was \$100,000 and she spent about 2.5% of her time with case Y, then the staff cost of serving case Y that year for 12 months was \$2,500 or \$208.33 per month.

In the more recent years (2016-2019) the program has simply maintained most of the individual time sheets completed by the staff during the Waiver Demonstration period. As such, one of the analytic exercises involved reviewing the accuracy of the time sheets, computing the estimated yearly percentages per case and computing these yearly amounts. However, there are a few assumptions and caveats to consider in understanding the utility of the staff cost data:

1. We noted above that the program maintained most of the time sheets. There was a period between January 2016 and June 2017 where we were missing a substantial number of time sheets and, in fact, had no data on the work of the two primary Family Care Coordinators. Moreover, we had periods where there was a lack of data regarding client work. For example, in 2018 we had one Family Care Coordinator who should have accounted for almost 200 hours of work with clients in a six-month period, but only recorded time for less than 20 hours. In these instances, we need to interpolate and estimate the amounts and percentage of time on individual cases based on what we knew about that staff member's amount of work on the case before and after the time of missing data. For example, if we were missing 2016-mid 2017 data on staff member X's work on case Y we looked to see the level of X's work on case Y in say 2015 or later 2017 to try and estimate what that would have looked like in the missing data period. This approach, thus, might underestimate the kinds of fluctuations we might see in levels of effort with a case by sampling assuming the percent of time before or after can be estimated in the missing period, but it was the most reasonable way of filling in the missing periods.
2. We found a few other factors that would impact these costs in later years. First, as expected, the staff salary amounts were higher in the later years of the project. Second, and perhaps more importantly, in the later years more staff completed these sheets in direct case work. In the earlier period (2012-2015) we only have estimated time from the Family Care Coordinators (i.e., typically 2 staff members at any given time). In later years we have information from two Family Care Coordinators, but also from the Program Manager who spent more time on individual cases and from a program assistant also engaged in direct case work. As such we simply have more hours in the case to account for in the computation.

Waiver Demonstration Implementation Costs

The waiver demonstration project involved the planning for and implementation of two new interventions – Positive Indian Parenting (PIP) and Family Group Decision Making (FGDM). In the process the Program incurred some actual costs for the curricula, the contracted technical assistance to support adaptation of the PIP curriculum and the staff time needed for training on and implementation of the interventions. The program also received training and technical assistance related to the interventions, but those costs were covered by the support of the Capacity Building Center for States. Of note, the total costs of implementation over the study period were fairly modest (i.e., about \$20,000) and comprised only about 1-2 percent of the total system costs in the period from 2016-2019.

Analysis/Results/Discussion

A summary of the total and monthly per client costs for the full sample of “Old” and “New” clients is presented in **TABLE 10**. The intent was to assess the variations in patterns of the cost components over time as the program moved into the Waiver Demonstration period. The number of active cases reflect the number of dependency cases that were open for some portion of that calendar year and the average months active reflects the duration of time open in that year. For example, in 2015 there were 43 children open cases (all of these were “old” cases) that were active for over 10.6 months in that calendar year. We find the highest number of active cases in the period from 2015-2018. We find:

- Substantial fluctuation in the overall Monthly Cost Per Client over time, but there is some thought this cost is higher in the later years. This is not surprisingly given that in the latter years there are clearly higher Staff and Payment costs and we have the additional implementation costs related to the interventions included in the Waiver project. The total in the 2018 program year (\$1,444.10) is exceptionally high and seems to reflect considerably higher Payment and Staff costs experienced for clients in that year.
- In the early years we tend to see lower Payment amounts and higher Staff amounts. This could be a by-product of having fewer active clients in the sample. It is possible that staff were devoting more than usual time to the smaller number of cases and that a higher proportion of these cases were in situations that did not require monthly payments (e.g., in-home dependencies).
- The Monthly Per Client Staff costs have increased in the period after the onset of the Waiver Demonstration project. Between 2016-2018 the cost was over \$400 per month per client. Moreover, from 2016 on the staff cost is over 42 percent of the total composite costs for the client.
- We see a little more fluctuation in the Monthly Payment amounts. We do see that 2018 was an exceptional year with average payment amounts over \$200 higher per month than other years. In the years from 2015-2018 the payments represented about 39-41 percent of the total costs.
- There is a clear decline over in the Monthly Per Client Court costs. From the start of the Waiver period on (2016-2019) the average monthly per client court costs are less than \$200 and the percentage of the total costs is between 13-15 percent (as contrasted with well over 20 percent in prior years).

