C O N T E N T S

**Washington Dept. of Children, Youth, and Families
Strengthen Families Locally
Evaluation Plan**

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Strengthen Families Locally

Washington DCYF

CONTENTS

1. Introduction

Washington's CWCC-funded initiative, called Strengthen Families Locally, will implement a community-wide prevention intervention model in four 'locales'[1] in Washington State with high baseline rates of child maltreatment. In preparation for this project, DCYF randomly identified four locales from among the 23 locales in Washington with the highest rates of child maltreatment.

History. The Washington State Department of Children, Youth, and Families (DCYF) was established in 2018 to bring together three state child-serving agencies into one agency, including child welfare, early learning, and juvenile justice. The DCYF vision is to ensure that "Washington State's children grow up safe and healthy- thriving physically, emotionally, and academically, nurtured by family and community."

Washington State has a long tradition of collaborative community-based prevention efforts. In 1992, Washington established the state-level Washington State Family Policy Council that in turn gave rise to 40 local affiliates around the state called Community Public Health and Safety Networks. Partners in these local Networks were trained and mobilized over the years around preventing and mitigating adverse childhood experiences. In 2012, the state legislature defunded all local Councils in a budget reduction effort, although funding had been reduced substantially in years prior.

Goals. The goals of Washington's Strengthen Families Locally initiative are to 1) reduce rates of child maltreatment in the target areas; 2) reduce rates of foster care entry in the target areas; 3) eliminate racial disparities in maltreatment and foster care entry in the target areas; 4) increase community resilience in the target areas; and 5) develop a replicable community-driven prevention model.

Funding. The Washington initiative has no additional dedicated funding beyond the CWCC grant. However, DCYF expects to leverage state and philanthropic funding available for state-wide prevention and service expansion work to help meet community-identified needs for additional services and supports. For example, the state legislature has committed to continued expansion of state-funded preschool for low-income families. To the extent the four target locales identify the need for more state-funded preschool slots, DCYF expects to have flexibility to allocate some of the expansion slots to these communities. Similarly, DCYF is working to implement FFPSA statewide, and may have additional funded prevention services available to allocate through that initiative.

1.1. Grant Purpose and Scope

Purpose. The purpose of Washington's Strengthen Families Locally initiative is to "build strong multi-system collaborations with and in local communities to conduct assessment, planning, and capacity-building", with the ultimate goal of "thriving children, youth, families, and communities across Washington State."

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[1] A 'locale' is a unit of geography developed by Washington state agency researchers to examine community-level risk and protective factors. A 'locale' is a school district or groups of school districts that, when added together have a population of at least 20,000. This aggregation allows for stabilization in rate measurement over time. There are 115 locales in Washington State. As a new agency in 2018, DCYF identified the 23 locales as those demonstrating the highest quintile of child maltreatment rates in the state, from which it chose four for this project at random. For more on risk and protective factors measurement at the locale level in Washington State, see DSHS Research and Data Analysis (RDA) Community Risk Profiles: https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles

Challenges. Grant activities are designed to address the challenges present in the four target areas. Social, economic, and racial inequities exist in these communities, which serve to create barriers and challenges to families and influence high rates of child maltreatment and foster placement.

Activities. To accomplish the goals of the initiative, the proposed 5-year project has six main activities for the community planning model portion of the intervention: 1) contract with local activator organizations to host community meetings; 2) convening and collaborating with community partners; 3) data coaching; 4) story building; 5) action planning; and 6) conducting continuous quality improvement. In addition, after each locale has created their community action plan, DCYF will support implementation of local action plans.

To achieve its purpose, implementation of this project will include collaborating with local communities to better understand their needs, developing a shared understanding of the local root causes of inequities in the child welfare system through examination of data together, and designing responses that support systemic equity and holistic community engagement.

Washington's intervention explicitly operates primarily at the community-level rather than the individual level. Thus, the primary components of the prevention intervention are community mobilization, community identification of needs, and development of trust and shared values within communities. While DCYF does expect to expand family-level supports and services as a result of a community-driven process, the primary mechanism by which change is expected to occur is through strengthening of bonds among individuals and institutions within the community, including parents/caregivers with lived experience in the child welfare system.

Operationalization. DCYF will operationalize the identified activities through deploying resources of the grant, as well as resources of the agency. DCYF staff have identified initial partner individuals, institutions, and parents/caregivers with lived experience in each of the four target locales. The project will contract with activator organizations in each of the locales to assist with mobilization, recruitment, and scheduling community meetings and events. Together, staff and contracted activator organizations will implement the community-driven prevention intervention model to help communities identify needs, strategies, and priorities. Project staff will engage in analysis and coaching around quantitative data, as well as engage in collecting stories from the communities to accomplish development of shared values within communities. Finally, project staff will draw on resources throughout the DCYF agency, as well as outside the agency, to respond to community-identified priorities.

Previous Research. The activities that make up Washington's Strengthen Families locally community-wide prevention intervention model are based on research demonstrating that such community-wide interventions can be effective in reducing maltreatment.

In planning the Strengthen Families Locally community-level intervention, the Washington team conducted a review of the research literature on community-based prevention efforts that have demonstrated compelling evidence of success in reducing child maltreatment, including past initiatives in Washington State. Successful initiatives reviewed share many characteristics and principles, and Washington intends to draw on the strengths and lessons learned of many.

Prevention scholars and practitioners increasingly are calling for a community-based collaborative approach to prevention of child maltreatment, along with an increasing recognition that identifiable and modifiable community- and neighborhood-level processes influence variation in child maltreatment

rates.[2,3,4,5] In their review of the literature on neighborhood influences Coulton et al.[6] confirm that social/structural neighborhood factors are consistently associated with child maltreatment rates. Based on their review, these researchers put forward a model of pathways of neighborhood influences on child maltreatment that we find relevant for this project identifying structural factors (such as neighborhood economic disadvantage and demographics) as well as social processes (such as collective efficacy, social organization, and community resources/deficits) at work in neighborhoods that, along with family and child factors, result in child maltreatment. Taken together, this research argue that individual child- and family-level interventions are not sufficient to stem the tide of increases in child maltreatment, and lead us to embrace community-level collaborative prevention efforts.

Communities have implemented efforts to prevent child maltreatment for many years, at least since the 1991 recommendation by the U.S. Advisory Board on Child Abuse and Neglect to strengthen neighborhood and families.[7] Yet research into what actually works in the area of community-based collaborative prevention interventions is still in the early stages. There is a young and developing research literature examining what specific ingredients in the community-based approach are needed to produce reductions in child abuse and neglect. In their review of the evidence on community-based collaborative approaches to child maltreatment prevention, Molnar and colleagues[4] identify a number of community-based initiatives that show promise in reducing rates of child maltreatment. In terms of specific ingredients, these authors note that "A multilevel, holistic approach that takes into account developmental changes and needs of individuals as well as their environment is likely to bring about more sustainable change in protecting children from abuse and neglect than efforts focused solely on individuals" (387).

The Strong Communities for Children approach most closely matches the community intervention model that Washington will implement. This model has demonstrated effectiveness in real-life community settings through both reduction in child maltreatment as measured by childhood injuries (*Cohen's d .25-.52*) and substantiated maltreatment reports (*Cohen's d .57-.62*). The table below summarizes the defining components of the Strong Communities for Children prevention intervention identified by the researchers as essential for success.

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[2] Scott, D., Lonne, B., & Higgins, D. (2016). Public health models for preventing child maltreatment: Applications from the field of injury prevention. *Trauma, Violence, & Abuse*, *17*(4), 408-419.

[3] Molnar, B. E., Goerge, R. M., Gilsanz, P., Hill, A., Subramanian, S. V., Holton, J. K., ... & Beardslee, W. R. (2016). Neighborhood-level social processes and substantiated cases of child maltreatment. *Child abuse & neglect*, *51*, 41-53.

[4] Guterman, N. B., Lee, S. J., Taylor, C. A., & Rathouz, P. J. (2009). Parental perceptions of neighborhood processes, stress, personal control, and risk for physical child abuse and neglect. *Child abuse & neglect*, *33*(12), 897- 906.

[5] Kim, B., & Maguire-Jack, K. (2015). Community interaction and child maltreatment. *Child abuse & neglect*, *41*, 146-157.

[6] Coulton, C. J., Crampton, D. S., Irwin, M., Spilsbury, J. C., & Korbin, J. E. (2007). How neighborhoods influence child maltreatment: A review of the literature and alternative pathways. *Child abuse & neglect*, *31*(11), 1117-1142.

[7] US Department of Health and Human Services. (1991). Creating caring communities: blueprint for an effective federal policy on child abuse and neglect. *Second Report of the US Advisory Board on Child Abuse and Neglect*.

Initiative	Quant Evidence	Defining Intervention Components
Strong Communities for Children	Significant reduction in child maltreatment, measured by childhood injuries (*Cohen's d .25-.52*) and substantiated maltreatment reports (*Cohen's d .57-.62*).[8]	1. Mobilize individuals and institutions through individual meetings, neighborhood activities, and community-wide events; 2. Transform community norms and structures to support families; 3. Engage community organizations to use facilities for informal family-supportive activities; 4. Community-driven identification of needs, strategies, and priorities; and 5. Develop trust and strengthen shared values.

Targeted Outcomes. The five expected long-term outcomes of Washington's Strengthen Families Locally initiative include:

- A replicable, manualized community-driven prevention planning model for Washington,
- Increased community resilience in four intervention locales,
- Reduced maltreatment in four intervention locales,
- Reduced entry into out-of-home care in four intervention locales, and
- Reduced racial disparities in child maltreatment and out-of-home care entry in four intervention locales.

As reflected in the project logic model, DCYF has identified eight intermediate outcomes, three related to system-level community planning, four related to locale-level implementation, and one related to participant-level outcomes.

- (Systems-level community planning) Stronger, sustainable local multi-system collaborations and networks,
- (Systems-level community planning) Improved understanding of community needs,
- (Systems-level community planning) Refine and document the implementation of the community planning model for replication,
- (Locale-level implementation) Development of trust, and shared values and norms in communities,
- (Locale-level implementation) Expanded services, increased reach and penetration of priority services identified by communities,
- (Locale-level implementation) Increased service penetration rates of identified DCYF-funded interventions for racial groups with pre-existing disparities,
- (Locale-level implementation) Increased take-up of DCYF-funded services (number and percent) by children and families not previously identified by the child welfare system, and
- (Participant-level outcomes) Increased participant resilience (risk and protective factors) among children and families in the 4 locales receiving expanded DCYF-funded services.

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[8] McDonell, J. R., Ben-Arieh, A., & Melton, G. B. (2015). Strong Communities for Children: Results of a multi-year community-based initiative to protect children from harm. *Child abuse & neglect*, *41*, 79-96.

INTRODUCTION

Because the Washington intervention operates primarily at the community-level rather than the individual level, the pathways by which the proposed activities are expected to achieve the desired outcomes are conceptualized as occurring primarily through community-wide planning, systems enhancements, and expansion of services and supports.

1.2.   Defined Target Population

The target population for Washington's Strengthen Families Locally initiative is children and families residing within the four randomly selected target locales - Port Angeles, Bremerton, Columbia (Stevens), and Spokane. These four locales are highlighted in the state map below.

Map of Selected Target Locales

There are 115 locales in Washington State. As a new agency in 2018, DCYF identified the 23 locales as those demonstrating the highest quintile of child maltreatment rates, defined as accepted referrals, in the state, from which it chose the four identified for this project at random.

These locales represent a diversity of conditions across Washington State. Port Angeles is a medium-size town, Bremerton is a larger suburban city, Columbia (Stevens) is a remote/frontier locale, and Spokane is a major urban center. Two locales are in western Washington and two are in eastern Washington.

The table below details the population of children and families in each of the four selected locales, comparing characteristics to those of the state overall.

Child/Family Demographic Characteristics in Target Locales					
	Port Angeles	Bremerton	Columbia (Stevens)	Spokane	WA State Average
Population Under 18 years	6,264	9,044	10,472	47,660	1,542,539
Foreign born	4%	7%	3%	5%	12%
White	88.0%	66.0%	94.0%	84.0%	73.9%
Black/African American	0.60%	8.10%	1.3%	2.50%	4.0%
American Indian/Alaskan Native	5.0%	2.6%	6.9%	1.50%	1.7%
Two or more races	5.2%	2.7%	6.0%	8.8%	7.8%
Hispanic or Latino of any race	6.0%	4.8%	5.3%	7.9%	15.2%
Single parent household	30.1%	35.3%	23.5%	33.5%	27.8%
% below federal poverty level	9.5%	12.0%	10.1%	11.8%	7.9%

Data Source: American Community Survey

Additionally, the table below describes recently-updated baseline community-level risk and protective factors among the target population of children and families for the four chosen locales, including economic deprivation, child safety, low commitment to school, early initiation of problem behavior, violence, substance abuse, and child/family health for the four chosen locales, compared with the Washington statewide rates. Of note, the child safety indicators include rates of maltreatment.

Community Risk & Protection Profile, Target Locales and WA State, 2018-2019						
Category of Need	**Key Indicators**	**Community Comparisons**				
		Port Angeles	Bremer ton	Columbia (Stevens)	Spokane	WA
Economic Deprivation	Temporary Assistance to Needy Families (TANF) Age 0-17, per 100 children	5.0	9.3	6.7	9.6	4.6
	SNAP Recipients (All Ages), per 100 persons	18.5	25.0	25.6	29.4	16.3
Child Safety	Victims Accepted in Child Maltreatment Referrals (birth-17), per 1,000 children	52.9	48.9	52.3	70.3	37.9
	Injury or Accident Hospitalizations for Children (birth-17), per 100 hospitalizations	3.0	2.3	8.9	4.9	3.7
Low Commitment to School	High School Cohort Dropouts, percent	10.9	13.5	6.8	<5	11.1
Early Initiation of Problem Behavior *(rates per 1,000 adolescents)*	Vandalism Arrests, Age 10-14	1.0	0	NR	1.4	0.62
	Property Crime Arrests, Age 10-17, per 1,000 adolescents	6.5	6.3	NR	4.2	3.8
	Total Arrests of Adolescents, Age 10-17	15.1	20.5	NR	16.0	16.4
Violence	Violent Crime Arrests, Age 10-17, per 1,000 adolescents	1.3	1.3	NR	1.7	1.5
	Domestic Violence Offences – All Ages, per 1,000 persons	9.2	5.2	6.7	19.9	7.6
Substance Abuse	Alcohol and Drug Related Deaths (all ages), per 100 deaths	11.1	11.9	10.5	14.4	14.2
	Alcohol and Drug Treatment, Age 10-17 (State Funded), per 1,000 adolescents	25.3	9.6	10.7	12.0	6.8
	Adult Alcohol Related Arrests, per 1,000 adults	2.8	3.6	0.34	3.0	5.2
	Alcohol Violation Arrests, Age 10-17, per 1,000 adolescents	3.0	1.7	NR	0.6	1.1
	Drug Law Violation Arrests, Age 10-17, per 1,000 adolescents	4.4	2.7	NR	0.5	1.6
Child/Family Health	Suicides and Suicide Attempts Age 10-17, per 100,000 adolescents	194.6	99.2	142.1	634.3	224.2
	Births to Mothers Aged 10-17, per 1,000 females	0.44	1.4	0	3.0	1.8

Summarized from locale- and County-level Community Risk and Protective Factor Profiles, 2019
https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles
*NR=Not Reported*

1.3.   *Theory of Change*

Based on available data, it is evident that social, economic, and racial inequities exist in the targeted locales that serve to create barriers and challenges to families and influence high rates of child maltreatment and foster care placement. To achieve project goals, implementation will include collaborating with local communities to better understand their needs, developing a shared understanding of the local root causes of inequities in the child welfare system through examination of data together, and designing responses that support systemic equity and holistic community engagement. DCYF will report data and analysis conducted throughout this project in partnership with local communities with evaluation results and disseminate to all partners. DCYF will evaluate and document the intervention so that, if successful, it can replicate the intervention in other high-need locales across the state.

Based on the root causes identified, DCYF has defined the following **long-term goals** for this project:

1. reduce rates of child maltreatment in target areas,
2. reduce rates of foster care entry in target areas,
3. eliminate racial disparities in maltreatment and foster care entry in the target areas,
4. increase community resilience in target areas, and
5. develop replicable community-driven prevention model.

To meet these goals, DCYF has designed an **outcome chain** linking the intended activities to intended outcomes, included in the approved project Implementation Plan.

Outcome Chain

Intervention: We implement community-based qualitative data collection and action planning processes
So That
Communities and the state can examine locale-level data and local stories about the causes of child abuse and neglect
So That
The unique strengths, needs, and trends for families and communities can be seen
So That
(1) Site specific strengths and barriers are recognized
and
(2) Site specific strategies are developed
and
(3) Needs of communities are understood across sites
So That
(1) Resources can be mobilized to meet community needs to prevent neighborhood level risk factors
and
(2) Resources can be mobilized to increase family and community resilience and supports
So That
Families and communities participate in services and programming implemented at the locale level
So that
(1) Family access to support, protective factors, and/or resilience are increased
and
(2) Children and families experience less abuse and neglect
and
(3) Children are less likely to enter foster care
So That
This model can be replicated in other communities and state programs

Source: Appendix C WA State Approved Implementation Plan 9/9/2020

Strategies. The strategies that Washington's Strengthening Families Locally project will undertake to implement the intervention are reflected in the detailed Implementation Plan. These include main strategies of 1) contracting with local activator organizations to host community meetings; 2) convening and collaborating with community partners; 3) data coaching; 4) story building, 5) action planning; 6) continuous quality improvement; and 7) implement action plans.