TABLE 10: Comparison of Yearly Program Costs

	2012	2013	2014	2015	2016	2017	2018	2019
Total Yearly Cost	\$24,436.15	\$155,739.46	\$288,508.48	\$408,800.32	\$403,992.21	\$426,563.64	\$498,216.03	\$205,266.43
Court	\$1,621.80	\$49,131	\$72,027	\$95,400	\$62,487	\$62,487	\$64,872	\$29,574
Payment	\$1,317.55	\$25,782.46	\$109,676.48	\$175,735.32	\$165,783.17	\$168,565.60	\$206,495.99	\$59,621.15
Staff	\$21,496.80	\$80,826	\$106,805	\$137,665	\$170,485	\$190,274	\$221,611	\$112,144
Implementation					\$5,237.04	\$5,237.04	\$5,237.04	\$3,927.28
# Active Cases	6	21	37	43	49	46	43	26
Avg. Mos Active	6	5.86	9.14	10.63	8.59	10.13	8.03	8.06
Total Case Mos	36	123	338	457	421	466	345	210
Monthly Per Client	\$678.78	\$1,266.17	\$853.58	\$894.53	\$959.60	\$915.37	\$1,444.10	\$977.46
Courts	\$45.05	\$399.44	\$213.10	\$208.75	\$148.43	\$134.09	\$188.03	\$140.83
Payments	\$36.60	\$209.61	\$324.49	\$384.54	\$393.78	\$361.73	\$598.54	\$283.91
Staff	\$597.13	\$657.12	\$315.99	\$301.24	\$404.95	\$408.31	\$642.35	\$534.02
Implementation	\$0.00	\$0.00	\$0.00	\$0.00	\$12.44	\$11.24	\$15.18	\$18.70
% of total costs								
Courts	6.64%	31.55%	24.97%	23.34%	15.47%	14.65%	13.02%	14.41%
Payments	5.39%	16.55%	38.01%	42.99%	41.04%	39.52%	41.45%	29.05%
Staff	87.97%	51.90%	37.02%	33.68%	42.20%	44.61%	44.48%	54.63%
Implementation	0.00%	0.00%	0.00%	0.00%	1.30%	1.23%	1.05%	1.91%

In our second cost analysis we built off our comparison of the outcomes achieved by 24 months follow-up for those in the “Old” and “New” samples. To recall that analysis showed a higher percentage of the “New” cases resolved via a reunification, age-out or guardianship than the “Old” cases, that the average number of out-of-home placements was similar between the two groups, and that the percentage of these placements with licensed foster-care providers was higher for the “Old” cases. The results clearly showed that after onset of the Waiver project there were higher reunification/guardianship rates and faster resolution of (and hence shorter duration of) cases. The question, thus, is whether the benefits of faster case resolution came at the expense of substantial cost to the program.

In **TABLE 11** we present the total costs incurred by the program over the 24-month period for the cases in this comparison. Given that the sample of the “Old” cases is twice the size of the sample of “New” cases it is logical that the aggregate costs are higher in the “Old” sample. The exception is the Implementation costs that were not yet incurred until the start of the Waiver Demonstration period. From this total we computed the average cost per clients and the average monthly per client costs. The analysis shows:

- The overall Per Client costs are similar between the two groups. The average is about \$650 higher per client for “New” cases and clearly much of that difference is due to the much higher staff costs incurred for the “New” cases (i.e., about \$3300 more per client). We have assumed that the staff costs in later years would clearly be higher than those incurred in earlier program years.
- The comparison changes some when we account the client’s duration of time in the program and compute the monthly per client costs. We know that the average “Old” case was 2.5 months longer

than the average “New” case, in part because a higher percentage of the “Old” cases did not resolve and remained ongoing over the whole 24-month follow-up period. When accounting for that difference we find the overall monthly per client cost is about \$270 lower for those in the “New” case sample. Moreover, we find that the monthly court and foster care payments are considerably for those in the “New” sample. In fact, the Monthly Per Client Court cost among “New” cases is less than half the cost for “Old” cases affirming that these individuals were having fewer court sessions over the course of time with the program.

TABLE 11: Comparison of Case Costs “Old” and “New” Cases – 24M Follow-Up: Overall Sample

	OLD cases	NEW cases
# Total Children	39	21
Overall \$ Spent on Cases (up to 24 Months)	\$598,926.64	\$336,295.20
Court Costs (\$)	\$144,093.67	\$47,143.50
Foster Care Payments (\$)	\$231,686.23	\$96,185.00
Staff Costs	\$221,535.96	\$188,834.78
Implementation Costs	\$1,610.84	\$4,131.92
Per Client Costs	\$15,357.09	\$16,014.06
Court Costs (\$)	\$3,694.71	\$2,244.93
Foster Care Payments (\$)	\$5,940.67	\$4,580.24
Staff Costs	\$5,680.41	\$8,992.13
Implementation Costs	\$41.30	\$196.76
Monthly Per Client Costs	\$1,535.71	\$1,281.12
Court Costs (\$)	\$369.47	\$179.59
Foster Care Payments (\$)	\$594.07	\$366.42
Staff Costs	\$568.04	\$719.37
Implementation Costs	\$4.13	\$15.74
Average Months to Case Completion	12.5	10.0

In **TABLE 12** we look at the cost measures for the “Old” and “New” samples by case resolution status. The previous analysis suggested that, in the aggregate, the longer duration of cases in the “Old” sample drove the need for more court sessions, more payments and more staff time. The question at this juncture is whether these costs differ when we control for the case resolution. The samples for individual groups are small, though it does provide some insight on the variations between the two samples. We find:

- When looking at cases that remained open and ongoing over the full 24-month follow-up period, we find that the overall monthly per client cost is about \$265 higher per month for those in the “New” sample. A fair amount of this difference is attributable to the considerably higher Staff costs incurred by the “New” sample cases. We do, though, also observe higher Per Client Payment costs for those in the “New” sample. Of note, the implementation costs, as expected are higher for those in the “New” sample.
- When looking at those that did resolve in the time period, we again find that the monthly per client cost is slightly higher for the “New” sample cases (i.e., about \$56 higher per month), though, of note, the monthly per client court costs are lower over time.