1. Identifying and contracting with local activator organization to host community meetings

2. Convening and collaborating with community partners

   - Identify potential partners
   - Introductory organizational coalition meetings, neighborhood activities, and community-wide events,
   - Conduct outreach to include partners with lived experience in community settings

3. Data coaching

   - Meetings with data coach and community to review local child welfare data, other data, spatial analysis, and social network analysis

4. Story building

   - Individual data collection via SenseMaker online tool; Group listening sessions (community and parent cafes); includes probes for racial equity5. Action planning

   - Use convening and collaboration, data coaching, map community assets, map policy barriers and opportunities, and identify diverse activities for local implementation (e.g. universal prevention, volunteer engagement, policy change)

5. Conduct continuous quality improvement for community planning model

6. Assess progress, success, and challenges

7. Intentionally adjust community planning model in response

8. Implement action plan

   - Details to be determined based on each community action plan. Examples of potential interventions include universal prevention, volunteer engagement, evidence-based prevention interventions, policy change

   - Progress monitoring to assess progress, successes, challenges

Racial equity and disproportionality. Because racial equity and reducing disproportionality are among the long-term outcomes of the project, project staff and contractors will incorporate an equity lens when implementing the main strategies and core components. For example, when identifying potential partners and mobilizing individuals project staff will identify and recruit community members from local BIPOC (Black, Indigenous, and People of Color) communities and partner organizations that serve those communities. When story-building staff the core component of "probe biases and unrepresented

perspectives" is intended to ensure that the experiences of BIPOC community members are included. When mapping community assets, barriers, and opportunities, project staff and contractors will explicitly include the experiences of local BIPOC community members, and include in identification of barriers historical oppression and systemic/institutional racism that may be present in the local community. When action planning, the core components of incorporating "culturally appropriate and inclusive strategies" and "engage liberatory processes in designing activities" are intended to ensure that the needs of local BIPOC families are included in action planning. When implementing and pilot testing new services and supports, project staff and contractors will include those that explicitly address the needs of local BIPOC families. Finally, when evaluating/reflecting project staff will be explicitly evaluating the extent to which local systems change is directed toward meeting the needs of local BIPOC families and communities.

1.4. Logic Model

The logic model illustrated below includes -

- **Key contextual factors**. First, these four locales have high baseline rates of child maltreatment and other risk factors; in fact, it is their presence in the group of locales with the highest rates of maltreatment in the state made them eligible for random selection for the intervention. Additionally, these locales are home to communities with histories of oppression, disinvestment, and systemic inequities. Finally, the 2020 public health emergency and subsequent statewide recession must be considered as contextual factors that DCYF recognizes will influence the project implementation as well as community-level outcomes.

- **Key activities/outputs**. To accomplish the goals of the initiative, the proposed project has seven activity/output pairs, or activity components: 1) contracting with local activator organizations to host community meetings; 2) convening and collaborating with community partners; 3) data coaching; 4) story building; 5) action planning; 6) continuous quality improvement for community planning model; and 7) implement action plan.

  The Activities and Output pairs are aligned in the Logic Model figure so that the Outputs are the proximal visible evidence of the Activities. The table below provides additional detail on the planned activities relevant to each Activity/Output pair including additional detail reflected in the Fidelity Matrix and the intervention Core Components of Washington State's Implementation Plan. The table also includes responsible party(ies).

Activity	Output	Detailed Activities	Responsible Party
Contracting with local activator organizations to host community meetings	4 contracts/ MOUs in total with local activator organizations	• Identify potential local activator organizations, • Establish, manage, and renew contracts with local activator organizations each year	DCYF program staff
Convening and collaborating with community partners	5-15 participating members and organizations per locale/year; 6-10 convenings w/each locale per year; 20-40 convening total per year	• Identify potential partners, • Introductory organizational coalition meetings, neighborhood activities, and community-wide events,	Local activator organizations and DCYF program staff

		• Conduct outreach to include parents with lived experience in community settings	
Data Coaching	1-4 data products resulting from the data coaching (e.g slide decks, dashboards, reports)	Meetings with data coach and community to review locale child welfare data, other data, spatial analysis, and social network analysis	Data Coach/Analyst, and Lead Evaluator
Story Building	8-20 participants in online SenseMaker data collection per locale/year; 2-4 Group listening sessions per locale/year; 4 community stories	Individual data collection via SenseMaker online tool; Group listening sessions (community and parent cafes); includes probes for equity	Program staff
Action Planning	4 drafts of locale-specific Action Plans (see locale-level intervention below)	Use convening and collaboration, data coaching, map community assets, map policy barriers and opportunities, and identify diverse activities for locale implementation (e.g. universal prevention, volunteer engagement, policy change)	Program staff, contracted Local Activator Organizations, community partners
Conduct Continuous Quality Improvement for Community Planning Model	4 Annual community meetings focused on adherence to community values in each locale 4 annual review of key activities and adherence to fidelity, findings in each locale (1 in each locale) 4 annual adaptations so action plans based on CQI findings (1 per locale)	• Assess progress, successes and challenges, • Intentionally adjust community planning model in response	Contracted local activator organizations, program staff
Implement action plans	Counts of activities described in each locale action plan.	• Details to be determined based on each community action plan. Examples of potential interventions include universal prevention, volunteer engagement, evidence-based prevention interventions, policy change, • Progress monitoring to assess progress, successes, challenges.	Local communities, in partnership with DCYF and program staff

- **Inputs necessary to execute the grant activities**. Inputs at the level of community planning include state relationships with the four intervention locales; system supports, programs, and

funds for WA families in the locales; community input into state plans; state funds and programs; Children's Bureau CWCC funds; DCYF mandate for prevention; institutional expertise; Washington history of community-based prevention efforts; Washington history, experience, and relationships with the locales; and community planning models that inform the Washington DCYF Theory of Change including Strong communities for Children and Washington's own Community Health and Safety Networks. Inputs at the level of local interventions include locale-level action plans; pre-existing community partnerships including partnerships built through planning; program resources; Washington state supports; and community leaders, partners, and stakeholders participating in implementation of action plans.

- **Intermediate outcomes**. Intermediate outcomes are those through which the grant activities are expected to produce the intended long-term outcomes.

  o At the level of systems-level community planning, anticipated intermediate outcomes include stronger, sustainable local multi-system collaborations and networks; improved understanding of community needs; and refine and document the implementation of the community planning model for replication.

  o At the level of locale-level implementation, anticipated intermediate outcomes include development of trust, and shared values and norms in communities; expanded DCYF-funded services, increased reach and penetration of priority services identified by communities; increased service penetration rates of identified DCYF-funded interventions for racial groups with pre-existing disparities; and increased take up of DCYF-funded services (number and percent) by children and families not previously identified by the child welfare system.

  o A the level of participants, anticipated intermediate outcomes include increased participant resilience (risk and protective factors) among children and families in the four locales receiving expanded DCYF-funded services.

- **Long-term outcomes**. The five expected long-term outcomes of Washington's Strengthen Families Locally initiative include: 1) a replicable, manualized community-driven prevention planning model for Washington; 2) increased community resilience in four intervention locales; 3) reduced maltreatment in four intervention locales; 4) reduced entry into foster care in four intervention locales; and 5) reduced racial disparities in child maltreatment and foster care entry in four intervention locales.

The role of stories. The Activity of Story Building is intended not just as a form of data collection to share perspectives among community partners, although it will accomplish those things it is intended to accomplish much more. The process of telling and sharing stories about one's community, especially in marginalized communities experiencing substantial risk for child maltreatment, is an activity intended to help community members **build common understandings of their experiences, build empathy, and construct meaning** (ie. make sense) of those experiences.

Furthermore, story telling and **sharing set the stage for mobilizing for change**. Increased connections and shared understandings then form a basis from which community-building can happen. In this way story telling and sharing can be an important tool is **building shared norms**, including norms of child protection, that in turn may contribute to community-wide protective factors. In community-wide interventions such as Washington's Strengthening Families locally, the pathway to decreasing risk and increasing protective factors is conceptualized as happening primarily through the development and diffusion of these new positive norms that occur through the community-building process, which in this project is supported by story telling and sharing.

Story building is an activity that reveals how individuals in communities make sense of their own as well as collective experiences, and the ways in which their communities either support or do not support the well-being of their families. For example, in their research on community narratives in Northern Ireland, Stapleton and Wilson (2017) found that "community narrative operates as a shared sense-making resource for members."[9] Additionally, story telling can be a useful resource for community members **interpreting quantitative data about community risk**, as Ottinger (2017) found in their study of communities at risk for marginalization and poor health, where community stories were found to be important in making sense of quantitative data about health risks.[10]

Evaluation and research on community-based prevention interventions, such as Washington's Strengthen Families Locally project, support this conceptualization, both in the role that storytelling can play and in the notion of **development and diffusion of norms** that contribute to community-wide protection of children. For example, a community-wide prevention intervention in Walla Walla Washington, the evaluators note that in the stories told by members of the most at-risk sub-communities changed over time, reflecting changes in community norms and collective efficacy over the course of the intervention.[11] Additionally, Molnar and colleagues (2016) found that increasing neighborhood-level social processes, such as sharing and relationship building, were a means to build protective collective efficacy and community resilience.[12] Finally, the Strong Communities for Children intervention, upon which Washington's Strengthen Families Locally is partially based, explicitly addresses changing community norms "to facilitate informal support for families and to strengthen parents belief that they can improve

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[9] Stapleton, K. and Wilson, J., 2017. Telling the story: Meaning making in a community narrative. *Journal of Pragmatics*, *108*, pp.60-80.

[10] Ottinger, G., 2017. Making sense of citizen science: stories as a hermeneutic resource. *Energy research & social science*, *31*, pp.41-49.

[11] 2020, May 4. Personal conversation with Dario Longhi. Dr. Longhi is lead evaluator of a community-wide prevention project addressing adverse childhood experiences in Walla Walla, Washington, and an evaluator of the original Washington Community Health and Safety Networks. He also serves as an informal advisor to Washington's Strengthen Families Locally lead evaluator.

[12] Molnar, B.E., Goerge, R.M., Gilsanz, P., Hill, A., Subramanian, S.V., Holton, J.K., Duncan, D.T., Beatriz, E.D. and Beardslee, W.R., 2016. Neighborhood-level social processes and substantiated cases of child maltreatment. *Child abuse & neglect*, *51*, pp.41-53.

the quality of life for their own and their neighbors' families". To accomplish this, the intervention builds many opportunities for messages about norms to be diffused throughout the community.[13]

Logic Model: Washington's Strengthen Families Locally
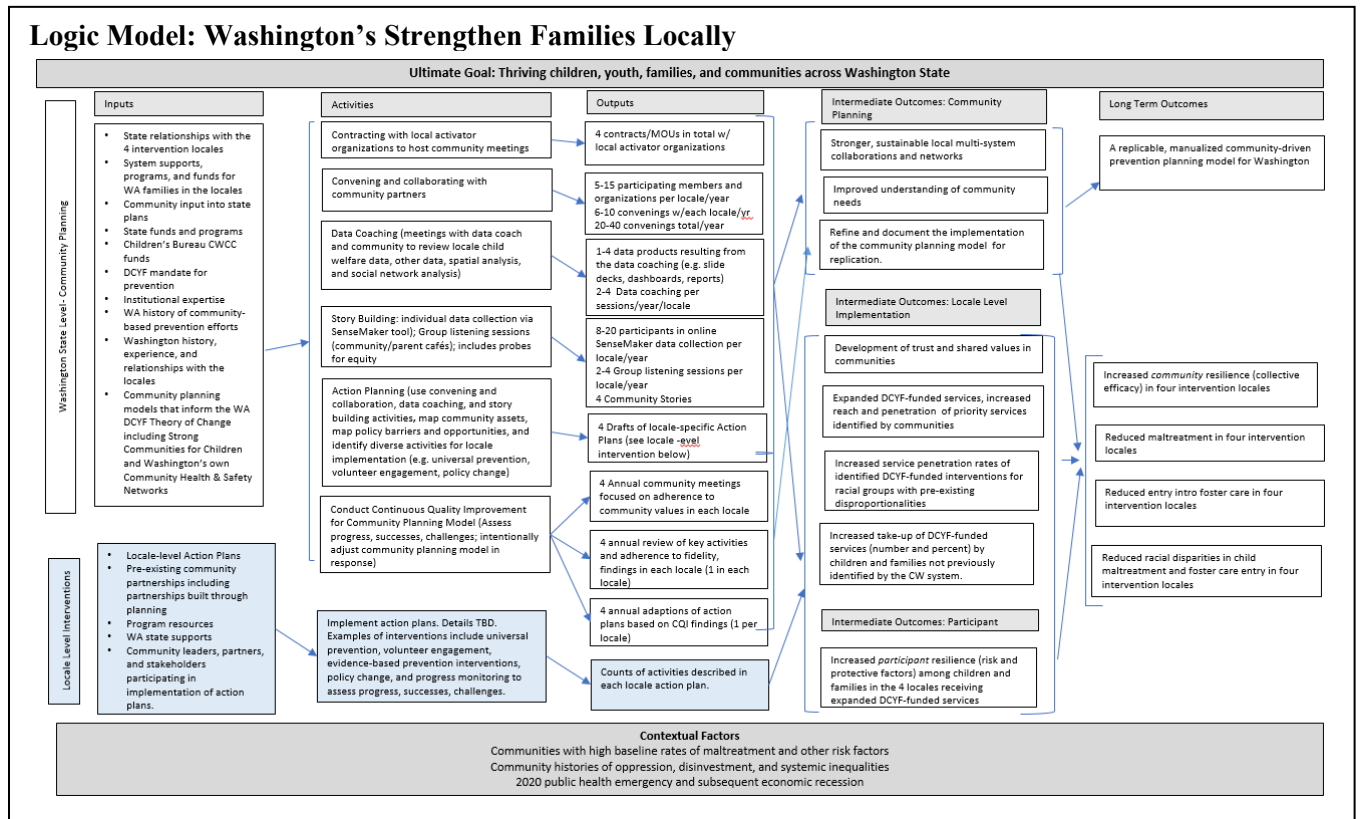
1.5. IRB Approval Plans

The Project Evaluator will submit an evaluation protocol for review of protection of human subjects to the Washington State Institutional Review Board (WSIRB) that will adequately account for protection of human subject. The WSIRB is responsible for reviewing all research conducted in Washington state agencies. DCYF is a member agency, and statutorily required to use the WSIRB for agency research. The Lead Evaluator has substantial experience submitting and receiving approval for research through the WSIRB, and anticipates no challenges.

1.6. Evaluation Roles and Responsibilities

The table below identifies key evaluation team members and their roles in evaluation. Washington's evaluation draws on specialized evaluation staff (lead evaluator, data coach/analyst, as well as contracted

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[13] Kimbrough-Melton, R.J. and Melton, G.B., 2015. "Someone will notice, and someone will care": How to build Strong Communities for Children. *Child Abuse & Neglect*, *41*, pp.67-78.

resources (RDA and VisibleNetworkLabs) and program staff (PI, and community prevention specialist). In addition to the team members identified here, partners in the target locales also play a role in evaluation. The lead evaluator has consulted with a small group of people involved with local collaboration efforts who have interest in evaluation. These individuals have reviewed the logic and a high-level version of the evaluation plan, and provide valuable input. These community partners are especially interested in the inclusion of community-level resilience in the logic model as a community-level outcome.

Name	Organization	Role in Evaluation
Vickie Ybarra	DCYF, Director, Office of Innovation, Alignment, and Accountability	Lead Evaluator
TBD, Data Coach/Analyst	DCYF, Office of Innovation, Alignment, and Accountability	Administrative data collection and production, community data profiles
TBD, Qualitative Evaluator	Contracted	Qualitative data collection and analysis
Irina Sharkova	DSHS, Research & Data Analysis (RDA) – contracted	Geospatial data production
Contractor	VisibleNetworkLabs	Administration of baseline and annual PARTNER social network instrument, initial community-level analysis
Erinn Havig	DCYF, Strengthen Families Locally PI	Intervention director and expertise
Joy Lile	DCYF, Community Prevention Specialist	Intervention lead; Collection and maintenance of program records retrievable by evaluators
Various Members of local collaborations in the four target locales	Various	Review and input on logic model and evaluation plan
Dario Longhi	Independent/unaffiliated	Informal advisor to lead consultant

Finally, Dr. Dario Longhi has served in an informal (unpaid) role in discussions with the lead evaluator. Dr. Longhi served as a lead researcher in Washington's Family Policy Council in the 1990s and 2000s.[14] Although now retired, he remains active as evaluator in a community collaboration in Walla Walla, Washington (not included in Washington's Strengthen Families Locally project), and is eager to share lessons learned through his valuable evaluation experience. He is especially interested in and helpful with

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[14] See for example Hall, J., Porter, L., Longhi, D., Becker-Green, J. and Dreyfus, S., 2012. Reducing adverse childhood experiences (ACE) by building community capacity: A summary of Washington Family Policy Council research findings. *Journal of Prevention & Intervention in the Community*, *40*(4), pp.325-334.

conceptualizing and operationalizing the construct of community-level resilience.[15] During the planning period, Dr. Longhi's role has been informal, and has involved occasional discussions. It is possible his role will evolve over time to a more formal role, dependent on his availability.

1.7. Feasibility of Evaluation Plan

The evaluation plan proposed in the sections below are feasible within the constraints of Washington's current evaluation budget. The lead evaluator expects some challenge in hiring the data coach/analyst position given the current state agency hiring freeze and the public health emergency, but these challenges are being addressed. Other positions with external grant funding are being approved for recruitment, and we expect the data coach/analyst position to be similarly approved soon. No other budget-related challenges are anticipated.

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[15] See for example Longhi, D., Brown, M., Barila, T., Reed, S.F. and Porter, L., 2019. How to increase community-wide resilience and decrease inequalities due to adverse childhood experiences (ACEs): Strategies from Walla Walla, Washington. *Journal of Prevention & Intervention in the Community*, pp.1-17.

2.   Process Evaluation

2.1.   *Research Questions*

The seven process research questions below will guide the process evaluation for the project. Together they address fidelity and reach of the community planning intervention, as well as implementation drivers, solutions, and barriers. Since all of the process evaluation research questions are related to the community planning processes, they will be measured at the level of the locale.

Definitions of note:

- Process evaluation **research question #4**, 'components of collaborative community planning' contains three concepts:

    o   The strength of each collaboration (as measured by the cross-collaboration CAT),

    o   The density of social network among collaborators within each of the four target locales (as measured by the PARTNER social network tool).

    o   The Key Components on the Fidelity Matrix.

Note that additional research questions regarding service penetration and reach to families previously unknown to the child welfare system are included as Outcome Research Questions in Section 3.2 below, since these indicators are conceptualized as intermediate outcomes, rather than processes in the logic model.

Finally, process evaluation **research questions #5 and #6** below relate to two community planning intermediate outcome measures on the logic model, and are included as process measure questions here.