TABLE 12: Comparison of Case Costs “Old” and “New” Cases – 24M Follow-Up by Resolution

	OLD cases	NEW cases
# Total Children	39	21
ONGOING CASES	N=28	N=10
Monthly Per Client Total Costs	\$802.62	\$1,067.95
Court Costs (\$)	\$186.71	\$126.87
Foster Care Payments (\$)	\$336.07	\$400.77
Staff Costs	\$277.44	\$528.96
Implementation Costs	\$2.40	\$11.35
CLOSED CASES (i.e, aged out, reunified, guardianship)	N=4	N=10
Monthly Per Client Total Costs	\$534.48	\$590.99
Court Costs (\$)	\$178.75	\$121.26
Foster Care Payments (\$)	\$125.89	\$0.00
Staff Costs	\$229.84	\$459.27
Implementation Costs	\$0.00	\$10.46
PERMANENCY/IN-HOME CASES	N=7	N=1
Monthly Per Client Total Costs	\$539.34	\$239.99
Court Costs (\$)	\$155.57	\$132.50
Foster Care Payments (\$)	\$0.00	\$0.00
Staff Costs	\$383.77	\$104.58
Implementation Costs	\$0.00	\$2.90

SUMMARY, LESSONS LEARNED, NEXT STEPS

Summary

- Our evaluation clearly shows beneficial outcomes for families who started with the Child Welfare program after the onset of the Waiver Demonstration period. We see that “New” cases are more likely to close, reunify or move into a guardianship in a shorter period of time than those starting before the waiver period. Moreover, the cost effectiveness analysis indicated that the benefits of case resolution experienced for this population clearly outweigh the slightly higher costs needed to achieve these outcomes.
- We find that enhanced prevention efforts over time have contributed to these beneficial outcomes for individuals and the program. The analysis of the S’Klallam Strong Families intervention that served many parents not involved in the Child Welfare program showed changes in short term parenting knowledge, attitudes and behaviors and the system change study documented how structural changes have allowed the staff to implement more prevention oriented activities with at-risk families before formal involvement in the program. Last, we find that the work of other programs, including the Together for Children Home Visitation program that serve young families and parents, has contributed to the reduction of the number of families reaching the point of welfare program involvement.
- The system change study highlighted a number of important changes that further help us understand the successes over time. The program’s work in evaluating and modifying policies, practices and procedures has resulted in more direct work with families, stronger communication with these families and some shift in how the staff are viewed by participants; now seen more of a “provider of services” vs. and “enforcer of the plan”.
- Similarly, we found stronger collaborations between the Child Welfare program and other partners, particularly with Court Services, that have supported the family’s efforts to make progress on cases. Additionally, it is clear that the reputation of the program has improved throughout the community. Tribal leadership and community members have a more positive perspective regarding Child Welfare services and there is less of a stigma of being involved with the program.
- Initiating and implementing the Family Group Decision Making program was a concern. While the intervention would seem to have promise for this community, the lack of process and outcome data means that we have little understanding of how well it would work in this community.
- Of note there has been substantial progress in the program’s ability to recruit and retain licensed foster care providers. Beyond the enhancement of the foster care coordinator role within the program staff structure, the Child Welfare program received assistance on mapping the process of how the licensing program operates on a day-to-day basis and on how to review and restructure of foster care provider files for compliance with existing foster care licensing standards. There has been less progress on the use and development of specialized training for providers.

Program/Policy Lessons Learned

- The program should continue to implement the Positive Indian Parenting intervention (i.e., S’Klallam Strong Families) in the community. This would involve continued training of local staff and community members to serve as facilitators, some assessment of the strengths and weaknesses of using the intervention as one-on-one or in group settings and some consideration about adaptation of the curriculum to better address the needs of different population groups (e.g., young parents with young

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children). The Child Welfare program must also think about whether the management and implementation of this program should remain under the purview of the program or shift to another program housed in the Child and Family Services department.

- There is need for enhanced planning on how to restart use of the Family Group Decision Making intervention. First and foremost, the program must identify and train qualified individuals in the community to facilitate the intervention. Second, the program must continue to develop means of outreaching to families and engaging family members in the process. Third, the program might consider ways of “marketing” the program, letting families understand early on about the potential benefits of a FGDM meeting.
- As noted, the program has moved to more collaborative efforts to serve families involved or at-risk of involvement in welfare services. One clear direction is to continue to adapt client team meetings to include more supportive partners and shift the focus to more wraparound needs and services for the families. With that there is a continued push for more coordination of services between the entities that might support a family. This has included preliminary work on a manual regarding consistent case management practices across programs such as child welfare, vulnerable adult and family assistance programs who collaborate and the development of a system for making more timely referrals to different program services.
- There is a desire to extend foster care services to youth beyond 18 years old. There is a hope of continued collaboration with youth services in the development of programs that will support transitions out of care and to address the needs of a young adult population with this procedure change. The Child Welfare program has been tracking the number of youth approaching the age of 18 over the course of the waiver demonstration project, and has discussed how to continue to provide services to these youth, including but not limited to supporting foster care providers with a more robust service array as an incentive to continue to be families for youth after 18.
- Going forward training for foster families, such as specific training on how to care for children who may be impacted by parental drug use or have other medical or behavioral issues, is a priority, given a large percentage of the youth in care have entered the system due to these particular issues. Assisting foster care providers in establishing support systems for one another is also a priority for retention, since historically tribal community members would become licensed to support family members, and not to continue as licensed care providers once the child or children turned 18.