Process Evaluation Research Questions:

1. What implementation drivers and barriers exist at the level of community collaboration and among the collaboration organizations within each of intervention locales? **(Community Planning)**
2. What collaborative factors and/or collaborative contexts influence how solutions to barriers are identified and implemented, within each of the intervention locales? **(Community Planning)**
3. To what extent were the planned community planning activities implemented with **fidelity**? **(Community Planning)**
4. Which components of collaborative community planning appear to be necessary and/or sufficient in order for the project to produce positive outcomes? **(Community Planning)**
5. To what extent did the multi-system collaboration network in each of the intervention locales improve their understanding of community needs over the course of the intervention? **(Community Planning)**
6. To what extent did each of the intervention locales demonstrate increases in trust, and shared norms and values over the course of the intervention? **(Community Planning)**
7. What is the **reach** of the project? **(Community Planning)**
    a.   How many organizations are participating members of local collaborations; and what ratio to non-profit organizations in the locale do they represent?

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b. How many community members and organizations participated in assessing progress; and what percent of coalition membership do they represent?
c. How many community members and organizations participated in data coaching sessions; and what percent of collaboration members/organizations do they represent?
d. How many community members participated in building inclusive collaborative stories? What percent of collaboration members do they represent?

Process research evaluation questions #5 and #6. As noted in the approved implementation plan, development of understanding of community needs, trust, and shared values norms are believed to be key mechanisms by which the community planning intervention ultimately produces the desired long-term outcomes. At the same time, they are difficult to evaluate using quantitative and/or comparative methods. To evaluate process research question #5, the DCYF Qualitative Evaluator will conduct participant observation of community planning sessions and review planning documents for evidence of responses to data presented, discussion of community needs, and prioritization in the community planning processes. To evaluate process research evaluation question #6, the Qualitative Evaluator will conduct secondary review and analysis of stories collected during the intervention. The SenseMaker story collection tool is already in use as a part of the Strengthen Families Locally intervention, where its main purpose is to contribute to elucidate and develop shared community values and priorities.[16] For purposes of evaluation, the Qualitative Evaluator will conduct secondary analyses on these stories with a focus on discovery of expressions of development of trust and shared values and norms. SenseMaker data collection for implementation is already approved through the Washington Implementation Plan. Because the SenseMaker tool is licensed to DCYF for use for this project and Washington State DCYF owns the data collected, it is not anticipated that a data share agreement will be necessary for this measure.

2.2. Fidelity

The Fidelity Matrix in Appendix C is aligned with the project Logic Model, such that the Key Activities of the Fidelity Matrix are also the Activities in the Logic Model. Detail under each key component/activity is also aligned with the table in section 1.4 Logic Model, and references intervention Core Components of Washington State's Implementation Plan.

The Key Activities, along with the indicators associated with each, include:

Key Activity 1: Identifying and contracting with local activator organization to host community meetings
Indicator:
- Contract with local activator organizations

Key Activity 2: Convening and collaborating with community partners
Indicators:
- Individual participants in collaboration/network
- Organization participants in collaboration/network
- Convenings of the collaboration/network

Key Activity 3: Data coaching

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[16] See description in Washington's approved Implementation Plan pages 16 and 23.

Indicators:
- Data products developed from data coaching
- Data coaching sessions

Key Activity 4: Story building
    Indicators:
- Collection of individual stories
- Listening sessions
- Summary of community stories and themes

Key Activity 5: Action planning
    Indicators:
- Drafts of Action plans

Key Activity 6: Conduct continuous quality improvement for community planning model
    Indicators:
- Annual community meetings focused on adherence to community values
- Annual review of key activities and adherence to fidelity
- Adaptation of action plans based on CQI findings

Definitions for each of the indicators, along with measurement, data collection, and scoring thresholds are detailed in the Fidelity Matrix in Appendix C.

Taken together, the Key Components and Indicators reflect the active ingredients of Washington's Strengthen Families Locally intervention; they operationalize the core elements/defining characteristics of the intervention model. Measurement, monitoring, and reporting on these indicators over time will allow DCYF to determine the extent to which the intervention is implemented as intended.

2.3. Reach

The table below details the school districts, county/ies, zip codes, census tracts, and tribal areas associated with each of the four intervention locales. DCYF chose the locale as the primary unit of geography for this project because it is the smallest reported geographic unit with reliable rates of risk and protective factors reported over time.

Locale Name (Number)	School District(s)	County(ies)	Zip Codes	Census Tracts*	Tribal Areas
Spokane (1)	Spokane	Spokane	99026, 99201, 99202, 99203, 99204, 99205, 99207, 99208, 99212, 99217, 99223, and 99224	61 tracts	0
Columbia(Stevens) (11)	Curlew, Republic, Keller, Orient, Kettle Falls, Inchelium,	Ferry, Stevens	98841, 98844, 98855, 98859, 99040, 99114, 99116, 99118, 99121, 99122, 99126, 99129, 99131, 99137, 99138, 99140, 99141, 99146,	10 tracts	2 (Colville and Spokane)

	Columbia, Northport, Onion Creek		99150, 99151, 99155, 99157, 99160, 99166, 99167, and 99173		
Bremerton (105)	Bremerton	Kitsap	98310, 98311, 98312, 98314, 98337, and 98366	19 tracts	0
Port Angeles (102)	Port Angeles Sequim	Clallam	98362, 98363, 98376, and 98382	24 tracts	2 (Lower Elwha & Jamestown S'Klallam)

Data Sources: DSHS RDA for Locales, School Districts, Counties (https://www.dshs.wa.gov/ffa/rda/4/53/locale)
US Department of Education IES for zip codes, census tracts, and tribal areas
(https://nces.ed.gov/programs/edge/Geographic/RelationshipFiles)
*detailed list of census tracts for each locale are included in Appendix E

In preparation for this project in 2018, DCYF randomly identified four locales from among the 23 locales in Washington with the highest rates of child maltreatment. DCYF has conducted additional geospatial analysis to map the four intervention locales served by the CWCC-funded Strengthen Families Locally prevention intervention. The maps below identify the neighborhoods or areas within each of the four locales with the highest rates of maltreatment.

Density Map of Child Maltreatment, Four Intervention Locales

SOURCES: Screened-in CPS Intakes: DCYF; Counties, Roads: US Census Bureau; Locales: CORE-GIS
Department of Social and Health Services | Research and Analysis Division
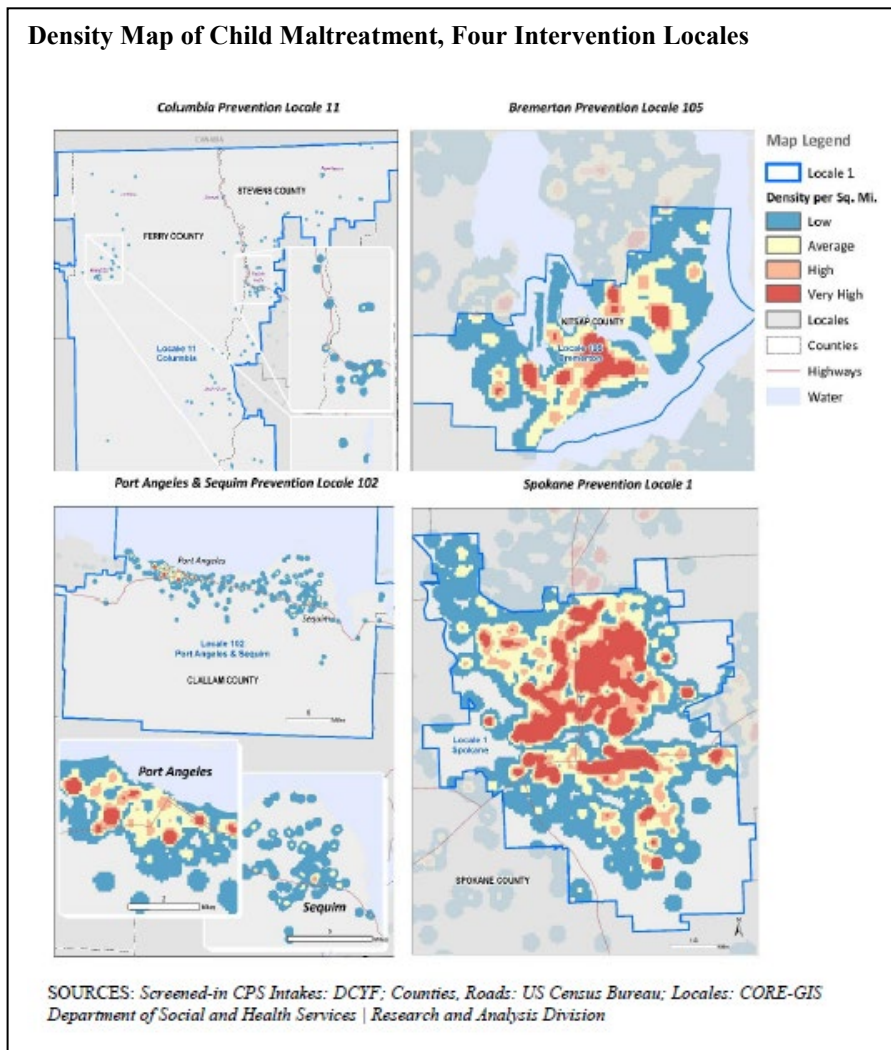
Plan for Reach Data Collection

The reach research questions address the primary outputs in the project logic model, and here in the process evaluation research questions reach is defined as the level of uptake of the grant-funded community planning activities. Because each of the outputs in the logic model address locale-level community planning processes, each of the reach research questions are framed and will be answered at the level of the four locale collaborations.

The table below describes how DCYF will collect data for each of the four reach-related research questions, 7a through 7d.

Reach research question	Data Source(s)/ Measures	Party responsible for data collection	Frequency of data collection, analysis, reporting	Sample	Expected sample size

PROCESS EVALUATION

7a. How many organizations became part of the collaboration; and what ratio to non-profit organizations in the locale do they represent?	a.　N of local community planning organizational attendees b.　Reported as ratio to total non-profit organizations in locale (count from GuideStar charitable organization list)	a.　Program staff b.　Lead evaluator	Organizational attendance collected ongoing with each community event. Analyzed and reported annually, and overall grant period.	Universe – all community planning organizational attendees in each of the 4 intervention locales. Not sampling, will include all attendees.	4 intervention locales
7b. How many community members and organizations participated in assessing progress; and what percent of total community planning attendees do they represent?	a.　N of local participating organizations and individuals b. Reported as percent of local community planning attendees	a.　Program staff b.　Lead evaluator	Attendance collected ongoing with each community event. Analyzed and reported annually, and overall grant period	Universe – all community planning individual attendees and organizations in each of the 4 intervention locales	4 intervention locales
7c. How many community members and organizations participated in data coaching sessions; and what percent of total community planning attendees do they represent?	a.　N of local participating individuals and organizations b. Reported as percent of local community planning attendees	a.　Program staff b.　Lead evaluator	Collected ongoing with each community event. Analyzed and reported annually, and overall grant period	Universe – all community planning individual attendees and organizations in each of the 4 intervention locales	4 intervention locales
7d. How many community members participated in building inclusive collaborative stories; and what percent of total community planning attendees do they represent?	a.　N of local participating individuals and organizations b. Reported as percent of local coalition membership	a.　Program staff b.　Lead evaluator	Collected ongoing with each community event. Analyzed and reported annually, and overall grant period	Universe – all community planning individual attendees in each of the 4 intervention locales	4 intervention locales

Reach Sample Description

Here in the process evaluation research questions reach is defined as the level of uptake of the grant-funded community planning activities. DCYF will measure project reach at the locale level in each of the four intervention locales.

In each of the reach-related process evaluation questions, data will be drawn from the full universe of individuals and organizations participating each year in community planning efforts. DCYF will not sample from among the universe, but rather will report on the entire universe at the level of each of the four intervention locales. We expect this to be approximately 8-20 organizations/individuals annually in each of the four intervention locales, including parents with lived experience in the child welfare system.

Why not include a participant-level reach question in the process evaluation? Recall that Washington's intervention explicitly operates primarily at the community-level rather than the individual level. DCYF expects to expand some family-level services as a result of a community-driven process; thus, additional research questions regarding expansion of services, service penetration, and reach to families previously unknown to the child welfare system are included as Outcome Research Questions in Section 3.2 below (see outcome research questions #3, #4, and #5). These indicators are included in the Outcomes Research Questions section because they are conceptualized as intermediate outcomes, rather than processes in the logic model.

Reach Data Analysis

Program staff will collect information on the participants of each community event, as well as the main purpose of the event (general community information, data coaching, assessing progress/CQI, story telling and sharing), in the form of participant lists/attendance records, including organizational affiliation if applicable. These records will be retrieved by the Lead Evaluator for analysis of reach research questions. The lead evaluator will report the number of participants/organizations for each relevant reach research question, as well as calculate a percentage/ratio using the relevant denominator. For process research question 7a the relevant denominator is the number of total non-profit charitable organizations in the locale (count to be retrieved from GuideStar nonprofit organization list). For process research question 7a, representativeness of participating organization will be assessed using size of organization, reported as # of employees and assets in dollars from GuideStar nonprofit organization list.

For process research questions 7b through 7d the relevant denominator will be the total number of individual and organizational attendees at all community planning events over the course of a year. Data collection will be ongoing with each event, data analysis and reporting of results will occur annually.

Analysis for reach-related research questions will be descriptive only, and when reporting on these data the Lead Evaluator will summarize findings use descriptive data tables and explanatory text. DCYF will not present individually identifiable responses in reports on reach-related research questions.

It is important to note that there is no formal 'membership' in local collaboration activities, as these activities are intended to be inclusive and individuals and organizations may choose to participate regularly or irregularly, and new participants may be added throughout the course of the intervention. Program staff maintain an ongoing and updated list of individuals and organizations that are invited and participate in various community events. These lists are generated from original contact lists, referrals from early participants, and contact from interested individuals and organizations. Since the project maintains a regular communication list for email and pro-active communications, this list is expected to grow and change over time.

Data Quality Checks

At the beginning of data collection, the Lead Evaluator and Program Staff will meet and determine the method for collecting and sharing participant lists, along with activity categories. The project has set up a secure Box account for storing of lists and activity documentation, and the Lead Evaluator has access to all project folders. To ensure data quality, the Lead Evaluator will monthly check activity and participant lists to ensure they are up-to-date and appear complete, and the Program Staff and lead evaluator will meet monthly throughout the life of the project to review the completeness of data being collected. In this way any gaps in or questions about data collected will be identified and addressed early.

SenseMaker. Most stories submitted in the SenseMaker tool are entered directly by the community member telling the story, in which case there is no opportunity for mis-coding on data entry. Participants are asked to tell a short story about their own family based on a prompt question, and DCYF program staff are conducting training sessions in each community to ensure participants are comfortable with the tool before using, as recommended for improving quality of SenseMaker narrative data collection.[17] They are then asked a series of follow up questions and demographic information. Kansas University staff are responsible to clean the narrative data of identifiable information entered by respondents by mistake.

PARTNER. With the PARTNER collaboration tool data collection is accomplished by respondent direct entering data into the online survey link. The contracted provider for the PARTNER survey, VisibleNetworkLabs will conduct the initial analysis, and any remaining analyses by DCYF are done within the online PARTNER analysis tool. Thus, DCYF does not receive individual-level data from respondents. VisibleNetworkLabs is responsible for ensuring appropriate data cleaning and handling techniques to preserve quality of survey data from collection through analysis.

2.4. *Implementation Drivers, Barriers, and Solutions*

To address process research questions #1 and #2, the DCYF Qualitative Evaluator will conduct group interviews with the implementation team annually to solicit and learn what facilitation factors (competency, organization, and leadership) are contributing to implementation, what barriers (financial, cultural, institutional) are detracting from implementation, and how the implementation team is addressing and navigating barriers.

Sample. Implementation team members included in the group interviews will include at minimum the Project Director, Prevention Specialist, and the local activator organization staff active in each of the four intervention locales. The annual group interviews are intended to include the entire implementation team across all four locales at once, thus sampling will not be needed.

Methods. Interview questions will include questions around role clarity, organizational supports, development and exercise of leadership, financial constraints, organizational and community culture, institutional barriers, and problem solving capacity and strategies. See the detailed Group Interview Question Guide in Appendix F. The questions will elicit feedback on multiple levels of implementation drivers and barriers. The group interviews will be few in number and designed to contribute to formative evaluation rather than summative. The lead evaluator will record and transcribe the group interview and

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[17] Van der Merwe, S.E., Biggs, R., Preiser, R., Cunningham, C., Snowden, D.J., O'Brien, K., Jenal, M., Vosloo, M., Blignaut, S. and Goh, Z., 2019. Making sense of complexity: Using sensemaker as a research tool. *Systems*, *7*(2), p.25.

will conduct qualitative analysis on the transcript to identify patterns and themes using methods described by Kreuger.[18]

The lead evaluator will include the findings in an annual formative report, which will _not_ contain any individually-identifiable responses.

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[18] Kreuger, R.A. and Casey, M.A., Focus Groups—A Practical Guide for Applied Research. 2000.

Implementation drivers, barriers, solutions research question	Data Source(s)/ Measures	Party responsible for data collection	Frequency of data collection	Sample	Expected sample size
1. What implementation drivers and barriers exist at the level of community collaboration and among the collaboration organizations within each of intervention locales? **(Community Planning)** 2. What collaborative factors and/or collaborative contexts influence how solutions to barriers are identified and implemented, within each of the intervention locales? **(Community Planning)**	Group interview of implementation team	Qualitative Evaluator	Annually	Locale Implementation team (all members at once)	4-6 individuals in total for each of 4 locale-level interviews

2.5. Timeline

Washington's process evaluation will begin when the project enters the second year of the CWCC grant and has an approved evaluation plan. Data collection will be ongoing throughout the project. The CWCC grant funded project is expected to end September 2024, thus the data collection needs to end sufficiently prior to that time to allow enough time for data collection.

Administration of the baseline CAT and PARTNER social network analysis tool have been approved by the Federal Project Officer in the project's initial mini evaluation plan, and will be administered as soon as the project receives WSIRB approval. This is expected by March 2021. These tools will be administered and analyzed annually from Year 2 through Year 5 of the project, roughly March 2021 through September 2024.

Process Evaluation Activity	Start Date	End Date
Start of evaluation	March 2021	September 2024
Administer Collaboration Assessment Tool (CAT)	March 2021	July 2024
Administer PARTNER social network analysis	March 2021	July 2024
Fidelity Matrix data collection	June 2021	June 2024
Reach data collection	June 2021	June 2024
Participant observation of community planning	June 2021	June 2024
Formative Group Interviews with Implementation Team	June 2021	June 2024
Data analysis	November 2020 (baseline data)	August 2024

3. Outcome Evaluation

3.1. Overall Design

The evaluation design for Washington's Strengthen Families Locally is a randomized control trial at the level of locales. As described previously, the four intervention locales were chosen randomly from along the 23 locales in the state with the highest rates of child maltreatment in 2018.