Evaluation Lessons Learned

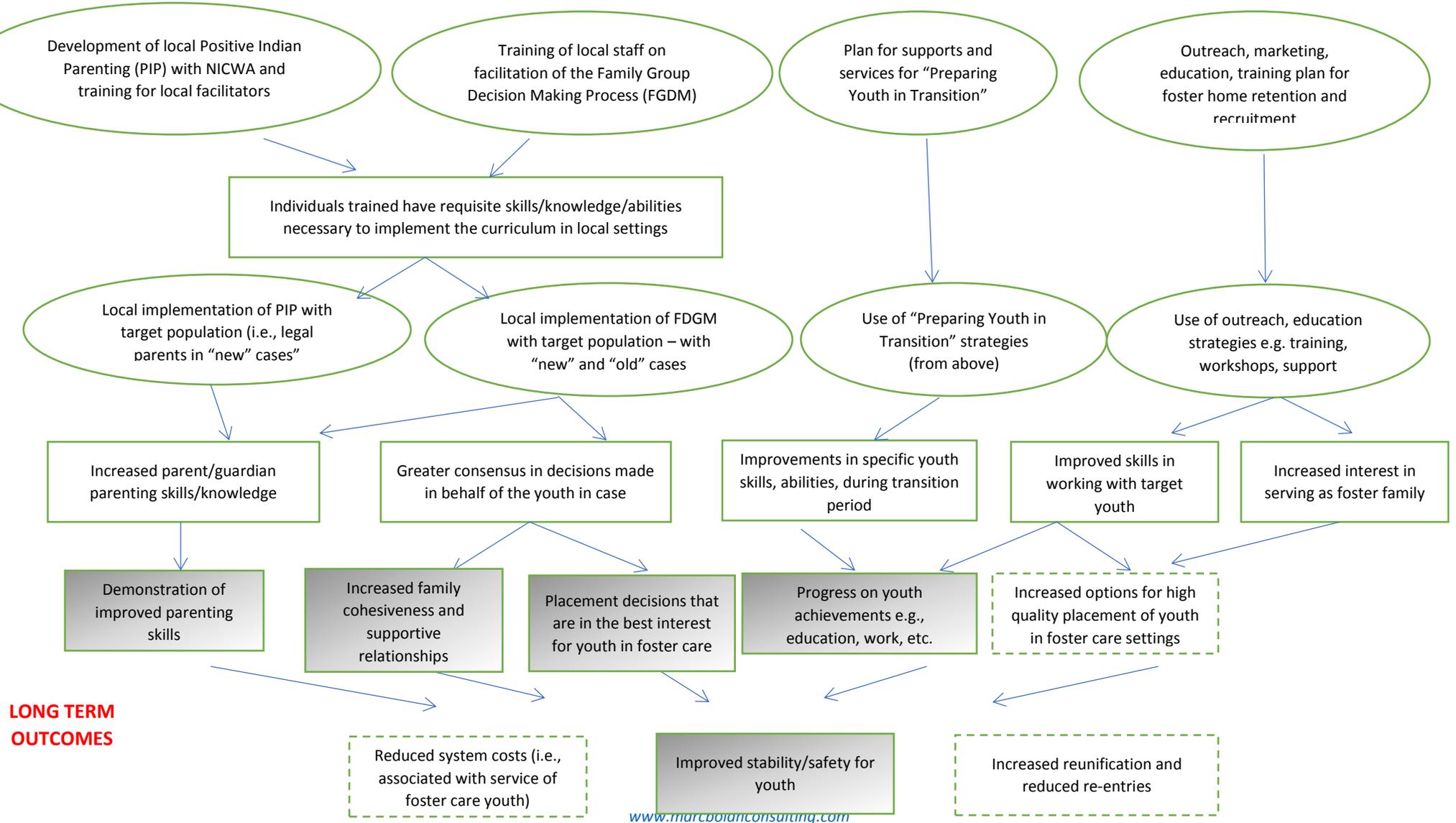
- Ongoing and future program evaluation will rely on consistent systems and procedures that ensure that program staff collect and maintain data on court actions, payments, placements and case resolution. To that it is essential that the program develop data collection and entry procedures and provide ongoing training to staff on these procedures, and that the program works with the database provider on ways of allowing easier access to system data.
- Further, the program should develop tools for more consistent and easier collection and entry of data on family participation in different prevention and intervention services. At this time much of the information about participation in other services is maintained as narrative through case notes. It will be important to have tools that allow for more consistent tracking of these activities, which in turn would support analysis in future looking at the relationship between participation in different activities and case outcomes.

- With the program continuing to serve small numbers of cases it is important to build in opportunities for qualitative data collection regarding program implementation and impacts. Interviews, focus groups or observational assessments can provide the program with useful data about participant experiences and a depth of information to use in going case planning.
- Future evaluation needs to address the question of impacts on youth in transition out of foster care and may need to address the impact of extending the foster care age to 23. The program should develop an evaluation design that gathers data from youth participants as they build skills in working with the program and from support providers as they work with these youth on their individual and family needs. Develop evaluation design for assessing impact on youth in transition and for older youth if there is a transition to older age services.
- Presumably the staff is able to implement more consistent Family Group Decision Making sessions, it is essential to utilize the full evaluation design for the program outlined in this study. This will support a comprehensive assessment of both the implementation and impacts of the intervention.