3.2. Research Questions

The Outcome Research Questions described in this section address the Intermediate Outcomes in the logic model (systems-level, locale-level, and participant-level), as well as the Long-Term Outcomes. Washington's intervention explicitly operates primarily at the community-level rather than the individual level. For this reason, many of the outcome evaluation research questions examine outcomes at the level of the community or locale; questions #1 and #7 all examine outcomes related to the systems-level portion of the intervention; questions #2 through #5 and #8 through #11 examine outcomes related to locale-level implementation; and question #6 examines participant-level outcomes. Participant-level research questions will be analyzed at the participant level, locale-level implementation research questions will be analyzed at the level of the locale, and the systems-level questions will be analyzed at the level of the overall multi-locale intervention.

Outcome research questions #1 through #6 address Intermediate Outcomes from the logic model; #2 through #5 are confirmatory and these will serves as the basis for conclusions regarding the Intermediate Outcomes. Outcome research questions #7 through #11 address Long-Term Outcomes from the logic model. Outcome questions #9 through #11, are confirmatory, and will serve as the basis for conclusions regarding the Long-Term Outcomes.

Outcome research questions #1 and #6 through #8 are exploratory and will provide additional suggestive evidence of mechanisms that may contribute to the project's desired Long-Term outcomes. These outcome research questions are not considered confirmatory because the sample will necessarily be limited to only the intervention locales.

- **Exploratory Research Questions #1** will explore the extent to which multi-system collaboration networks in each of the four intervention locales grow and strengthen over time, from baseline to the end of the DCYF-funded intervention.
- **Exploratory Research Question #6** will explore the extent to which families demonstrate an increase in protective factors and reduction in risk factors from baseline to the end of the DCYF-funded intervention.
- **Exploratory Research Question #7** will explore whether DCYF was able to develop the desired replicable community-driven prevention model, including fidelity indicators and a manual.
- **Exploratory Research Question #8** will explore the extent to which community members broadly perceive a change in community-wide resilience (including, for example, collective efficacy).

For outcome evaluation research question #3, 'service penetration rate' means the percent of residents who are income and age eligible for specific DCYF-funded services in each locale.

Outcome Evaluation Research Questions

Addressing intermediate outcomes:

1. To what extent did the multi-system collaboration network in each of the intervention locales grow and strengthen over the course of the intervention in comparison to the start of the intervention? **(Exploratory, systems-level)**

2. To what extent did each of the intervention locales increase number of slots for DCYF-funded preventive services in comparison to comparison locales without intervention? **(Confirmatory, locale-level)**

3. To what extent did the new and expanded DCYF-funded services in the intervention locales increase the service penetration rate in comparison to comparison locales without intervention? **(Confirmatory, locale-level)**

4. To what extent did the new and expanded DCYF-funded services in each of the intervention locales expand access for local AI/AN and Black populations in comparison to comparison locales without intervention? **(Confirmatory, locale-level)**

5. To what extent did the new and expanded DCYF-funded services in the intervention locales increase their reach to families previously unknown to the child welfare system in comparison to comparison locales without intervention? **(Confirmatory, locale-level)**

6. To what extent did the new and expanded DCYF-funded services in each of the intervention locales reduce risk factors and enhance protective factors among participating families in comparison to risk and protective factors at enrollment? (**Exploratory, participant-level)**

Addressing long-term outcomes:

7. Was DCYF able to develop a replicable community-driven prevention model, including fidelity indicators and a manual, which the agency can expand to other high-need areas of the state in comparison to standard for replicability (core elements, fidelity monitoring, and manual)? **(Exploratory, systems-level)**

8. To what extent does the community-wide collaborative intervention substantially increase locale-level community resilience (collective efficacy) in the intervention locales in comparison to the start of the intervention? **(Exploratory, locale-level)**

9. To what extent is the community-driven and community-wide collaborative intervention able to substantially reduce locale-level rates of child maltreatment in the intervention locales in comparison to comparison locales without the intervention over the same period? (**Confirmatory, locale-level)**

10. To what extent is the community-driven and community-wide collaborative intervention able to substantially reduce locale-level rates of foster care entry in the intervention locales in comparison to the comparison locales without the intervention over the same period? **(Confirmatory, locale-level)**

11. To what extent is the community-driven and community-wide collaborative intervention able to substantially reduce and/or eliminate racial disproportionality in local-level rates of child maltreatment in the intervention locales in comparison to the comparison locales without the intervention over the same period? **(Confirmatory, locale-level)**

12. To what extent is the community-driven and community-wide collaborative intervention able to substantially reduce and/or eliminate racial disproportionality in

local-level rates of foster care entry in the intervention locales in comparison to the comparison locales without the intervention over the same period? **(Confirmatory, locale-level).**

The table below details the target population, treatment, comparison condition, and outcome domain for each of the outcome evaluation research questions.

Research question	Confirmatory /Exploratory	Target population	Treatment	Comparison condition	Outcome domain
1	Exploratory	Organizations and individuals that make up local collaborative networks	Community collaboration activities funded by CWCC	Baseline start of the intervention	Collaboration
2	Confirmatory	Children & families in intervention locales	New/expanded DCYF-funded services	Comparison locales without intervention, from approx.. 5 years before start of grant-funded activities	DCYF-funded service slots
3	Confirmatory	Children & families in intervention locales	New/expanded DCYF-funded services	Comparison locales without intervention, from approx.. 5 years before start of grant-funded activities	Service penetration
4	Confirmatory	Children & families in intervention locales	New/expanded DCYF-funded services	Comparison locales without intervention, from approx.. 5 years before start of grant-funded activities	Racial Disproportionality
5	Confirmatory	Children & families in intervention locales	New/expanded DCYF-funded services	Comparison locales without intervention, from approx.. 5 years before start of grant-funded activities	DCYF-funded service slots
6	Confirmatory	Children & families enrolled in new & expanded services	New/expanded DCYF-funded services	Initial enrollment (baseline at enrollment)	Resilience
7	Exploratory	Intervention locales	Fidelity of grant funded activities	Comparison to standard for replicability (core elements, fidelity monitoring, and manual)	Replicable intervention

8	Exploratory	Children & families in intervention locales	Community collaboration and new/expanded services and supports	Among intervention locales	Resilience
9	Confirmatory	Children & families in intervention locales	Community collaboration and new/expanded services and supports	Among intervention locales	Child maltreatment
10	Confirmatory	Children & families in intervention locales	Community collaboration and new/expanded services and supports	Among intervention locales	Foster Care Entry
11	Confirmatory	Children & families in intervention locales	Community collaboration and new/expanded services and supports	Among intervention locales	Racial Disproportionality
12	Confirmatory	Children & families in intervention locales	Community collaboration and new/expanded services and supports	Among intervention locales	Racial Disproportionality

3.3.   Treatment Condition

Washington's Strengthen Families Locally explicitly operates primarily at the community-level rather than the individual level. The primary components of the prevention intervention activities operates at the level of the community and are operationalized in the community planning processes within each of the targeted locales (inter-agency and/or inter-organizational); including community mobilization, community identification of needs, and development of trust and shared values within communities. While DCYF expects to expand some family-level supports and services as a result of a community-driven process, the primary mechanism by which change is expected to occur is through strengthening of bonds among individuals and institutions within the community, including parents/caregivers with lived experience in the child welfare system. Research on the Strong Communities for Children intervention, on which the Washington intervention is largely based, point to the development of new norms of mutual assistance, trust, and child protection as primary mechanisms by which community-wide interventions work to decrease child maltreatment. The research further suggests that directed, intentional community-

wide outreach and mobilization are capable of producing such effects that diffuse across the service area.[19]

Treatment Communities. Washington will implement the community-wide prevention intervention model in four 'locales'[20] in Washington State with high baseline rates of child maltreatment. In preparation for its first federal grant submission for the Washington Strengthen Families Locally project in 2018, DCYF randomly identified four locales from among the 23 locales in Washington with the highest rates of child maltreatment. Although Washington was not successful in that first grant submission, it maintained those first four selected locales for the 2020 resubmission in an attempt to honor the initial selections.[21] Thus, the treatment communities are defined as the four intervention locales. This definition aligns with available DCYF administrative data, as well as data produced outside DCYF at the level of the school district that DCYF will use for outcome evaluation

4 Intervention Locales	
Locale No.	Maltreatment Rate (2019)
1	70.26
11	52.26
102	52.9
105	48.91

measurement. The table at right details the baseline maltreatment rate for each of the intervention locales. DCYF defines maltreatment rates as the rate of accepted referrals per 1,000 child population as Washington has a robust alternative response system, and currently about 45% of accepted referrals go through alternative response rather than investigation. By statute if there is no investigation there is no finding, so "substantiated" is not a meaningful metric in our definition of child maltreatment. The decision to move away from substantiated to accepted referrals was made years ago, once Family Alternative Response (FAR) was institutionalized statewide.

Saturation Calculation. Because the primary intervention is operating the level of the community (locale), DCYF anticipates that all families in the intervention locale will be affected by the intervention (100% saturation). However, it is also expected that the local community collaboration will make use of additional geospatial analysis and may identify neighborhood(s) within each locale that may benefit from additional informal and formal services and supports. In this way the expansion of services and supports that result from the community collaboration may not necessarily be designed to reach all families within each locale. Since the planning for specific neighborhood-level services is a part of the community(locale)-level intervention and had not yet occurred, the DCYF Lead Evaluator will calculate 'saturation' for each locale that chooses to concentrate expanded informal and formal services and supports in a particular neighborhood.

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[19] McDonell, J.R., Ben-Arieh, A. and Melton, G.B., 2015. Strong Communities for Children: Results of a multi-year community-based initiative to protect children from harm. *Child Abuse & Neglect*, *41*, pp.79-96.

[20] A 'locale' is a unit of geography developed by Washington state agency researchers to examine community-level risk and protective factors. A 'locale' is a school district or groups of school districts that, when added together have a population of at least 20,000. This aggregation allows for stabilization in rate measurement over time. As a new agency in 2018, DCYF identified the 23 locales as those demonstrating the highest quintile of child maltreatment rates in the state as potential communities to target scarce prevention resources. For more on risk and protective factors measurement at the locale level in Washington State, see DSHS Research and Data Analysis (RDA) Community Risk Profiles: https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles

[21] DCYF had contacted all four communities to request letters of support for the 2018 submission, and all were eager to participate in both the original and re-submission.

Additionally, DCYF will calculate service penetration rates for those formal DCYF services that are expanded in each intervention locale, as described in Outcome Evaluation Research Questions #6 and #7.

3.4. Comparison Condition

As noted above, in preparation for this project, DCYF randomly identified four locales from among the 23 locales in Washington with the highest rates of child maltreatment. There are 115 locales in Washington State. As a new agency in 2018, DCYF identified the 23 locales as those demonstrating the highest quintile of child maltreatment rates in the state as potential communities to target scarce prevention resource. In preparation for its first federal grant submission for the Washington Strengthen Families Locally project in 2018, DCYF randomly identified four locales from among the 23 locales in Washington with the highest rates of child maltreatment. Although Washington was not successful in that first grant submission, it maintained those first four selected locales for the 2020 resubmission in an attempt to honor the initial selections. The remaining 19 locales not selected at random for this intervention will serve as comparison sites. The map below illustrates the 23 locales, highlighting the four intervention and 19 comparison locales.

Washington Intervention and Comparison Locales

Legend
Selected Locales
Unselected Locales
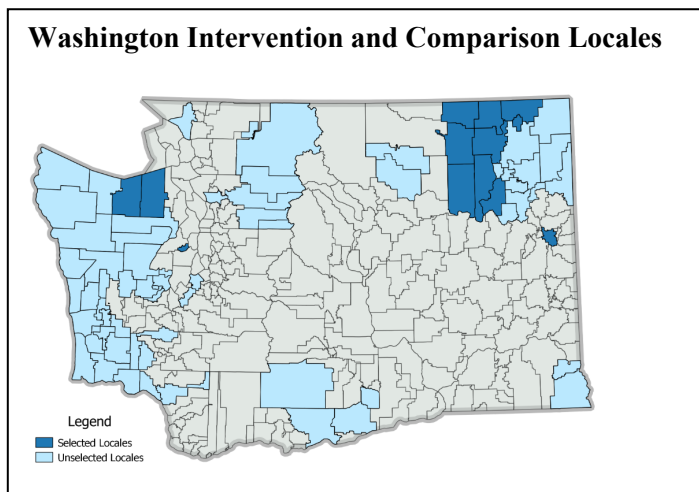
Because the comparison locales are also high-need areas of the state, DCYF expects that they may well be exposed to a variety of state and local improvement efforts over the course of this project, unrelated to the efforts of the CWCC-funded project. For this reason, DCYF will monitor and calculate service penetration rates for DCYF-funded services for the comparison locales (as well as the intervention locales) so that these may be used as co-variates in statistical modeling. These additional DCYF-funded services will include home visiting slots, state funded preK slots, as well as programming and funding from federal childcare stabilization (CCDF ARPA), CBCAP ARPA, and federal Preschool Development Grant dollars.

The 19 comparison locales and their baseline rates of maltreatment are detailed in the table below.

19 Comparison Locales			
Locale No.	Maltreatment Rate (2019)	Locale No.	Maltreatment Rate (2019)
9	59.29	92	68.91
10	69.29	94	55.83
20	69.69	97	57.62
28	68.57	99	73.74
32	51.44	100	59.72
45	67.42	107	46.37
51	52.29	111	77.3
54	61.53	112	71.59
69	47.13	113	69.17
76	57.19		

Maltreatment defined as rate of accepted referrals per 1,000 child population

In addition, Appendix G. Intervention & Comparison Locale Data, provides detailed summary of demographic as well a community risk and protection data for each of the four intervention and nineteen comparison locales. Both groups represent the substantial variation in demographics across Washington state, with the presence of substantial populations of color, high levels of economic deprivation, and substantial community-level risk factors. As might be expected, because the number of comparison locales at 19 is much larger than the number of 4 intervention locales, the range of values is generally greater in the comparison locale group, although value averages are similar. For example, comparisons on mean/range for percent children non-white and percent children living in poverty are illustrated below.

	Mean/ Range in Intervention Locales	Mean/Range in Comparison Locales
% children non-white	35.5%; 27.2%-49.1%	40.7%; 15.5%-71.5%
% children in poverty	20.7%; 18.4%-23.3%	21.0%; 6.2%-34.9%

3.5. Sample Identification and Selection

As noted above, the four intervention locales were chosen at random from among the 23 locales with the highest rates of child maltreatment. In order to maintain the integrity of the random assigned process and adherence to assigned conditions, DCYF will not expand Strengthen Families Locally project into the other 19 comparison locales during the course of the CWCC grant. Even so, DCYF has identified the potential for three types of spillover effects that derive from geospatial adjacency of intervention and comparison locales in two of the intervention locales. Each of these three potential effects are described below, along with plans to account for the effects in the statistical analyses.

1. **Community Planning spillover**. There is potential for some spillover in community planning from the two intervention locales that are geographically adjacent to comparison locales (Port Angeles and Columbia-Stevens). Especially in the frontier intervention locale Columbia-Stevens, the very low population density has led to many community organizations and initiatives that span multiple counties. For example, the health department in that area of the state spans three counties. To account for the possibility of spillover in community planning, the Lead Evaluator and Program Staff will identify organizational participants in each of these collaborations who may also be involved in collaborations in adjacent comparison locales, and account for this adjacency in the final analysis (e.g., using adjacency as a co-variate in the final difference-in-difference with covariates analysis of confirmatory outcomes).

2. **Comparison locale residents recipients of expanded DCYF-funded services in intervention locales.** It is possible that residents of adjacent comparison locales may be served by organizations that implement expanded DCYF-funded services in the intervention locales. To account for the possibility of spillover in receipt of DCYF-funded services expanded in the intervention locales as a part of this project, families completing the Protective Factor Survey for individual services will be asked about their community of residence in both the baseline and post administration. Any family-level crossover will be taken into account in the statistical analysis of the PFS (e.g. including crossover as a co-variate in analysis, running comparison analysis with and without crossover families). These numbers are expected to be small.

3. **Intervention participants receiving services in adjacent comparison locales**. Since DCYF is a primary service provider/funder of many types of service for children, youth, and families in the state at baseline it is likely that the DCYF-funded services that result from the community planning process in the intervention locales will be the same as/similar to services DCYF funds elsewhere in the state. To account for the possibility of intervention participants receiving services in adjacent comparison locales, once the array of DCYF-funded services for the intervention locales is known, the Lead Evaluator will calculate the same array of DCYF-funded services in the comparison locales. Where adjacency exists between intervention and comparison locales, every effort will be made to identify the extent to which residents of the intervention locales may have received identified DCYF-funded services in the comparison locales. Crossover of this nature will be taken into account in the statistical difference-in-difference with co-variates analysis (e.g. using number/percent of cross-boundary service participation as a co-variate).

Because Washington's intervention explicitly operates primarily at the community-levels rather than the individual level, and because the outcome evaluation research questions examine outcomes primarily at the level of systems and community, data for analysis of each of the community planning and locale-level implementation research question will be drawn at the level of the locale for the intervention and comparison locales. This includes Confirmatory Outcome Research Questions #2 through #5, and #8 through #11. Thus the full universe of administrative data for the intervention and comparison locales will be used, rather than a sample.

3.6.   *Data Collection*

3.6.1   Outcome Measures and Domains

The table below details the outcome domains for each of the 11 outcome research questions, with corresponding measures and associated reliability. Because the intervention is explicitly focus on community level measures, DCYF will make heavy use of administrative data to produce community-level measures.