APPENDIX 1: Port Gamble S’Klallam Tribe – Child Welfare Waiver Demonstration Project Logic Model

RESOURCES →	ACTIVITIES	OUTPUTS	SHORTER TERM OUTCOMES	LONGER TERM OUTCOMES
<p>Funding: Local and via Waiver Grant Program staff: Family Care Coordinators, Project Managers and Licenser Public Safety/Court Personnel Curriculum (PIP and FGDM) Curriculum Trainers Foster Care System procedures and resources Community members Community partners e.g., courts, other programs PGST leadership Data Tracking Systems Program Participants Evaluation Support</p>	<p>Positive Indian Parenting (PIP) (see Implementation Plan for detailed description)</p> <p>Family Group Decision making (FGDM) – (see Implementation Plan for detailed description)</p> <p>Preparing Youth in Transition (**note as Improvement Policy) – (see Implementation Plan for detailed description)</p> <p>Recruiting and Supporting High Quality Foster Homes (**note as Improvement Policy) (see Implementation Plan for detailed description)</p>	<p>PIP 1-3 staff trained to facilitate PIP curriculum Number of participants participating in the curriculum over course of 8 sessions. (e.g., 4-5 new dependency cases per year)</p> <p>FGDM 1-2 Number of Family Care Coordinators trained to serve as facilitators Number of families participating in FGDM process – i.e., number of sessions, duration, content covered in the sessions, (e.g., 6-7 new and ongoing dependency cases per year)</p> <p>Preparing Youth in Transition 2-3 youth per year receiving some kind of support Outputs around “what they are provided with” e.g., number who get equipment, materials, financial support,</p> <p>Recruitment and Retention of Foster Care Homes 18-24 participants per year in any kind of training, support groups for potential foster families</p>	<p>PIP</p> <ul style="list-style-type: none"> ▪ Trained local staff have the requisite skills/knowledge/abilities to implement the PIP curriculum with target population ▪ Staff implement local PIP curriculum with prescribed fidelity ▪ Increased parent/guardian/ parenting skills/knowledge in areas consistent with the PIP curriculum. <p>FGDM</p> <ul style="list-style-type: none"> ▪ Trained local staff have the requisite skills/knowledge/abilities to implement the FGDM curriculum with target population. ▪ Staff implement local FGDM curriculum with prescribed fidelity ▪ Greater consensus among family members and other stakeholders in decisions made on behalf of the youth in the case. <p>Preparing Youth in Transition (POLICY AREA)</p> <ul style="list-style-type: none"> ▪ Youth improvements in specific identified skill areas during the transition period ▪ Youth demonstration use of these skills in making progress towards individual goals. <p>Recruitment and Retention of Foster Care Homes (POLICY AREA)</p> <ul style="list-style-type: none"> ▪ Increased interest in serving as licensed community foster homes ▪ Increased skills necessary for working with foster care youth and youth with specialized needs and concerns 	<p>FAMILY LEVEL OUTCOMES</p> <ul style="list-style-type: none"> ▪ Decisions regarding the planning for and placement of youth that are in the best interest for youth in foster care situations ▪ Demonstration of improved “parenting” behaviors and working youth among target population ▪ Improved family cohesiveness and support relationships ▪ Increased stability/safety for children placed in foster home settings ▪ Youth “achievements” after period in transition i.e., educational attainment, improved life skills, employment acquisition <p>SYSTEM LEVEL OUTCOMES</p> <ul style="list-style-type: none"> ▪ Reduced costs with service of foster care youth ▪ Shorter lengths of stay with foster families ▪ Reduced time to reunification with legal parents/guardians ▪ Reduced re-entries into foster care ▪ Increased options for high quality placement of youth in foster care settings

APPENDIX 2: Port Gamble S’Klallam Tribe Child Welfare Demonstration Waiver Project: THEORY OF CHANGE MODEL



LONG TERM OUTCOMES

CIRCLES-Activities

CLEAR BOXES – Short Term Outcomes

SHADED BOXES – Long Term FAMILY level Outcomes

DASHED BOXES – Long Term SYSTEM level Outcomes

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APPENDIX 3: Family Group Decision Making Fidelity Tool – Participant Version

This survey is to be completed by all adult participants in the Family Group Decision Making (FGDM) session. All information is confidential and no data identified by name will be shared with the staff from Indian Child Welfare (ICW). Please take the time to complete the survey as honestly as possible.

Meeting Date: _____ Name of Coordinator: _____

*PLEASE COMPLETE THIS SECTION BASED ON YOUR EXPERIENCES **BEFORE** THE FDGM MEETING*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1. I understand ICW's concern about the child(ren)	<input type="checkbox"/>				
2. I understand the purpose of the FDGM meeting	<input type="checkbox"/>				
3. I helped determine when and where the meeting would be held	<input type="checkbox"/>				
4. I feel prepared to participate in the meeting	<input type="checkbox"/>				

5. How would you best describe your relationship to the child/children discussed in this meeting (please choose one answer)

- Family Member/Relative
- Professional/Service Provider
- Other

6. What is your gender

- Female
- Male

*PLEASE COMPLETE THIS SECTION **AFTER** THE MEETING*

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
7. The purpose of the meeting was clear	<input type="checkbox"/>				
8. The right people were at this meeting	<input type="checkbox"/>				
9. The ICW staff told us their concerns that the plan needed to address	<input type="checkbox"/>				
10. The ICW was open to the family's ideas and decision making abilities	<input type="checkbox"/>				
11. The Coordinator was flexible in meeting the needs of the participants	<input type="checkbox"/>				
12. The ICW staff and other professionals were open to questions about the information they presented	<input type="checkbox"/>				
13. Private family time helped our family create a plan that was unique to our family	<input type="checkbox"/>				