Outcome Domains and Measures			
Research Question (shortened version)	**Domains**	**Measures**	**Reliability**
1. Growth of multi-system collaboration networks?	Collaboration	CWCC CAT survey (cross-site evaluation) PARNTER social network tool	CAT survey, face validity PARTNER 19-question validated survey
2. Increased slots for DCYF-funded preventive services?	DCYF-funded service slots	Administrative measure, # of children/families served in locale with DCYF-funded services	Standard administrative data and measure
3. Increased service penetration rate?	Service penetration	Administrative measure, %= # of children-families served with DCYF-funded services / total children-	Standard administrative data and measure

		families eligible for services	
4. Expand access for local AI/AN and Black populations?	Racial Disproportionality	Administrative measure, %= # of AI/AN and Black children-families served with DCYF-funded services / total children-families eligible, calculated for AI/AN and Black racial groups	Standard administrative data and measure
5. Increased reach to families previously unknown to child welfare?	DCYF-funded service slots	Administrative measure, #/% of families served in locale with DCYF-funded services unknown to child welfare	Standard administrative data and measure
6. Reduce risk factors and enhancing protective factors for participating families?	Resilience	Protective Factor Survey	English PFS - Cronbach's alpha >.80 for all subscales. Spanish PFS – CA >.80 for all but one subscale (see text for more detail).
7. Develop replicable community-driven prevention model?	Replicable intervention	Comparison to standard for replicability (core elements, fidelity monitoring, and manual)	Standard for replicability, see Haggerty and Mrazek (1994), face validity
8. Substantially increase local-level resilience?	Resilience	Pre/post comparison of community stories collected (SenseMaker story collection tool)	Qualitative data, face validity
9. Substantially reduce locale-level rates of child maltreatment?	Child maltreatment	Administrative measure, # of accepted intakes annually / total children in population	Standard administrative data and measure
10. Substantially reduce locale-level rates of foster care entry?	Foster Care Entry	Administrative measure, # of children entering foster care annually / total children in population	Standard administrative data and measure
11. Substantially reduce/eliminate racial disproportionality in locale-level rates of maltreatment?	Racial Disproportionality	Administrative measure, disproportionality index calculated for each racial/ethnic group. % of children in each racial/ethnic group maltreated / % racial/ethnic group in underlying child population	Standard administrative data and measure
12. Substantially reduce/eliminate racial disproportionality in	Racial Disproportionality	Administrative measure, disproportionality index calculated for each racial/ethnic group. % of	Standard administrative data and measure

locale-level rates of foster care entry?		children in each racial/ethnic group entering foster care / % racial/ethnic group in underlying child population	

Measures

Outcome Research Question #1. A part of the cross-site evaluation, the CWCC Collaboration Assessment Tool (CAT) assesses 7 aspects of collaboration, including context, members, process, communication, function, resources, and leadership. In addition, it also assesses perceptions of coalition success among staff at collaboration member organizations. The CAT will be deployed by the cross-site evaluator in each of the four Washington intervention locales, with results available for each at baseline and annually throughout the course of the project.

A 19-question validated survey forms the basis of the PARTNER social network analysis tool (Program to Analyze, Record, and Track Networks to Enhance Relationships).[22] The development of the PARTNER tool included a systematic literature review to summarize theories and dimensions related to community collaborative networks, the use of an expert advisory panel to review evidence and prioritize network dimensions, key informant interviews to operationalize core network dimensions. This is how the core survey dimensions of network membership, network interaction, role of organization, frequency of interaction, strategic value, trust, and reciprocity were identified.[23] The survey is administered by a third party, Visible Network Labs,[24] who will summarize results and provide analyses for each of the four intervention locales at baseline and annually throughout the project.

For both the CAT and PARTNER tools, the organizations and individuals to be surveyed will be identified by Program Staff, who have engaged and continue to engage collaborations in each of the four intervention locales. Engagement and recruitment of local coalition members started with pre-existing collaborations already present in each of the four intervention locales; then strategic expansion to family-serving agencies, schools, tribes, and local governments; and finally expansion through 'snowball' methods of asking existing participating individuals and organizations 'who else should we be inviting?'[25] Organizations identify the specific staff they designate as the organizational representative(s) to the local coalition working with the Strengthen Families Locally project. Local recruitment also includes families with lived experience in the child welfare system. Program staff maintain up-to-date lists of local collaboration participants, stored in a secure cloud-based Box account, continuously accessible to the Lead Evaluator.

Outcome Research Questions #7. Research questions #7 related to DCYF's intent to develop a replicable model for its Strengthen Families Locally community-based preventive intervention. In considering the development, implementation, testing, and eventual replication of the Strengthen Families

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[22] Varda, D.M. and Sprong, S., 2020. Evaluating Networks Using PARTNER: A Social Network Data Tracking and Learning Tool. *New Directions for Evaluation*, *2020*(165), pp.67-89.

[23] Varda, D.M., Chandra, A., Stern, S.A. and Lurie, N., 2008. Core dimensions of connectivity in public health collaboratives. *Journal of Public Health Management and Practice*, *14*(5), pp.E1-E7.

[24] https://visiblenetworklabs.com

[25] Recruitment methods described in Washington's approved Implementation Plan (Sept 9, 2020).

Locally community-based preventive intervention model, DCYF is borrowing conceptually from the science of developing individual- and family-level evidence- and research-based preventive practices.

In 1994, prevention researchers described a "preventive intervention research cycle" that provided a guide for early researchers wishing to develop and disseminate effective preventive interventions. This early framework included the careful design, conduct, and analysis of pilot and confirmatory studies and replication trials prior to larger-scale trials. The cycle also introduced the importance of identifying the active ingredients or "core elements" of an intervention, "which must be included to ensure fidelity when a program is adopted by a community…"[26]

Following the standard of developing effective individual- and family-level preventive interventions then, DCYF defines the standard for replicability as containing three components: 1) identification of "core elements" or components of the intervention that most likely contribute to its effectiveness; 2) development of associated measures of fidelity which can effectively monitor core element implementation, and 3) a manual to aid in replication. Manual contents will include the theory of change, logic model, timeline, core components, and associated fidelity measures. Given the nature of the community-based intervention, we do not expect to identify adaptable characteristics, but rather to treat local flexibility by identifying a range or threshold on fidelity measures.

DCYF will identify the core components of the intervention and determine which are suitable for replication in other communities across the state. This will be accomplished primarily through the data collection and analysis described in the Fidelity Matrix, and examining the extent to which those indicator measures are associated with the locale-level outcome measures. Using this information, the program lead and evaluator will produce a manual of SFL for SFL to be replicated in other communities in Washington.

Outcome Research Questions #2 through #5. These research questions make use of standard administrative data currently available to the Lead Evaluator. The Service Penetration Rate construct (Research Question #3) is a standard constructs used by DCYF for existing public accountability reports. The other constructs will be calculated as noted in the Measures column of the table above using available administrative data. The Lead Evaluator will apply all calculations at the level of the locale.

Outcome Research Question #6. Based on the protective factor framework, the Protective Factor Survey (PFS) is a 20-item survey in which respondents are asked about their families, using a seven-point Likert scale. Subscales include family functioning/resiliency, social support, concrete support, knowledge of parenting and child development, nurturing and attachment. The subscales can be analyzed separately to provide greater insight into the changes families may experience from before participating in a program or service to after participation. Researchers have shown the PFS to be valid and reliable for measuring individual differences in multiple risk and protective factors in families. The PFS is relatively easy to administer, and does not require special training or certification to use. DCYF is using the PFS successfully in a number of its CBCAP projects, and finds the tool to be well accepted by community partners implementing community-based programming. A validated version of the tool is also available in Spanish.

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[26] Haggerty, R.J. and Mrazek, P.J. eds., 1994. Reducing risks for mental disorders: Frontiers for preventive intervention research. (p. 372)

The English-language Protective Factor Survey has shown acceptable internal consistently (reliability) at Cronbach's alpha above .80 for all subscales. [27] The Spanish-language Protective Factor Survey All but one subscales showing Cronbach's alpha above .80, indicating adequate internal consistency (reliability). The one subscale the shows borderline acceptable rates (.79, .65).[28]

The PFS will be administered by contracted program staff to families who enroll in DCYF-funded services that are new or expanded because of the community-based process, and again at program completion. Where DCYF expands services in the local communities in response to community needs, the contracts to the local implementing organizations for such services (e.g. state-funded preschool, home visiting, group based parenting classes, etc.) will include a requirement that all families participating in the new service be administered the PFS, and will make provisions for transfer of PFS data. Identification of families to be included in PFS administration will be most straightforward in the case of new services, where contracting organizations will be required to assess all enrolled families. In the case of expanded services, where a local implementing organization is already providing a service, DCYF will instruct the organization to identify the families who enroll in the new slots by service line (e.g. additional preschool classroom, additional home visitor), and count families enrolling in those expanded slots as grant-funded participants who require PFS administration.

Outcome Research Question #8. As noted in Washington's approved Implementation Plan, Strengthen Families Locally is collecting community stories for implementation purposes. For exploratory Research Question #8 on building community resilience, the Qualitative Evaluator will conduct qualitative analysis of these qualitative stories collected for implementation purposes, with the goal of identifying community expressions of community resilience (including collective efficacy). In advance of such analysis, the Lead Evaluator will develop a list of factors associated with community resilience based on a review of the literature. For example, Longhi et al [29] use factor analysis to reveal that community-wide resilience includes social capital factors, social cohesion, and collective efficacy. Additionally, Gearhart and Joseph (2019)[30] elaborate on the related concept of mutual efficacy used in community-level research, and suggest a number of potential aspects of the construct including belief that working together can influence positive change, a sense of optimism about influencing positive change, willingness to work hard to influence positive change, and influencing those who make decisions about the community. The evaluator will identify the factors associated with the community reliance construct and code the community stories to quantify expressions of community resilience and track change over time.

Outcome Research Questions #9 through #12. These research questions make use of standard administrative measures using administrative data. These are standard constructs used by DCYF for existing public accountability reports. Here the Lead Evaluator will apply them at the level of the locale.

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[27] Counts, J.M., Buffington, E.S., Chang-Rios, K., Rasmussen, H.N. and Preacher, K.J., 2010. The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child abuse & neglect*, *34*(10), pp.762-772.

[28] Conrad-Hiebner, A., Schoemann, A.M., Counts, J.M. and Chang, K., 2015. The development and validation of the Spanish adaptation of the Protective Factors Survey. *Children and youth services review*, *52*, pp.45-53.

[29] Longhi, D., Brown, M., and Reed, S.F. *forthcoming*. Community-wide resilience moderates adverse childhood experiences on adult and youth health, school/work, and coping.

[30] Gearhart, M.C. and Joseph, M.L., 2019. Social cohesion, mutual efficacy, and informal social control: Enhancing the conceptualization of collective efficacy. *Community Development*, *50*(1), pp.3-15.

3.6.2   Data Collection Plan

The table below provides details on data collection for the data that DCYF will use to determine whether the desired outcomes of the project have been met. Table details include data sources, responsible parties, methods, and frequency/timing for data collection and reporting. The measures are consistent across all data collection time points, with the same measures, data collection modes, and timing consistent throughout the project. For the measures constructed from administrative data, the same administrative data sources using the same counting rules for data extraction will be used.

To support the planned difference-in-difference analytic approach for confirmatory research questions with a comparison group (described in Section 3.7 below), the lead evaluator will calculate baseline measures, then collect and report locale-level measures throughout the life of the project, calculating and reporting final outcomes at the end of the project. While administrative data are available to support multiple pre-measures for the administrative data, given that the timing of the project allows for only one post measure in the final year of the project, multiple pre-measures will not be needed to support the analytic approach.

Outcome research question (shortened version)	Data sources (and measures)	Sample	Party responsible for data collection	Data collection method	Frequency/timing
1. Growth of multi-system collaboration networks?	CWCC CAT survey (cross-site evaluation) PARNTER social network tool	Collaborations in each of the 4 intervention locales	CAT – cross-site evaluator PARTNER – Visible Network Labs	Online surveys	Baseline 2020, annually thereafter
2. Increased slots for DCYF-funded preventive services?	Administrative measure, # of children/families served in locale with DCYF-funded services	4 intervention locales	Data Coach/ Analyst	DCYF administrative data from service delivery data systems and reports	Baseline 2019, then data annually throughout project, calculate outcome at end of project
3. Increased service penetration rate?	Administrative measure, %= # of children-families served with DCYF-funded services / total children-families eligible for services	4 intervention locales and 19 comparison locales	Data Coach/ Analyst	Administrative data extracted from DCYF SACWS system, InfoFamLink reporting system	Baseline 2019, then data annually throughout project, calculate outcome at end of project
4. Expand access for local AI/AN and Black populations?	Administrative measure, %= # of children-families served with	4 intervention locales and 19	Data Coach/ Analyst	Administrative data extracted from DCYF SACWS	Baseline 2019, then data annually throughout project, calculate

Outcome research question (shortened version)	Data sources (and measures)	Sample	Party responsible for data collection	Data collection method	Frequency/timing
	DCYF-funded services / total children-families eligible, calculated for AI/AN and Black racial groups	comparison locales		system, InfoFamLink reporting system	outcome at end of project
5. Increased reach to families previously unknown to child welfare?	Administrative measure, #/% of families served in locale with DCYF-funded services unknown to child welfare	4 intervention locales	Data Coach/ Analyst	Child welfare involved families identified through administrative data extracted from DCYF SACWS system, InfoFamLink reporting system; data linked with DCYF-funded service data from separate administrative service delivery data systems	Baseline 2019, then data annually throughout project, calculate outcome at end of project
6. Reduce risk factors and enhancing protective factors for participating families?	Protective Factor Survey	Parents/ families newly enrolled in new/ expanded DCYF-funded services in 4 intervention locales	Contracted service providers, and Data Coach/ Analyst	Pre/single post PFS administration in local communities	Ongoing data collection from start of new/expanded DCYF-funded services, calculate and report annually
7. Develop replicable community-driven prevention model?	Fidelity indicators of community planning implementation	DCYF	Lead Evaluator, Program staff	Determine presence of core elements, fidelity monitoring, and manual	Assess at end of intervention

Outcome research question (shortened version)	Data sources (and measures)	Sample	Party responsible for data collection	Data collection method	Frequency/timing
8. Substantially increase local-level resilience?	Pre/post comparison of community stories collected (SenseMaker story collection tool)	4 intervention locales	Program staff	SenseMaker story collection tool	Starting in 2020, ongoing throughout life of project, analyzed and reported annually
9. Substantially reduce locale-level rates of child maltreatment?	Administrative measure, # of accepted intakes annually / total children in population	4 intervention locales and 19 comparison locales	Lead Evaluator	Administrative data extracted from DCYF SACWS system, InfoFamLink reporting system	Baseline 2019, then data annually throughout project, calculate outcome at end of project
10. Substantially reduce locale-level rates of foster care entry?	Administrative measure, # of children entering foster care annually / total children in population	4 intervention locales and 19 comparison locales	Lead Evaluator	Administrative data extracted from DCYF SACWS system, InfoFamLink reporting system	Baseline 2019, then collect data annually throughout project, calculate outcome at end of project
11. Substantially reduce/eliminate racial disproportionality in locale-level rates of maltreatment?	Administrative measure, disproportionality index calculated for each racial/ethnic group. % of children in each racial/ethnic group maltreated / % racial/ethnic group in underlying child population	4 intervention locales and 19 comparison locales	Lead Evaluator	Administrative data extracted from DCYF SACWS system, InfoFamLink reporting system	Baseline 2019, then collect data annually throughout project, calculate outcome at end of project
12. Substantially reduce/eliminate racial disproportionality in locale-level rates of foster care entry?	Administrative measure, disproportionality index calculated for each racial/ethnic group. % of	4 intervention locales and 19 comparison locales	Lead Evaluator	Administrative data extracted from DCYF SACWS system, InfoFamLink	Baseline 2019, then collect data annually throughout project, calculate

Outcome research question (shortened version)	Data sources (and measures)	Sample	Party responsible for data collection	Data collection method	Frequency/timing
	children in each racial/ethnic group entering foster care / % racial/ethnic group in underlying child population			reporting system	outcome at end of project

3.6.3   Data Sharing/Data Use Agreements

Outcome Research Question #1. Both the CAT and PARTNER survey tools will be administered by third party entities (the CWCC National Evaluator in the case of the CAT and VisibleNetworkLabs in the case of the PARTNER). In the case of the PARTNER tool, VisibleNetworkLabs will conduct the initial analysis, and any remaining analyses by DCYF are done within the online PARTNER analysis tool. Thus, DCYF does not receive individual-level data from respondents, and no data share agreement is needed.

Outcome Research Question #8. The proposed measure for Outcome Research Question #8 relies on qualitative data collected through the SenseMaker story collection tool. This tool is already in use as a part of the Strengthen Families Locally intervention, where its main purpose is to contribute to elucidate and develop shared community values and priorities.[31] For purposes of evaluation, the Qualitative Evaluator will conduct secondary analyses on these stories with a focus on discovery of longitudinal patterns related to community-wide resilience operationalized as collective efficacy. SenseMaker data collection for implementation is already approved through the Washington Implementation Plan. Because the SenseMaker tool is licensed to DCYF for use for this project and Washington State DCYF owns the data collected, it is not anticipated that a data share agreement will be necessary for this measure.

Outcome Research Questions #2 through #5, and #9 through #12. Proposed measures for Outcome Research Questions #2 through #5, and #9 through #12 will all be assessed using administrative data owned by DYCF. Thus, data sharing/data use agreement will not be needed for these measures.

Outcome Research Question #6. The family-level pre/post Protective Factor Surveys for families enrolled in new and expanded DCYF-funded services in the four intervention locales by program staff. While DCYF will own the data given they will be collected as a part of contracted program participation, we do anticipate that the service contracts will contain requirements for data collection and data usage. Data Share Agreements established for purposes of answering this research questions will include language that aggregate data may be shared with partner agencies and the CWCC cross-site evaluator, in accordance with relevant federal and state laws governing the sharing of such data, including de-identification of person-level data and secure file transfer.

Anticipated Problems. In terms of anticipated problems, for matching of administrative data across programs (necessary for Outcome Research Question #8), DCYF is still developing data linkage capacity

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[31] See description in Washington's approved Implementation Plan pages 16 and 23.

inside the agency, and expects to accomplish the capacity to link sufficient to support Research Question #8 will be accomplished by CY 2022.

For PFS data related to Research Question #6, where DCYF will rely on service providers to collect data on families receiving expanded services, DCYF anticipates the need to fund the sites sufficient to permit them to accomplish this additional responsibility. In addition to funding contractors sufficient to collect the data, DCYF will fund them sufficient to conduct outreach to ensure high rate of post-intervention completion. This type of outreach is especially important and can be especially difficult for participants who may drop out of treatment before completion. This is not anticipated to be a barrier, but will require additional attention at the contracting phase.

3.6.4   Consent/Assent Procedures

DCYF anticipates informed consent will be needed for the Process Evaluation, and for data collection related to just Outcome Research Questions #6 and #8. Procedures and consent/assent forms will ensure all evaluation subjects subject to individual-level data collection know what they are agreeing to, allow them to opt out of the evaluation and still receive services (if appropriate), identify any potential risks of participation, and be translated into other languages as necessary.

Process Evaluation. For the process evaluation, DCYF will obtain informed consent from individuals representing partner organizations and those participating in the local collaboratives in the four intervention locales for administration of the PARNTER social network tool. For this online survey, consent will be included in the survey tool so that it is documented for each partner on each survey administration. DCYF will also include informed consent procedures for this survey data collection in its WSIRB application to ensure protection of human subjects and their data. Note that DCYF will also be using the CAT tool for its process evaluation, but since the tool will be administered by Abt, and will be approved by a separate IRB, additional informed consent is not anticipated for Washington.

Outcome Evaluation.

Outcome Research Question #6. DCYF will obtain informed consent from families enrolled in new and expanded DCYF-funded services in the four intervention locales for collection of the pre/post Protective Factor Survey data. The informed consent will document that aggregate data may be shared with partner agencies and the CWCC cross-site evaluator. DCYF will also include informed consent procedures for the Protective Factor Survey data collection in its WSIRB application to ensure protection of human subjects and their data.

For Outcome Research Question #8. The evaluation of this research questions will make use of data from the SenseMaker story telling tool. As a part of the use license agreement with Kansas University the SenseMaker data collection for Washington's Strengthen Families Locally implementation is overseen by the Kansas University IRB, and thus story collection already contains informed consent. The presence of informed consent will assist in gaining WSIRB approval to include secondary analysis of the SenseMaker stories for evaluation of this Outcome Research Question. For purposes of the outcome evaluation, DCYF will add to the informed consent a statement indicating that data may be shared with partner agencies and with the CWCC cross-site evaluator. DCYF will include informed consent procedures for the SenseMaker data collection in its WSIRB application to ensure protection of human subjects and their data.

No other consents/assents are needed for the outcome evaluation.

3.6.5   Data Security Procedures

Process Evaluation. For the process evaluation, both the CAT and PARTNER tools, DCYF will not be in possession of individual-level respondent data. VisibleNetworkLabs are the surveyor for the PARTNER online social network tool. VisibleNetworkLabs utilizes a secure online interface for survey data. Summary reports provided by VisibleNetworkLabs to DCYF for each of the four intervention communities will protect respondent privacy. The data will be collected in a way that identifies the respondent as to which of the four communities they are associated with, but no further identifying information will be collected (no individual or organization names). Thus there is no need to de-identify the data (as it is never identified). The data remain the property of VisibleNetworkLabs and are not transferred to DCYF. DCYF will have available data analysis and results from each of the four communities.

Outcome Evaluation. Administrative data, and other confidential person-level data collected for the process and outcome evaluations will be held on DCYF secure servers assigned to the DCYF Office of Innovation, Alignment, and Accountability. Data transmission among team members will be accomplished using user-restricted Box accounts assigned to the Evaluation Team members. DCYF maintains a contract with Box that meets state government security standards for confidential data transmission. For data transmission among state agencies, DCYF maintains secure SFTP transfer capability.

In the event of a security breach, all parties (including the WSIRB) will be notified within 24 hours following the discovery of the incident. Within two business days the lead evaluator will consult with DCYF assigned Assistant Attorney General legal counsel on potential implications, and will follow any legal advice for additional notification or action they may have based on the extent of the breech and the type of data disclosed. This is standard operating procedure for DCYF and the Office of Innovation, Alignment, and Accountability, and consistent with agency security protocols.

SenseMaker. The evaluation of process research question #6 and outcome research question #4 will make use of data from the SenseMaker story telling tool. For each of these research questions, the Qualitative Evaluator will conduct secondary review and analysis of stories collected during the intervention. The SenseMaker story collection tool is already in use as a part of the Strengthen Families Locally intervention, where its main purpose is to contribute to elucidate and develop shared community values and priorities.[32] As a part of the use license agreement with Kansas University the SenseMaker data collection for Washington's Strengthen Families Locally implementation is overseen by both the Kansas University IRB and Washington State IRB. Kansas University contracts with Cognitive Edge, developers of SenseMaker software, for data storage. Cognitive Edge provides the electronic platform for survey design and data collection. Cognitive Edge stores data on a password protected secure server hosted by Amazon Web Services (AWS). The data are accessible to Kansas University staff identified on the IRB application via password access. The project-related data are downloaded/uploaded by SenseMaker software to/from the servers, and are done using secure codes which are proprietary and confidential. Sensemaking session recordings are stored in a secure folder on a Kansas University server for approved DCYF staff and researchers to access.

3.6.6 Data Quality

The main outcome measures rely on administrative data for testing, thus missing data for these measures is not an issue. DCYF administrative data will have been processed and cleaned prior to using for outcome evaluation. The data will be extracted from DCYF's reporting platform, InfoFamLink, that serves as the reporting resource for the agency. InfoFamLink uses data extracted from the SACWS source

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[32] See description in Washington's approved Implementation Plan pages 16 and 23.

system (FamLink) and processed through the DCYF FamLink data warehouse. Data extraction, cleaning, and quality checks for the data that will be used for the proposed measures are already in place and will remain in place throughout the life of the project. Prior to analysis of administrative data in Stata, the lead evaluator will conduct additional data quality checks, including checking for out-of-range or implausible values, and deleting either those values or those records, depending on the extent of the problem. Additionally, the lead evaluator will document data cleaning methods, so that these can be reported if requested.

The Data Coach/Analyst will work directly with contracted service providers to set up PFS data collection procedures, secure online data collection and transfer, and will conduct weekly data checks. Data quality for the Protective Factor Survey data will be maintained by having the Data Coach/Analyst conduct weekly random checks of data quality. The weekly data quality checks will include 1) random checks on 1% of completed surveys entered that week; 2) checks for common missing data, and specific checks on items that may be more likely to have error (e.g. the reverse coded/negatively worded items); and 3) checks on expected post-testing response rate. By conducting weekly checks in this manner, issues of PFS data quality or low response rates can be addressed in a timely manner.

SenseMaker. Most stories submitted in the SenseMaker tool are entered directly by the community member telling the story, in which case there is no opportunity for mis-coding on data entry. Occasionally stories are entered by 3rd parties, with the community member permission, such as during a community-wide meeting. Participants are asked to tell a short story about their own family based on a prompt question. They are then asked a series of follow up questions and demographic information. Kansas University staff are responsible to periodically clean the narrative data of identifiable information entered by respondents by mistake.

3.7. Analysis

3.7.1 Analysis plan

Difference-in-difference analytic approach for confirmatory research questions

For the confirmatory research questions related to the effect of the intervention on community-level service expansion, service penetration, rates of child maltreatment, foster care entry, and racial disproportionality, the Lead Evaluator will employ a difference-in-difference with covariates approach. Difference-in-differences relies on panel structure of the data at two points in time, before and after implementation of the intervention. The straightforward difference-in- differences method allows us to control for unobservable characteristics, and by extending to a difference-in-differences with covariates, we are able to control for observable community characteristics that could change the makeup of the target populations between the two time periods. Covariates at the level of the locale may include population race/ethnicity, population foreign-born, average family income, and other relevant community-level indicators including those related to the COVID-19 public health emergency (e.g. school closures) where appropriate. The use of randomization to choose the locales identified for the project intervention provides the advantage of a comparison group of communities – the 19 locales that also make up the top quintile of those with the highest rates of child maltreatment will serve as comparison locales, and rates in 2018 will serve as the baseline year. The Lead Evaluator is experienced in difference-in-difference with covariates analysis. She will produce both a difference-in-differences table and trend-line chart with counterfactual for each analysis, illustrating the size and statistical significance of the estimated causal effect.

Why not employ a Comparative Interrupted Time Series approach?

As noted above, while administrative data are available to support multiple pre-measures for the confirmatory outcomes measured using administrative data, given that the timing of the project allows for only one post measure in the final year of the project, multiple post-measures will not be available to support a comparative interrupted time series (C-ITS) analytic approach during the grant period. Ideally, a C-ITS approach would include both 3 pre-intervention measures and 3 post-intervention measures in order to establish both the point and slope estimates for both a pre- and post- intervention period. DCYF anticipates only one post-intervention measure being available during the grant period, thus will be unable to establish a post-intervention slope. Washington intends to conduct C-ITS analysis once three post-intervention time point measures are available, however this will necessarily be outside the scope of the CWCC grant period. Thus, for purposes of the CWCC grant, the Lead Evaluator will employ a difference-in-difference approach.

Confirmatory Outcome Research Questions #2 through #5, and #9 through #11. For the confirmatory outcome research questions related to the effect of the intervention on community-level service expansion, service penetration rates, and rates of child maltreatment, foster care entry, and racial disproportionality, the Lead Evaluator will employ a difference-in-difference with covariates approach.

The community-level analyses will use $p<.05$ as the cutoff for statistical significance. The Lead Evaluator will also calculate and report effect sizes for those effects found to be statistically significant. McDonnell et al. (2015) report effect sizes of significant reductions in child maltreatment report rates in the range of *57-.62* (Cohen's d). Thus we estimate that .57 is the high end of the effect size range we would expect to see with this outcome evaluation.

All statistical modeling for confirmatory outcome research questions will be run using Stata/SE 14.2 (or later version) software, using the difference-in-differences estimation package add-in (package st0424).

Outcome Research Question #6. As noted in Section 3.6.1 above, DCYF will make use of the Protective Factor Survey (PFS), in English and Spanish, to assess the extent to which expanded DCYF-funded services in each locale contribute to reduction in family-level risk factors and increases in family-level protective factors. The PFS contains five subscales: 1) family functioning/resiliency; 2) social support; 3) concrete support; 4) knowledge of parenting and child development; and 5) nurturing and attachment. The subscales can be analyzed separately to provide greater insight into the changes families may experience from before participating in a program or service to after participation. The Lead Researcher will conduct simple pre-post analysis of the subscales, comparing changes to mean subscale scores for families from baseline to a single repeated administration of the PFS at the end of the intervention, conducting analysis on each locale separately as well as on all locales in aggregate.

The Lead Evaluator will conduct statistical analysis for the PFS mean subscale scores using paired t-tests, also run in Stata/SE 14.2 (or later version), and using $p<.05$ as the cutoff for statistical significance. In addition to evaluating for significant pre-post changes in risk and protective factors, the Lead Evaluator will report baseline descriptive statistics, and will explore the data for meaningful between-group differences in subscales at baseline for different groups of families (e.g. families in the different locales, families enrolled in different types of services, families of different racial/language backgrounds, etc).

In reporting quantitative results publicly, including descriptive results, DCYF will take care to protect confidentiality of respondents, including following agency standards for not reporting cell sizes <10 publicly.

Outcome Research Questions #8. As noted in Section 3.6.3 above, the proposed measure for Outcome Research Questions #8 relies on qualitative data collected through the SenseMaker story collection tool.

This tool is already in use as a part of the Strengthen Families Locally intervention, where its main purpose is to contribute to elucidate and develop shared community values and priorities.[33] For purposes of outcome evaluation, the Qualitative Evaluator will conduct secondary qualitative analyses on these stories with a focus on discovery of longitudinal patterns related to understanding of community needs, development of trust and shared norms and values, and community-wide resilience operationalized as collective efficacy. In terms of data management – as noted above on page 45, Sensemaking session recordings are stored in a secure folder on a Kansas University server for approved DCYF staff and researchers to access. Kansas University staff are responsible for retrieving the stories from the Cognitive Edge AWS site and for cleaning the narrative data of identifiable information that may have been entered by respondents by mistake.

3.7.2   Contrasts

The contrast table in Appendix D details the test/contrast that will be employed to answer each of the 12 outcome evaluation research questions. Note that for all research questions that make use of administrative data, the baseline year is set at 2018/2019,[34] whereas for those that will require data collection from the community, baseline is set at 2021. Given the COVID-19 public health emergency, DCYF expects a number of indicators may demonstrate substantial change between 2018/2019 and 2021, and choosing 2018/2019 as a baseline year whenever possible will allow for tracking of that change.

3.7.3   Subgroups (optional)

Research Questions #4 and #11 are intended to address racial/ethnic subgroup outcomes, in examining changes in service penetration rates, and changes in racial disproportionality in child maltreatment and entry into out-of-home care. It is hoped that the number of individuals in at least American Indian/Alaska Native (AI/AN) and Black/African American subgroups will be sufficient to calculate disproportionality in the aggregate in intervention vs. comparison locales, as these are the two racial groups that experience disproportionality in Washington's child welfare system.

3.7.4   Covariates/Decision Rules

Covariates to be used to produce the difference-in-differences with covariates estimates include:

- Total population
- Total child population
- % children living in households <100% Federal Poverty Level
- % Hispanic population
- % foreign-born population
- COVID-19-related (e.g. school closures)

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[33] See description in Washington's approved Implementation Plan pages 16 and 23.

[34] Some administrative or program measures may be most readily available for the FY, which cross calendar years.

If any of the covariates are not statistically significant in the multivariate regression models, (p>.10), they will be dropped from the difference-in-difference with covariates estimation models. Additionally, the Lead Evaluator will explore significant co-variates for multicollinearity, and make choices among them if any are found to be significantly co-linear (correlation >.60); such choices will be made based on the overall best model fit.

3.7.5   Baseline Equivalence (QEDs only)

The proposed evaluation is an experimental design, given that the 4 intervention locales were chosen at random, thus this requirement is not applicable. The Lead Evaluator will calculate baseline equivalence for descriptive purposes, and will include race/ethnicity, percentage living in poverty, rates of child maltreatment (as measured by (# of screened-in referrals/total child population) x 1,000). The Lead Evaluator will test baseline equivalence to determine standard deviation on these three measures, and will include at least one demographic factor and one socioeconomic factor as co-variates in the final difference-in-difference analysis.

3.7.6   Attrition (RCTs only)

Although the proposed evaluation is an experimental design, the unit randomized was the locale (community) rather than individuals, thus attrition is less of a concern. While we do not anticipate that any of the four intervention locales will chose to not participate in the entire length of the intervention, if that were to occur DCYF would still have access to administrative data owned by the agency and would be able to calculate any changes in the outcome measures that may have occurred.

3.7.7   Social Network Analysis (if planned)

DCYF evaluation plans include a social network analysis, to complement the planned Collaboration Assessment Tool (CAT), and to measure the strength of network connections among community partners within the four intervention locales.

DCYF has contracted with VisibleNetworkLabs for administration of the PARTNER online social network analysis tool. Network domains measured by the tool include frequency of interaction, strength and quality of interactions, strategic value, trust, and reciprocity. In real-world collaboration efforts, research has found that Social Network Analysis can promote effective collaboration, support critical junctures across functional hierarchical, and geographic boundaries; and support integration within groups,[35] and the PARTNER tool makes network analysis accessible for local and public partnerships. Social network analysis is a complementary approach to the CAT. Where the CAT tool points to functioning of the collaboration in specific sub-areas of operation, social network analysis reveals the density of connections within a community, how resources are exchanged, and identifies opportunities for leveraging existing partnerships and connections. DCYF will share the results of the PARTNER analysis each year with local collaboration participants to identify potential areas for further leveraging partnerships and connections to accomplish community objectives.

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[35] Cross, R., Borgatti, S. P., & Parker, A. (2002). Making invisible work visible: Using social network analysis to support strategic collaboration. *California management review*, *44*(2), 25-46.

The DCYF Evaluator and Data Analyst/Coach will encourage high response rates by employing good survey practices including: 1) introducing the survey to each of the local community collaborations in a collaborative session with initial group engagement; 2) sending a notification two weeks in advance of the survey to each identified survey respondent to introduce the survey again at a personal level and thank the respondent in advance for their participation; 3) provide a 2-week window for response with deployment of the online survey; and 4) provide email reminders at 1-week and 2 days before the survey closes. The online survey design will include a statement of consent at the beginning indicating the voluntary and confidential nature of the survey.

3.8. *Timeline*

The table below outlines major activities associated with the outcome evaluation, and the expected start and end dates associated with each activity.

Outcome Evaluation Activity	Start Date	End Date
WSIRB submission	October 2020	---
Baseline data collection and analysis	March 2021	June 2021
Year 1 data collection and analysis	July 2021	September 2021
Year 1 report writing and submission	August 2021	October 2021
Year 2 data collection and analysis	May 2022	September 2022
Year 2 report writing and submission	August 2022	October 2022
Year 3 data collection and analysis	May 2023	September 2023
Year 3 report writing and submission	August 2023	October 2023
Year 4 data collection and analysis	May 2024	August 2024
Year 4 report writing and submission	July 2024	September 2024
Final report writing	May 2024	September 2024
Final report submission	September 2024	---

Appendix A. Evaluation Plan Section Submission and Review Schedule

The TA team is providing this evaluation plan development timeline template to support grantee and evaluator planning for a thorough plan to be submitted on July 31, 2020. Because some of the evaluation plan elements build on one another (e.g., you need to clearly define you project activities before you can complete your logic model); we have ordered sections beginning with those we think are most important to complete early on. Note that we recommend the outcome and process evaluation designs to be developed alongside each other.

Your TA liaisons are prepared to discuss and review portions of your evaluation plan as you draft them and provide you with feedback. We believe that this back and forth/ongoing feedback process is the best way to keep you on track for an on-time submission in July, ensure the plan will be approved by ACF, and ensure the plan will provide a strong foundation for your evaluation.

This list of evaluation sections aligns with the evaluation plan template. If you address each of these sections, you will have a competed plan. You should work with your TA liaison to determine a schedule for submitting each of the sections in the table below.