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
14. During private family time, we were able to have discussions that would not have been possible had non-family been in the room	<input type="checkbox"/>				
15. Professionals told the family how to solve the ICW's concerns	<input type="checkbox"/>				
16. Others listened to my opinions about what was best for the child(ren)	<input type="checkbox"/>				
17. My opinions were included in the plan	<input type="checkbox"/>				
18. The plan includes things for the family to do	<input type="checkbox"/>				
19. The plan includes things for the ICW staff to do	<input type="checkbox"/>				
20. The plan states who is doing what by when	<input type="checkbox"/>				
21. The Coordinator worked with the family and child welfare agency to reach a plan that everyone could agree on	<input type="checkbox"/>				
22. The plan made at the meeting was best for the child	<input type="checkbox"/>				
23. I think that ICW had already decided on the plan before the meeting started	<input type="checkbox"/>				
24. I felt safe during the meeting	<input type="checkbox"/>				
25. The Coordinator respected my participation in the meeting	<input type="checkbox"/>				
26. The ICW staff were disrespectful to me	<input type="checkbox"/>				
27. Other professionals were disrespectful to me	<input type="checkbox"/>				
28. I would recommend the Family Group Decision Making process to others	<input type="checkbox"/>				

What are some things that went well during the meeting and FGDM process?

What are some things that could have been improved during the meeting and FGDM process?

APPENDIX 4: PIP Facilitator Fidelity Assessment (excerpt)

S’Klallam Strong Parent Class: “Parenting the S’Klallam Way” FACILITATOR FIDELITY ASSESSMENT TOOL

Session Date: _____

Name of Facilitator: _____

Session TYPE (circle one): INDIVIDUAL

GROUP/CLASS

participants (if group session) _____

Total Length of the Session: _____ mins

Who participated in the session (if an INDIVIDUAL Family Session) – check all that apply

- Birth Mother
- Birth Father
- Other Guardians
- Other Guardians
- Other Relatives
- Children
- Children
- Foster Parents
- Other _____

<i>Session Component</i>	# Minutes Spent on Topic	Please rank how well you covered this component				
		Not at all	A little	Somewhat	Mostly	Completely
Warm-Up Exercise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture on <i>Historical Overview</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Discussion – Traditional Parenting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecture on Where we learn to parent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Discussion – Where we learn to parent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Please rank the following</i>	Low	Moderate	High
The participant’s (or group) interest in the content and topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The participant’s (or group) level of participation in discussions and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The participant’s (or group) level of understanding of the content and topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The likelihood that the parents will use the strategies discussed in the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you observed or gathered any evidence to indicate that the parent (group of parents) have done any of the following with their family since the last session?

- Used storytelling, creation stories or other oral traditions to share Tribal history
- Used positive reinforcement with their children
- Used shared parenting or extended family to support parenting and/or childcare
- Communicated with other family members or community members for support with parenting
- Demonstrated, with patience, knowledge or skills to children
- Participated in traditional activities or spiritual ceremonies (e.g., *Canoe Journey, Drumming, Shaker Church, etc.*)
- Participated in tribal community events such as dinners, celebrations, etc.
- Talked with children about the traditional roles and spiritual beliefs of your family
- Used traditional language or names (e.g., *Seya for grandmother*)
- Talked about and/or used traditional foods or medicine
- Participated in traditional music, arts, or crafts activities

Please comment on anything that was successful or went well during the session

Please comment on any challenges during the session

Please comment on any of the questions from the Protective Factors Survey that you used during the class discussions.

APPENDIX 5: FGDM “Core” family and Family Care Coordinator Interviews

Target Sample: Birth parents/guardians in the dependency cases selected to participate in the Family Group Decision Making (FGDM) intervention.

ID CODE _____

DATE _____

TIME PERIOD _____ Months after start of case

INTRODUCTION

My name is Patricia Keenan (or Marc Bolan). I am working with the Port Gamble S’Klallam Tribe on the evaluation of the Tribal Child Welfare program. As part of our research we are interviewing parents/families involved in child “in need of care” cases. We have some questions about your experiences in these cases and how things are going for you, your family and your children in this case.

If I am correct you are familiar with the intent of this research project and you have signed the consent to participate in the project. All information is confidential and the evaluation team will not share individual responses with the Family Care Coordinators or other Tribal Support staff. The interview should take about 45-60 minutes and please stop me at any point if you have questions or concerns about the interview.

BASELINE INTERVIEW

1. Who are you currently working with to help support you/your family in this case? *(this might include staff, Family Care coordinators, advocates, family members, friends, etc..)*
2. How often do you have contact with your children? Please describe the nature of these visits *(e.g., supervised, at home or foster home or other setting, all direct contact?)*.
3. How would you describe your current relationship with your children? What specifically has been going well in this relationship with your children? What has not been going so well? *[NOTE: this might be less insightful when they are referring to real young children!]*
4. Do you have contact with the foster parents? Are they family, friends or perhaps someone you don’t know as well? Please describe your interaction with foster parents – how is that going?
5. At this time what would you say are some of things that are going well about your case (e.g., relationship with children, making progress on challenges, etc.?)
6. At this time what are some things that are not going as well or are challenges to you and your family as related to this case (i.e., specific issues of concern)?
7. We would like to talk about some specific goals you hope to achieve for yourself or your family over the next 6 months. Let’s talk some about areas where you hope to see improvement or progress over the course of working with the program staff, support providers and other sources of support *(Here we have them talk about a specific area and then we try to agree on language for a specific goal that can be tracked. For example, if they talk about wanting more quality time with their children we establish a goal that states “increase in the amount and quality of time spent with my children.”)*

GOAL 1: _____

GOAL 2: _____

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GOAL 3: _____

8. What are your expectations for the upcoming FGDM session? What do you hope to accomplish through participation in the meeting?

9. Is there anything else you would like to share about the experience of your case at this time?

3/6 MONTH FOLLOW-UP INTERVIEW

1. Who are you currently working with to help support you/your family in this case? (*this might include staff, Family Care coordinators, advocates, family members, friends, etc..*)

2. How often do you have contact with your children? Please describe the nature of these visits (*e.g., supervised, at home or foster home or other setting, all direct contact?*).

3. How would you describe your current relationship with your children? What specifically has been going well in this relationship with your children? What has not been going so well? [*NOTE: this might be less insightful when they are referring to real young children!*]

4. Do you have contact with the foster parents? Are they family, friends or perhaps someone you don't know as well? Please describe your interaction with foster parents – how is that going?

5. At this time what would you say are some of things that are going well about your case (e.g., relationship with children, making progress on challenges, etc.?)

6. At this time what are some things that are not going as well or are challenges to you and your family as related to this case (i.e., specific issues of concern)?

7. (AT 3M follow-up only) We have some questions about your recent participation in the FGDM session.

- What did you like or feel went well at the meeting?
- What did you NOT like or feel DID NOT GO well at the meeting?
- Which parts of the meeting were the MOST Helpful to you and your family? Which parts were the LEAST helpful?
- What would say is the most important thing that came out of the meeting?
- What is your impression of the plan that emerged from the process? How did you feel having members of your family and the Tribe working with you on developing this plan? Are you satisfied with this plan? Are members of your family and tribe satisfied with the plan?

8. In the BASELINE interview we completed before the FGDM session we identified some specific goals that you hope to achieve some progress on over time. I will state each goal and want you to tell me how you are doing in achieving progress in attaining this goal. I am interested in 1) how much progress you think you have made and 2) what role, if any, participating in the FGDM session has helped you in reaching this goal?

GOAL 1: _____ PROGRESS:

GOAL 2: _____ PROGRESS:

GOAL 3: _____ PROGRESS:

9. Have you found/identified any additional sources of supports and/or access to different resources that have helped you in achieving these goals? **PROMPT if needed – this might include other programs in the community, friends, family, co-workers, other resources that might help you address current family needs**

10. Is there anything else you would like to share about the experience of your case at this time?

Family Care Coordinators

Target Sample: FCC’s staffing specific dependency cases that have been chosen to participate in the FGDM research study

FCC NAME _____
CLIENT ID CODE _____
DATE _____
TIME PERIOD _____ Months after start of case

INTRODUCTION

My name is Patricia Keenan (or Marc Bolan). I am working with the Port Gamble S’Klallam Tribe on the evaluation of the Tribal Child Welfare program. As part of our research we are gathering data on parents/families involved in child “in need of care” cases. In this project we are interviewing the Family Care Coordinators to gather information and insights about specific cases. We have some questions about your experiences with the specific case

The family has consented to participation in this project. As such you are free to share whatever information about the dependency case with the understanding that the information is confidential and the evaluation team will not share individual responses with the family members or other Tribal Support staff. The interview should take about 45-60 minutes and please stop me at any point if you have questions or concerns about the interview.

Note to interviewer – if client seems to express distress or concerns during the interview and would like to seek support or talk with someone you can comment that they can speak with Andrea Smith, IV-E waiver project coordinator/attorney, or Joylina Gonzalez, child welfare program manager, about any concerning issues

BASELINE INTERVIEW

1. How long have you been providing support to this dependency case?
2. How often do you have some kind of contact with the parent/guardians involved in this case?
3. At this time what would you say are some of things that are going well about this case (e.g., relationship with children, making progress on challenges, etc.?)
4. At this time what are some things that are not going as well or are challenges for this specific case (i.e., specific issues of concern)?
5. We would like to talk about some specific goals that the family might work towards and see progress in over the next 6 months. Let’s identify some specific areas where the FCC thinks the family can see improvement or make progress over the course of working with the program staff, support providers and other sources of support (*For example, if they talk about wanting to be more prepared to parent their child in times of crisis, we establish a goal that states “increase awareness of how to best use family and social supports when my child has a crisis.”*)

GOAL 1: _____
GOAL 2: _____
GOAL 3: _____

6. What are your expectations for the upcoming FGDM session? What do you hope to accomplish through participation in the meeting? What do you hope are the products of this session?

7. Is there anything else you would like to share about the experience with this case at this time?

3/6 MONTH FOLLOW-UP INTERVIEW

1. How often do you have some kind of contact with the parent/guardians involved in this case? Has the amount, type, level of quality of this contact changed since participation in the FGDM session?

2. At this time what would you say are some of things that are going well about this case (e.g., relationship with children, making progress on challenges, etc.?)

3. At this time what are some things that are not going as well or are challenges for this specific case (i.e., specific issues of concern)?

7. (AT 3M follow-up only) We have some questions about the recent FGDM session.

- What did you like or feel went well at the meeting?
- What did you NOT like or feel DID NOT GO well at the meeting?
- Which parts of the meeting were the MOST Helpful to you and your family? Which parts were the LEAST helpful?
- What would say is the most important thing that came out of the meeting?
- What is your impression of the plan that emerged from the process? Are you satisfied with this plan? Are members of your family and tribe satisfied with the plan?