Evaluation Plan Section(s)	Draft Completion Date	Submitted to TA Team? √
Introduction and Grant Purpose and Scope		
Revised logic model and theory of change		
Defined target population		
Finalize research questions (process and outcome)		
Treatment and comparison conditions (Outcome Evaluation)		
Fidelity Matrix		
Reach and Implementation Drivers, Barriers, and Solutions		
Outcome Study Sample		
Outcome study measures and domains		
Outcome study data collection plan		
Outcome study analysis and contrast table		
IRB approval plans		
Data sharing/Data use agreements, Consent/assent plans and procedures, data security procedures, data quality		
Process and outcome evaluations timelines		
Complete Evaluation Plan	**September 21**	

Appendix B: Logic Model

Grant: Strengthen Families Locally Logic Model
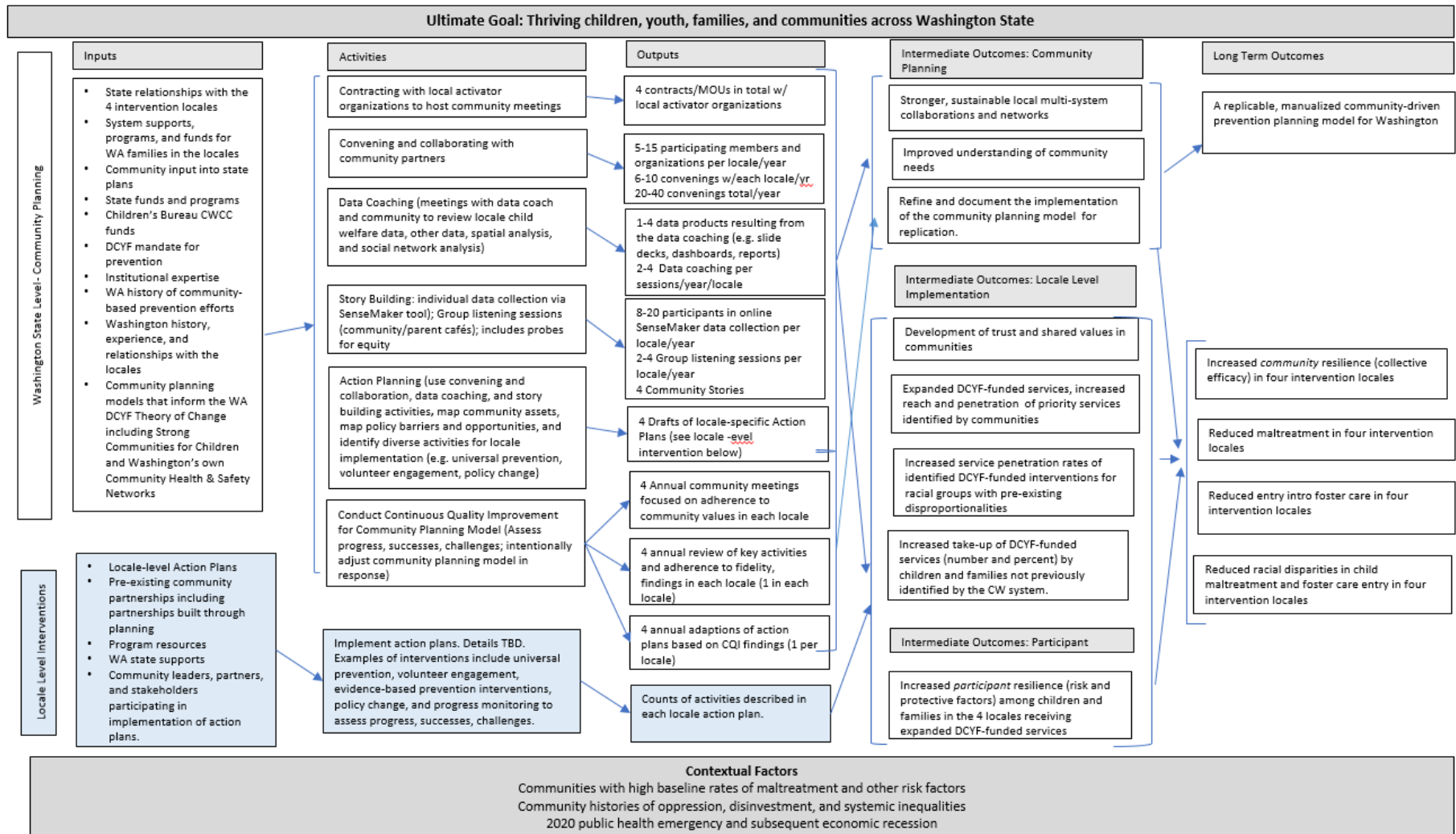
Appendix C. Fidelity Matrix

Indicators	Definition	Unit of implementation	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implementation at the unit level	Score and threshold for adequate implementation at the sample/unit level	Roll-up to grant level (score and threshold for adequate *implementation at project/grant level)*	Expected sample for fidelity measure	Expected years of fidelity measurement
Key Activity 1: Contract with local Activator organizations										
Contract with local activator organizations	Number of contracts in place with local activator orgs	Locale	Formal contracts	Project Director/ Administrator, annually	2=high fidelity, 1+ contract 0=low fidelity, 0 contracts	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All 4 locales	Y2-Y5
All Indicators								Score = 0-1 Threshold = 1		

APPENDIX C. FIDELITY MATRIX

Indicators	Definition	Unit of implementat ion	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implementatio n at the unit level	Score and threshold for adequate implementation at the program level	Roll-up to grant level (score and threshold for adequate *implementat ion at project/gran t level)*	Expected sample for fidelity measure	Expected years of fidelity measurement
Key Activity 2: Convening and collaborating with community partners (identify partners and members, hold meetings, neighborhood activities, community wide events)										
Individual participants in Collaboration/n etwork	# participants in the collaboration/n etwork including organizational staff and community members	Interventio n locales	Local coalition meeting attendance documents	Program staff, each meeting	2-Local coalition participant attendance grows by 40% in yr 1-2 1-moderate growth by 0-39% 0=low fidelity no growth or loss	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2
Individual participants in Collaboration/n etwork	# participants in the collaboration/n etwork including program staff and community members	Interventio n locales	Local coalition meeting attendance documents	Program staff, each meeting	2-Local coalition participant attendance maintained in yr 3-5 0=low fidelity loss in local coalition attendance	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y3-5

APPENDIX C. FIDELITY MATRIX

Indicators	Definition	Unit of implementat ion	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implementatio n at the unit level	Score and threshold for adequate implementation at the program level	Roll-up to grant level (score and threshold for adequate *implementation at project/grant level)*	Expected sample for fidelity measure	Expected years of fidelity measurement
Organization participants in Collaboration/n etwork	# participating organizations in the collaboration/n etwork	Interventio n locales	Local coalition meeting attendance documents	Program staff, each meeting	2-Local coalition organization representation in attendance grows by 40% in yr 1-2 1-moderate growth by 0-39% 0=low fidelity no growth or loss	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2
Organization participants in Collaboration/n etwork	# organizations in the collaboration/n etwork including program staff and community members	Interventio n locales	Local coalition meeting attendance documents	Program staff, each meeting	2-Local coalition organization representation in attendance maintained in yr 3-5 0=low fidelity loss in local coalition attendance	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y3-5
Convenings of the collaboration/net work	# convenings of the collaboration/n etwork	Interventio n locales	Local Coalition meeting schedule or notes/minutes	Program staff, annually	2=high fidelity, >=3 mtgs; 1=moderate fidelity, 1-2 mtgs; 0=low fidelity, 0 mtgs	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2 – Y5
All Indicators								Score = 0-3 Threshold = 3		

Key Activity 3: Data Coaching (meetings with data coach and community to review locale child welfare data and other child welfare data, spatial analysis, and social network analysis).

APPENDIX C. FIDELITY MATRIX

Indicators	Definition	Unit of implementation	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implementation at the unit level	Score and threshold for adequate implementation at the program level	Roll-up to grant level (score and threshold for adequate *implementation at project/grant level)*	Expected sample for fidelity measure	Expected years of fidelity measurement
Data products developed from data coaching	# of data products developed from the data coaching	Intervention locales	Local data coaching products	SFL Data Coach, each product	2=high fidelity, 2+ data products/year per locale; 1=moderate fidelity, 1 data product/year per locale; 0=low fidelity, 0 data products	2		1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2 – Y5
Data Coaching sessions	# Data coaching sessions/Year/ Locale	Intervention locales	Local data coaching meeting schedule or notes/minutes	SFL Data Coach, each session	2=high fidelity =2+ mtgs./year per locale; 1=moderate fidelity, 1 mtg./year per locale; 0=low fidelity/ 0 mtgs.	2		1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2 – Y5
All indicators								Score = 0-2 Threshold = 2		
Key Activity 4 Story Building: collect and share stories (to build shared norms and values) including individual data collection via SenseMaker tool); Group listening sessions (community/parent cafés).										
Collection of individual stories	# of participants in online data collection through SenseMaker per locale per year	locale	SenseMaker	SenseMaker (program staff encourage participation), each story	2= high fidelity, 8+ participants/year per locale; 1= moderate fidelity; 3-7 participants/year per locale; 0=low fidelity, 0-2 participants/year per locale	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2 – Y5
Listening sessions	# of Group listening	locale	Community /Parent Cafés	Program staff, each listening	2= high fidelity, 2+ group listening sessions/year per	2	n/a	1 = all 4 locales meet fidelity	All four locales	Y2 – Y5

APPENDIX C. FIDELITY MATRIX

Indicators	Definition	Unit of implementation	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implementation at the unit level	Score and threshold for adequate implementation at the program level	Roll-up to grant level (score and threshold for adequate *implementation at project/grant level)*	Expected sample for fidelity measure	Expected years of fidelity measurement
	sessions			session	locale; 1= moderate fidelity, 1 group listening session/year per locale; 0=low fidelity, 0 sessions			0 = <4 locales meet fidelity Threshold =1		
Summary of Community stories and themes	Summary developed	locale	Summary of stories and themes	Program staff, annually	2=high fidelity, 1 story/locale per year 0=low fidelity 0 story	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2 – Y5
All Indicators								Score = 0-3 Threshold = 3		

Activity 5: Action Planning (use convening and collaboration, data coaching, and story building activities, map community assets, map policy barriers and opportunities, and identify diverse activities for locale implementation (universal prevention, volunteer engagement, policy change)

Indicators	Definition	Unit of implementation	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implementation at the unit level	Score and threshold for adequate implementation at the program level	Roll-up to grant level	Expected sample for fidelity measure	Expected years of fidelity measurement
Drafts of Action Plans	Drafts of locale specific **Action Plans** (four total plans, one per locale) (See local level intervention below)	locale	Action Plan	Program staff, annually	2=high fidelity, 1 plan per locale; 0=low fidelity, 0 plan	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2

APPENDIX C. FIDELITY MATRIX

Indicators	Definition	Unit of implementation	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implementation at the unit level	Score and threshold for adequate implementation at the program level	Roll-up to grant level (score and threshold for adequate *implementation at project/grant level)*	Expected sample for fidelity measure	Expected years of fidelity measurement
Activity 6: Conduct Continuous Quality Improvement for Community Planning Model (Assess progress, successes, challenges; intentionally adjust community planning model in response)										
Annual community meetings focused on adherence to community values	Annual community meetings focused on adherence to community values in each locale (total of 4 annual meetings)	Locale	Meeting notes	Program Staff, Annual	2=high fidelity =1 meeting/year per locale; 0=low fidelity 0 meetings	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2 – Y5
Annual review of key activities and adherence to fidelity	Annual review of key activities and adherence to fidelity, findings in each locale (4 annual reviews/one per locale)	Locale	Annual review notes	Program Staff, Annual	2=high fidelity, 1 review/year per locale; 0=low fidelity, 0 review	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y2 – Y5
Adaptation of action plans based on CQI findings	Adaptation of action plans based on CQI findings (4 plans/year/one per locale).	Locale	Annual updates to action plans	Program Staff, Annual	2=high fidelity, 1 plan update/year per locale; 0=low fidelity plan not updated	2	n/a	1 = all 4 locales meet fidelity 0 = <4 locales meet fidelity Threshold =1	All four locales	Y3– Y5

APPENDIX C. FIDELITY MATRIX

Indicators	Definition	Unit of implementat ion	Data source(s)	Data collection (who, when)	Score for levels of implementation at the unit of implementation	Threshold for adequate implement atio n at the unit level	Score and threshold for adequate implementation at the program level	Roll-up to grant level (score and threshold for adequate *implementat ion at project/gran t level)*	Expected sample for fidelity measure	Expecte d years of fidelity measure ment
All Indicators								Score = 0-3 Threshold = 3		

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
RQ 1. To what extent did the multi-system collaboration network in each of the intervention locales grow and strengthen over the course of the intervention in comparison to the start of the intervention? (Exploratory)	Pre-post/trend analysis (systems-level)	Organizational and individual collaborators in the 4 Intervention locales	Organizational representatives and individuals that participate in the collaboration in each of the 4 locales who consent to evaluation	Strengthen Families Locally	Organizational and individual collaborators at the start of collaborations (baseline collaborators)	Collaboration	4 Collaborations in the Intervention locales x4: [CAT, SNA- partner tool/survey]	Annual and Last measure 2024	4 Collaborations in the Intervention locales x4: [CAT, SNA- partner tool/survey]	2021
RQ 2. To what extent did the intervention locales increase number of slots for DCYF-funded preventive services in comparison to comparison locales? (Confirmatory)	RCT/DiD, trend analysis (locale-level)	4 locales	All locales (DCYF funded services)	Strengthen Families Locally	19 comparison locales (Did not receive intervention)	DCYF-funded service slots	Locales (both treatment and control) [# children/families served]	Annual and last measure 2024	Locales (both treatment and control) [# children/families served]	2018, 2019
RQ 3. To what extent did new and expanded DCYF-funded services in the intervention locales increase service penetration rate in comparison to in comparison	RCT/Difference -in-Difference, trend analysis (locale-level)	4 locales	All locales (DCYF funded services)	Strengthen Families Locally	19 comparison locales (Did not receive intervention)	Service Penetration	All locales [Service penetration rate %= # of children-families served with DCYF-funded services / total children-families eligible for services]	Annual and last measure 2024	All locales [Service penetration rate %= # of children-families served with DCYF-funded services / total children-	2018, 2019

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
locales? **(Confirmatory)**									families eligible for services]	
RQ 4. To what extent did the new and expanded DCYF-funded services in each of the intervention locales expand access for local AI/AN and Black populations in comparison to comparison locales without intervention? **(Confirmatory)**	RCT/Difference-in-Difference, trend analysis, (locale-level)	AI/AN and Black families eligible for DCYF funded services in the intervention locales	AI/AN and Black families served by DCYF funded services in all locales	Strengthen Families Locally	19 comparison locales (Did not receive intervention)	Racial disproportionality	Locale Group (interv vs. comparison): Service penetration by race/ethnicity [%= # of children-families served with DCYF-funded services / total children-families eligible, calculated for AI/AN and Black pops]	Annual and last measure 2024	Locale Group (interv vs. comparison): Service penetration by race/ethnicity [%= # of children-families served with DCYF-funded services / total children-families eligible, calculated for AI/AN and Black pops]	2018, 2019
RQ 5. To what extent did the new and expanded DCYF-funded services in the intervention locales increase their reach to families previously unknown	RCT/difference-in-difference, trend analysis (locale-level)	4 locales	All locales (DCYF funded services)	Strengthen Families Locally	19 comparison locales (Did not receive intervention)	DCYF-funded service slots	All locales [% families previously unknown in CW system measured as screened in referrals]	Annual and last measure 2024	All locales [% families previously unknown in CW system measured as screened in referrals]	2018, 2019

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
to the child welfare system in comparison to comparison locales without intervention? (Confirmatory)										
RQ 6. To what extent did each new and expanded DCYF-funded intervention in each locale reduce risk factors and enhance protective factors among participating families in comparison to risk and protective factors at enrollment? (Exploratory)	Pre-post (participant level)	All families participating in new/expanded DCYF-funded services in Columbia/Stevens Locale and Bremerton Locale	All families participating in new/expanded DCYF-funded services who consent to evaluation in Columbia/Stevens Locale and Bremerton Locale	Strengthen Families Locally/ Expanded DCYF Services	DCYF served families at enrollment.	Resilience	Family participants[1]: [Protective Factor Survey]	DCYF program/intervention end (see below) Length of Interventions: Triple P Parenting Classes=15 hours over 15 sessions and 30 weeks (Columbia/Stevens Locale) Baby Care 101= 6 hours over 4 sessions and 4 weeks (Columbia/Stevens Locale) Protective Factor Training= 14 hours over 7 sessions and 7 weeks (Bremerton Locale)	Family participants: [Protective Factor Survey]	2022, 2023, 2024 Baseline data from the PFS pre-test will be collected prior to any dosage of the intervention or at the beginning of the first session of the intervention

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[1] Participants from each intervention will be analyzed separately. It is possible individuals could participate in multiple interventions given that it is a small community, but it is unlikely that participants will overlap because the interventions serve different purposes and the organizations providing them are different. The length of time between participants' pre and post-test within each intervention will be approximately the same.

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
RQ 7. Was DCYF able to develop a replicable community-driven prevention model, including fidelity indicators and a manual, which the agency can expand to other high-need areas of the state in comparison to the start of the intervention? **(Exploratory)**	Pre-post (systems-level)	DCYF	DCYF	Strengthen Families Locally	Comparison to standard for replicability (core elements, fidelity monitoring, and manual)	Replicable intervention	Systems: replicability of DCYF manual [Standard for replicability]	2024	Systems: replicability of DCYF manual [Standard for replicability]	NA
RQ 8. To what extent does the community-wide collaborative intervention substantially increase locale-level community resilience (collective efficacy) in the intervention locales in comparison to the start of the intervention? **(Exploratory)**	Pre-post, (locale-level)	4 Intervention locales	4 intervention locales	Strengthen Families Locally	Intervention locales at the start of intervention	Resilience	Intervention Locales X4: [community resilience measure TBD from community resilience construct and literature measured through community stories]	Annual and last measure 2024	Intervention locales x4: [Community resilience measure TBD from community resilience construct and literature measured through community stories]	2021

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
RQ 9. To what extent is SFL able to substantially reduce locale-level rates of child maltreatment in the intervention locales in comparison to comparison locales (locales without the intervention) over the same period? (**Confirmatory**)	RCT/Difference-in-Difference, trend analysis, (locale level)	4 Intervention locales	4 intervention locales	Strengthen Families Locally	19 comparison locales (Did not receive intervention)	Child maltreatment	Locale Group (interv vs. comparison): [Child maltreatment= (# of accepted intakes annually / total children in population) x 1,000]	Annual and last measure 2024	Locale Group (interv vs. comparison): [Child maltreatment= (# of accepted intakes annually / total children in population) x 1,000]	2018, 2019
RQ 10. To what extent is the community-driven and community-wide collaborative intervention able to substantially reduce locale-level rates of out-of-home care entry in the intervention locales in comparison to the comparison locales (locales without the intervention) over the same period? (**Confirmatory**)	RCT/Difference-in-Difference, trend analysis, (locale level)	4 Intervention locales	4 intervention locales	Strengthen Families Locally	19 comparison locales (Did not receive intervention)	Foster care entry	Locale Group (interv vs. comparison):[Entry into foster care=(# of children entering out-of-home care annually / total children in population) x 1,000]	Annual and last measure 2024	Locale Group (interv vs. comparison):[Entry into out-of-home care=(# of children entering out-of-home care annually / total children in population) x 1,000]	2018, 2019

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
RQ 11 To what extent is the community-driven and community-wide collaborative intervention able to substantially reduce and/or eliminate racial disproportionality in local-level rates of child maltreatment in the intervention locales compared with the locales without the intervention over the same period? **(Confirmatory)**	RCT/Difference-in-Difference, trend analysis, (locale level)	4 Intervention locales	4 intervention locales	Strengthen Families Locally	19 comparison locales (Did not receive intervention)	Racial disproportionality	Locale Group (interv vs. comparison):[Racial disproportionality: % of children in each racial/ethnic group experiencing maltreatment/ % racial/ethnic group in underlying child population. index calculated for each racial/ethnic group.]	Annual and last measure 2024	Locale Group (interv vs. comparison):[Racial disproportionality: % of children in each racial/ethnic group experiencing maltreatment / % racial/ethnic group in underlying child population. index calculated for each racial/ethnic group.]	2018, 2019

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
RQ 11 To what extent is the community-driven and community-wide collaborative intervention able to substantially reduce and/or eliminate racial disproportionality in local-level rates of out-of-home care entry in the intervention locales compared with the locales without the intervention over the same period?

(Confirmatory) | RCT/Difference-in-Difference, trend analysis, (locale level) | 4 Intervention locales | 4 intervention locales | Strengthen Families Locally | 19 comparison locales (Did not receive intervention) | Racial disproportionality | Locale Group (interv vs. comparison):[Racial disproportionality: % of children in each racial/ethnic group entering out-of-home care / % racial/ethnic group in underlying child population. index calculated for each racial/ethnic group.] | Annual and last measure 2024 | Locale Group (interv vs. comparison):[Racial disproportionality: % of children in each racial/ethnic group entering out of home care / % racial/ethnic group in underlying child population. index calculated for each racial/ethnic group.] | 2018, 2019 |

Research Question: Confirmatory/ Exploratory	Design	Target Population*	Sample Eligibility Criteria	Treatment Group	Comparison Group	Outcome			Baseline (if applicable)	
				Treatment Description*	Condition/ Description*	Domain*	Unit of assignment/ observation: Measure [Scale]	Timing of measurement	Unit of assignment/ observation: Measure [Scale]	Timing of measurement
Navigator System-level RQ 12. To what extent did the new Navigator services in each of the intervention locales increase the **availability** of high need community(locale)-level services relative to the start of the intervention? **(Confirmatory)**	Retrospective post (systems-level)	3 locales (Spokane, Bremerton, and Port Angeles)	All locales w/Navigator intervention	Navigation Services	High need services at the beginning of the intervention within the locales w/Navigator intervention	Availability of High-Need Community Services	All locales w/Navigator intervention: Number of individuals receiving high need services, and number of organizations providing high need services [2]	Annual (Spokane, Bremerton, and Port Angeles locales)	All locales w/Navigator intervention: Number of individuals receiving high need services and number of organizations providing high need services [Administrative data]	2022

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[2] High need services will be identified retrospectively based on the type of service referrals observed in Navigator service referral logs in 2022. The number of individuals served for each high-need service type will be determined using administrative data from DCYF program data (publicly funded PreK data, childcare data) and RDA/Health Care Authority data (e.g. mental health and

substance abuse program data). The number of organizations providing high need services will be determined using administrative data from DCYF program data, HCA provider lists, and Secretary of State data (community organizations providing concrete and other supportive services).

Appendix E. Census Tracts by Locale

Locale Name	School District	Census Tract
Spokane	Spokane Public Schools	53063000200
Spokane	Spokane Public Schools	53063000300
Spokane	Spokane Public Schools	53063000400
Spokane	Spokane Public Schools	53063000500
Spokane	Spokane Public Schools	53063000600
Spokane	Spokane Public Schools	53063000700
Spokane	Spokane Public Schools	53063000800
Spokane	Spokane Public Schools	53063000900
Spokane	Spokane Public Schools	53063001000
Spokane	Spokane Public Schools	53063001100
Spokane	Spokane Public Schools	53063001200
Spokane	Spokane Public Schools	53063001300
Spokane	Spokane Public Schools	53063001400
Spokane	Spokane Public Schools	53063001500
Spokane	Spokane Public Schools	53063001600
Spokane	Spokane Public Schools	53063001800
Spokane	Spokane Public Schools	53063001900
Spokane	Spokane Public Schools	53063002000
Spokane	Spokane Public Schools	53063002100
Spokane	Spokane Public Schools	53063002300
Spokane	Spokane Public Schools	53063002400
Spokane	Spokane Public Schools	53063002500
Spokane	Spokane Public Schools	53063002600
Spokane	Spokane Public Schools	53063002900
Spokane	Spokane Public Schools	53063003000
Spokane	Spokane Public Schools	53063003100
Spokane	Spokane Public Schools	53063003200
Spokane	Spokane Public Schools	53063003500
Spokane	Spokane Public Schools	53063003600
Spokane	Spokane Public Schools	53063003800
Spokane	Spokane Public Schools	53063003900
Spokane	Spokane Public Schools	53063004000
Spokane	Spokane Public Schools	53063004100
Spokane	Spokane Public Schools	53063004200
Spokane	Spokane Public Schools	53063004300
Spokane	Spokane Public Schools	53063004400
Spokane	Spokane Public Schools	53063004500
Spokane	Spokane Public Schools	53063004601
Spokane	Spokane Public Schools	53063004602
Spokane	Spokane Public Schools	53063004700

A P P E N D I X   E .   C E N S U S   T R A C T S

Spokane	Spokane Public Schools	53063004800
Spokane	Spokane Public Schools	53063004900
Spokane	Spokane Public Schools	53063005000
Spokane	Spokane Public Schools	53063010601
Spokane	Spokane Public Schools	53063010602
Spokane	Spokane Public Schools	53063010700
Spokane	Spokane Public Schools	53063010900
Spokane	Spokane Public Schools	53063011000
Spokane	Spokane Public Schools	53063011101
Spokane	Spokane Public Schools	53063011201
Spokane	Spokane Public Schools	53063011202
Spokane	Spokane Public Schools	53063011300
Spokane	Spokane Public Schools	53063012200
Spokane	Spokane Public Schools	53063012300
Spokane	Spokane Public Schools	53063013300
Spokane	Spokane Public Schools	53063013401
Spokane	Spokane Public Schools	53063013500
Spokane	Spokane Public Schools	53063013600
Spokane	Spokane Public Schools	53063013700
Spokane	Spokane Public Schools	53063014400
Spokane	Spokane Public Schools	53063014500
Bremerton	Bremerton School District	53035080101
Bremerton	Bremerton School District	53035080102
Bremerton	Bremerton School District	53035080200
Bremerton	Bremerton School District	53035080300
Bremerton	Bremerton School District	53035080400
Bremerton	Bremerton School District	53035080500
Bremerton	Bremerton School District	53035080600
Bremerton	Bremerton School District	53035080700
Bremerton	Bremerton School District	53035080800
Bremerton	Bremerton School District	53035080900
Bremerton	Bremerton School District	53035081000
Bremerton	Bremerton School District	53035081100
Bremerton	Bremerton School District	53035081200
Bremerton	Bremerton School District	53035081400
Bremerton	Bremerton School District	53035091800
Bremerton	Bremerton School District	53035092000
Bremerton	Bremerton School District	53035092100
Bremerton	Bremerton School District	53035092200
Bremerton	Bremerton School District	53035092500
Port Angeles	Port Angeles School District	53009000600
Port Angeles	Port Angeles School District	53009000700

APPENDIX E. CENSUS TRACTS

Port Angeles	Port Angeles School District	53009000800
Port Angeles	Port Angeles School District	53009000900
Port Angeles	Port Angeles School District	53009001000
Port Angeles	Port Angeles School District	53009001100
Port Angeles	Port Angeles School District	53009001200
Port Angeles	Port Angeles School District	53009001300
Port Angeles	Port Angeles School District	53009001400
Port Angeles	Port Angeles School District	53009001500
Port Angeles	Port Angeles School District	53009001600
Port Angeles	Port Angeles School District	53009001800
Port Angeles	Port Angeles School District	53009990100
Port Angeles	Sequim School District	53009001400
Port Angeles	Sequim School District	53009001500
Port Angeles	Sequim School District	53009001600
Port Angeles	Sequim School District	53009001700
Port Angeles	Sequim School District	53009001800
Port Angeles	Sequim School District	53009001900
Port Angeles	Sequim School District	53009002000
Port Angeles	Sequim School District	53009002100
Port Angeles	Sequim School District	53009002300
Port Angeles	Sequim School District	53009990100
Port Angeles	Sequim School District	53031950500
Columbia (Stevens)	Columbia School District	53065941000
Columbia (Stevens)	Columbia School District	53065950900
Columbia (Stevens)	Columbia School District	53065951100
Columbia (Stevens)	Curlew School District	53019970100
Columbia (Stevens)	Curlew School District	53019970200
Columbia (Stevens)	Curlew School District	53047970300
Columbia (Stevens)	Inchelium School District	53019940000
Columbia (Stevens)	Keller School District	53019940000
Columbia (Stevens)	Kettle Falls School District	53019970100
Columbia (Stevens)	Kettle Falls School District	53019970200
Columbia (Stevens)	Kettle Falls School District	53065950100
Columbia (Stevens)	Kettle Falls School District	53065950200
Columbia (Stevens)	Kettle Falls School District	53065950900
Columbia (Stevens)	Northport School District	53065950100
Columbia (Stevens)	Northport School District	53065950600
Columbia (Stevens)	Onion Creek School District	53065950100
Columbia (Stevens)	Onion Creek School District	53065950200
Columbia (Stevens)	Orient School District	53019970100
Columbia (Stevens)	Orient School District	53019970200
Columbia (Stevens)	Orient School District	53065950100
Columbia (Stevens)	Republic School District	53019940000

APPENDIX E. CENSUS TRACTS

Columbia (Stevens)	Republic School District	53019970100
Columbia (Stevens)	Republic School District	53019970200
Columbia (Stevens)	Republic School District	53047970300

Group Interview question guide:

1. Role clarity
   o Do you feel like you understand your role in implementation of the project?
   o Has your role been clear from the beginning?

2. Organizational supports
   o What parts of how this project is organized have been most helpful in implementation?
   o Are there any parts of how this project is organized that have been problematic for implementation? If so, can you give me an example?

3. Development and exercise of leadership
   o Have you been able to rely on and get support from leadership to help with implementation? If so, can you give me some examples?

4. Financial constraints
   o Do you feel as though the implementation budget has supported you to conduct the implementation activities as planned over X period of time?
   o What are the main areas where you felt as though you didn't have enough budget to support implementation?

5. Organizational and community culture
   o Please share how you think the culture of DCYF may have contributed to your implementation activities over X period of time?
   o Has the DCYF organizational culture been a problem? If so, in what way?
   o Please share about the culture of the communities (in the 4 locales) – have these contributed to implementation? Been a problem?

6. Institutional barriers
   o Please share about any institutional barriers you've experienced in implementation – these might include bureaucratic requirements of the state agency (DCYF), or institutions that exist in any of the communities.

7. Problem solving capacity and strategies
   o Please share about how you've addressed the barriers you've experienced – has your problem solving been mostly on your own? Alternatively, do you engage others in problem solving when you come up against a barrier?
   o What's been the most helpful in problem solving?
   o What other kinds of supports and resources do you think would be helpful in problem solving implementation barriers?

APPENDIX G. INTERVENTION & COMPARISON LOCALE DATA

	Intervention Locales				Comparison Locales																		
Locale #:	1	11	102	105	9	10	20	28	32	45	51	54	69	76	92	94	97	99	100	107	111	112	113
Locale Name	Spokane	Columbia	Port Angele	Bremerton	Chewelah	Cusick	Bickleton	Asotin-Ana	Okanogan	Concrete	Ferndale	Marysville	Tacoma	Clover Par	Centralia	Griffin	Boisfort	Aberdeen	Grapeview	Brinnon	Longview	Kelso	Naselle-Gr
DEMOGRAPHIC DATA																							
Population Under 18 years	50,378	2,974	10,178	8,435	3,528	4,382	4,445	4,586	3,937	8,561	8,636	18,275	49,923	20,984	5,459	6,417	3,369	7,418	5,806	3,387	10,226	7,166	2,319
White	69.1%	65.5%	72.8%	50.9%	84.5%	72.0%	28.5%	80.8%	40.0%	75.3%	61.3%	55.3%	37.5%	34.3%	57.1%	60.2%	63.2%	58.2%	65.5%	45.2%	65.6%	70.7%	71.8%
Black/African American	3.3%	0.6%	1.0%	5.7%	0.3%	0.9%	0.6%	1.2%	0.7%	0.5%	0.9%	2.1%	12.3%	11.4%	0.5%	1.0%	0.9%	0.9%	1.0%	0.2%	1.3%	0.8%	1.2%
American Indian/Alaskan Native	2.2%	15.1%	3.9%	1.6%	1.6%	12.8%	17.6%	1.9%	18.7%	1.7%	10.1%	5.5%	1.5%	1.0%	1.0%	3.7%	3.5%	3.5%	9.3%	18.9%	1.7%	1.4%	1.8%
Two or more races	10.3%	9.6%	9.9%	18.3%	6.6%	6.1%	2.7%	6.5%	6.4%	6.8%	6.1%	10.6%	16.8%	15.8%	6.7%	7.0%	7.4%	7.8%	9.5%	8.5%	6.9%	6.9%	6.0%
Hispanic or Latino of any race	11.0%	7.5%	10.5%	17.5%	6.3%	7.5%	50.4%	8.4%	33.3%	14.1%	18.9%	20.4%	21.9%	29.8%	33.5%	26.0%	22.0%	27.7%	13.8%	26.1%	21.9%	18.9%	17.8%
COMMUNITY RISK AND PROTECTION PROFILE																							
Economic Deprivation																							
% children in poverty	21.6%	19.4%	23.3%	18.4%	17.4%	20.6%	26.2%	16.7%	32.6%	6.2%	11.6%	8.4%	18.5%	23.8%	21.9%	24.5%	26.7%	27.5%	16.8%	34.9%	23.3%	22.7%	18.7%
TANF, Age 0-17	494.80	29.48	100.51	82.47	35.04	43.12	44.19	45.47	39.06	83.43	83.53	180.42	489.29	208.82	53.81	63.04	33.64	75.03	56.77	33.38	101.22	70.54	22.94
SNAP	2262.70	162.06	620.23	470.58	178.35	213.75	159.05	223.50	161.91	377.63	334.92	736.83	2181.20	813.42	232.67	306.41	188.64	327.25	340.75	166.59	463.03	289.06	158.23
Child Safety																							
Victims Accepted (maltreatment)	498.88	29.51	101.00	83.43	35.04	43.38	44.36	45.63	39.23	84.31	84.05	181.02	492.21	209.40	54.01	63.39	33.78	74.56	57.42	33.62	101.57	71.21	23.11
Injury or Accident Hospitalizations childr	42.72	2.06	7.21	6.23	2.65	2.94	2.12	.	3.07	6.12	5.22	13.82	36.68	13.29	4.68	4.77	2.35	5.27	3.62	1.85	6.40	3.94	.
Low Commitment to School																							
High School Cohort Dropouts (2018)	85.36	6.60	19.11	13.19	8.22	9.96	7.71	10.81	16.33	15.26	15.27	32.05	71.70	28.49	10.51	15.28	7.13	14.58	5.24	29.76	19.07	14.83	7.03
Early Initiation of Problem Behavior																							
Vandalism Arrests, age 10-14	128.96	.	28.66	18.84	10.59	11.28	.	8.31	.	.	24.88	43.93	125.97	45.36	14.07	8.85	.	19.69	.	.	28.16	19.70	6.36
Preoperty Crime Arrests, age 10-17	209.65	.	45.65	30.00	16.90	18.16	.	13.03	.	.	41.01	68.53	198.07	68.34	21.93	14.62	.	31.30	.	.	44.20	31.79	10.74
Total Arrests of Adolescents age 10-17	209.65	.	45.65	30.00	16.90	18.16	.	13.03	.	.	41.01	68.53	198.07	68.34	21.93	14.62	.	31.30	.	.	44.20	31.79	10.74
Violence																							
Violent Crime Arrests, age 10-17	209.65	.	45.65	30.00	16.90	18.16	.	13.03	.	.	41.01	68.53	198.07	68.34	21.93	14.62	.	31.30	.	.	44.20	31.79	10.74
DV offenses all ages	2262.70	129.02	617.83	470.58	178.35	192.99	119.67	219.29	.	.	334.92	623.63	2158.56	813.42	232.67	.	.	327.25	.	.	463.02	279.14	158.23
Substance Abuse																							
ETOH and drug related deaths all ages	22.72	1.73	9.02	4.69	2.27	2.34	1.31	1.70	2.09	2.90	2.42	6.31	19.92	6.69	3.06	3.28	2.55	3.76	4.37	1.32	6.36	2.75	1.98
ETOH and drug tx, age 10-17	209.65	14.02	45.89	30.00	16.90	20.41	20.05	19.87	17.10	40.86	41.01	79.88	200.07	68.34	21.93	28.73	15.37	33.07	28.13	15.29	44.20	32.87	10.74
Adult ETOH related arrests	1767.90	107.39	518.00	388.11	143.31	155.88	89.87	174.83	.	.	251.39	468.07	1672.78	604.60	178.86	.	.	252.22	.	.	361.80	211.09	135.29
ETOH violation arrests, age 10-17	209.65	.	45.65	30.00	16.90	18.16	.	13.03	.	.	41.01	68.53	198.07	68.34	21.93	14.62	.	31.30	.	.	44.20	31.79	10.74
Drug Law violation arrests, age 10-17	209.65	.	45.65	30.00	16.90	18.16	.	13.03	.	.	41.01	68.53	198.07	68.34	21.93	14.62	.	31.30	.	.	44.20	31.79	10.74
Child family Health																							
Suicides and suicide attempts, age 10-17	209.65	14.02	45.89	30.00	16.90	20.41	20.05	19.87	17.10	40.86	41.01	79.88	200.07	68.34	21.93	28.73	15.37	33.07	28.13	15.29	44.20	32.87	10.74
Births to mothers ages 10-17	102.17	6.50	22.39	14.69	8.45	9.66	9.42	10.06	8.50	19.84	19.70	38.50	97.35	32.99	10.86	13.70	7.51	16.16	13.73	7.13	21.94	16.31	4.89

Data Source: DSHS RDA Community Risk and Protection Profiles, 2019