8. In the BASELINE interview we completed before the FGDM session we identified some specific goals for the family. I will state each goal and want your perspective on how this family is progressing in reaching this goal. I am interested in 1) how much progress they have made and 2) what role, if any, participating in the FGDM session has helped with this progress?

GOAL 1: _____ PROGRESS: _____
GOAL 2: _____ PROGRESS: _____
GOAL 3: _____ PROGRESS: _____

9. In the time since the meeting have ongoing other issues emerged that would prompt the need for an additional FGDM session? What are those issues?

10. Is there anything else you would like to share about the experience of your case at this time?

APPENDIX 6: S’Klallam Strong Parent Class: “Parenting the S’Klallam Way”

BASELINE Program Survey

Thank you for participating in this class. We would like to collect some information at the start of the class. All your answers are confidential and you will have the opportunity to answer a similar set of questions at the end of class. Please answer as accurately and honestly as possible. We intend to use this information to improve the services offered to families on the reservation.

The following elements comprise an identifier code. This allows us to link the Baseline and Follow-up surveys without using participant names. As noted all of your information is confidential and individual answers will not be shared with staff.

WHAT IS THE SECOND LETTER OF YOUR FIRST NAME? _____

WHAT IS THE DAY IN YOUR DATE OF BIRTH (e.g., for 3/11/1965 this would be 11)? _____

HOW MANY CHILDREN 18 or Under do you have? _____

WHAT IS THE LAST LETTER OF YOUR LAST NAME? _____

<i>Please note your level of agreement with the following statements</i>	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. I know how stories can be used to help my children make better decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think talking with my children is very important to positive parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child development is about “readiness,” or when a child is ready to take on the next new skill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can use skills based on traditional teachings to prevent problems before they start.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know how to use traditional teachings to support my children and to encourage their learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>How often have you done the following in the past 2 months with your children and family</i>	Never	Once or Twice	Few Times a Month	Once a Week	Several Times a Week	Does not apply
6. Used storytelling to share Tribal history	<input type="checkbox"/>					
7. Used positive reinforcement with your children	<input type="checkbox"/>					
8. Used shared parenting, extended family to parent and/or for childcare	<input type="checkbox"/>					
9. Asked or sought guidance from Aunties/Uncles or Grandmas/Grandpas	<input type="checkbox"/>					
10. Teaches with patience, not insisting on mastery on first tries	<input type="checkbox"/>					
11. Participated in traditional activities or spiritual ceremonies (e.g., Canoe Journey, Singing, Drumming, Shaker Church, etc.)	<input type="checkbox"/>					
12. Participated in tribal community events such as dinners, celebrations, etc.	<input type="checkbox"/>					
13. Talked of traditional roles and spiritual beliefs about children	<input type="checkbox"/>					

14. Used traditional language or names (e.g., <i>Seya</i> for grandmother)	<input type="checkbox"/>					
15. Talked about and/or used traditional foods or medicine	<input type="checkbox"/>					
16. Participated in traditional music, arts, or crafts activities	<input type="checkbox"/>					

17. What are you most excited to learn about from this class?

S’Klallam Strong Parent Class: “Parenting the S’Klallam Way”

END OF Program Survey

Thank you for participating in this class. We would like to collect some information now that you have completed the class. All your answers are confidential and please answer as accurately and honestly as possible.

WHAT IS THE SECOND LETTER OF YOUR FIRST NAME? _____

WHAT IS THE DAY IN YOUR DATE OF BIRTH (e.g., for 3/11/1965 this would be 11)? _____

HOW MANY CHILDREN 18 or Under do you have? _____

WHAT IS THE LAST LETTER OF YOUR LAST NAME? _____

<i>Please note your level of agreement with the following statements</i>	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. I know how stories can be used to help my children make better decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think talking with my children is very important to positive parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child development is about “readiness,” or when a child is ready to take on the next new skill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can use skills based on traditional teachings to prevent problems before they start.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know how to use traditional teachings to support my children and to encourage their learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>How often have you done the following in the past 2 months with your children and family</i>	Never	Once or Twice	Few Times a Month	Once a Week	Several Times a Week	Does not apply
6. Used storytelling to share Tribal history	<input type="checkbox"/>					
7. Used positive reinforcement with your children	<input type="checkbox"/>					
8. Used shared parenting, extended family to parent and/or for childcare	<input type="checkbox"/>					
9. Asked or sought guidance from Aunties/Uncles or Grandmas/Grandpas	<input type="checkbox"/>					
10. Teaches with patience, not insisting on mastery on first tries	<input type="checkbox"/>					

11. Participated in traditional activities or spiritual ceremonies (e.g., <i>Canoe Journey, Singing, Drumming, Shaker Church, etc.</i>)	<input type="checkbox"/>					
12. Participated in tribal community events such as dinners, celebrations, etc.	<input type="checkbox"/>					
13. Talked of traditional roles and spiritual beliefs about children	<input type="checkbox"/>					
14. Used traditional language or names (e.g., <i>Seya for grandmother</i>)	<input type="checkbox"/>					
15. Talked about and/or used traditional foods or medicine	<input type="checkbox"/>					
16. Participated in traditional music, arts, or crafts activities	<input type="checkbox"/>					

PLEASE GO TO NEXT PAGE

17. What are the most important things you learned from participating in this class?

18. Which lessons or parts of the class were the **most helpful** to you?

19. Which lessons or parts of the class were **less helpful** to you?

20. What other things do you feel you need to know about or need to understand that was not covered by this class?