

HopePath for Families

Evaluation Report

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Canopy HopePath for Families Evaluation Report

Introduction

Every year, approximately 3 million children in the United States are reported as being maltreated and receive a child maltreatment investigation (U.S. DHHS, 2025). The child welfare system is intended to help them and their families by providing services to achieve positive outcomes. Although studies indicate that children and their caregivers benefit from these services, there is consensus that the child welfare system and outcomes for the families it serves can be improved (Barth et al., 2020; Cheng & Lo, 2020; Gruber, 2023; Liu, & Merritt, 2018). Child welfare leaders including funders, policy makers, and researchers recognize evidence-based practices (EBPs) as a critical strategy for strengthening the child welfare system and improving child welfare outcomes (Akin et al., 2018; James et al., 2013). Subsequently, efforts to improve the child welfare system and outcomes for caregivers and children relied on evidence-based interventions. As a result, over the past few decades, evidence-based programs are increasingly used for parents who maltreat their children (Pinna et al., 2015). The growing implementation of EBPs reflects the necessity to deliver services that are aligned with the best-available clinical science and “proven” to lead to specific outcomes (Chaffin & Friedrich, 2004).

Recognizing the potential of EBPs to improve child welfare, the federal government made available funding for programs that have demonstrated effectiveness with families involved with the child welfare system. The Family First Prevention Services Act (FFPSA) was passed into law on February 9, 2018, as part of the Bipartisan Budget Act of 2018 and encouraged states to redesign their child welfare systems (First Focus Campaign for Children, 2018). Under this Act, states can use federal resources to implement programs and interventions that have been determined by the Title IV-E Prevention Services Clearinghouse (<https://preventionservices.acf.hhs.gov/>) to be either well-supported, supported, or promising practices. For families involved with the child welfare system, FFPSA provides funding for programs with the goals of promoting child safety, preventing out-of-home care placements, and assisting families at risk.

Although evidence-based programs have been successfully implemented and utilized in the child welfare system, FFPSA promotes increased implementation by states of new practices and programs to improve child welfare outcomes. These programs, however, need to undergo rigorous testing using rigorous methodology to meet the rating criteria outlined by the Title IV-E Prevention Services Clearinghouse (Wilson et al., 2024).

To validate the effectiveness of one such program, Casey Family Programs contracted with the University of South Florida to develop and conduct an evaluation of Canopy Children's Solutions HopePath for Families program in the state of Mississippi. Therefore, the goal of this evaluation study was to examine the impact of HopePath for Families on several child welfare outcomes including reduction of families with repeated child maltreatment investigations, recurrence of maltreatment, reduction in the rates of removal from the original families, increase in the proportion of children who achieved timely permanency, and prevention of further involvement with the child welfare system. In addition, the report includes a thorough description of Canopy's HopePath for Families intervention.

HopePath for Families Program Description

HopePath for Families is a comprehensive home and community-based family preservation, reunification and support intervention for families who are at risk of having or have already had children removed from the family home due to abuse or neglect issues. The population of focus are families with children from birth to 18 years of age who are at-risk of being removed from the family and placed in foster care, group care, psychiatric hospitals, juvenile justice facilities, or who have been removed and for whom reunification is an appropriate option. Eligible reunification cases include those with a permanency plan for the child to return home within the first 6 to 8 weeks of the initiation of HopePath for Families services. Families without a permanency plan for reunification or a plan for return outside of the 8-week time frame are ineligible. Families with pregnant mothers who are at high risk of the child being removed due to substance use issues once their child is born are also eligible. The goals of the program are to keep families together for children and youth who are at risk of being removed from the home and to reunify children who have been removed from their home and placed in state custody. Referrals to the program are made by the Mississippi Department of Child Protection Services (MDCPS) and eligible families can be involved in voluntary or court ordered child welfare services (Canopy Children's Solutions, 2017). Upon enrollment into the program, families are identified with a goal of preservation or reunification. While HopePath for Families can be built into a child welfare service plan, participation in the program is voluntary. The program is available statewide through nine site locations.

Program Structure

The HopePath for Families intervention utilizes a team approach consisting of a master's level mental health therapist who is either certified or licensed, a bachelor's level case manager, and if needed, a high school level peer support specialist who has completed the Mississippi

Department of Mental Health Certified Peer Specialist trainings and certification exam to become a Certified Peer Support Specialist (CPSS). The teams are overseen by a master's level supervisor who provides both clinical and administrative support. In addition, a program director oversees the program. Services are typically provided in-person in the family home with the child, parents, or other family members and can include meetings in the community and by phone to arrange needed supports and linkages.

The program is delivered within three phases of service provision – Intensive, Stepdown, and Aftercare – based on the family's level of need and progress toward care plan goals. Within the Intensive level families receive a minimum of eight hours of face-to-face contact per week. The Stepdown level offers a minimum of four hours of face-to-face contact per week. At both of these levels, contacts may include formal and informal supports. When it is determined by a family and team that significant progress has been made toward accomplishing the family's care plan goals and objectives they will be prepared for discharge from the program and placed in the Aftercare level. Families who are working toward reunification will not be transitioned to the Stepdown or Aftercare level until after reunification is achieved. Families can remain in the Aftercare level for a minimum of 30 days and a maximum of one year. The families within this level receive a minimum of two contact hours a month via phone and a home visit. Aftercare cases are followed by a HopePath for Families team member, either the peer support specialist, case manager or therapist. If needed, families can re-enter the Intensive or Stepdown levels from the Aftercare level if it is determined by the team that the family is at risk of their child(ren) being removed from the home by child protective services.

Screening and Assessment

The program utilizes several initial and ongoing methods for assessing a family's strengths, needs, and progress toward goal achievement. These instruments include an Environmental Safety Checklist, Patient Health Questionnaire (PHQ-9), Initial Risk Assessment, Columbia-Suicide Severity Rating Scale, Eco Map, Trauma History Checklist, Pain and Nutrition Screening, North Carolina Family Assessment Scale (NCFAS), and Hope Scale. The assessment process is used to determine the appropriate level of care and develop a Comprehensive Care Plan. The Comprehensive Care Plan identifies the specific services to be provided, any needs for mental health services coordination, the case management plan, as well as any immediate safety concerns. The Comprehensive Care Plan is developed as a team with the family during the first face to face visit.

Services and Supports

Core services and supports included in the HopePath for Families intervention are crisis intervention, available 24 hours a day, 7 days a week, child and family team meetings, individual and family therapy, case management, trauma-focused therapy, parenting and life skills training, wraparound services, peer support services, family advocacy, flex funds for immediate family needs, and provision of individualized evidence-based interventions. Appropriate evidence-based treatments for each family are determined through assessment and use of the PracticeWise system (practicewise.com). PracticeWise is a web-based software system and evidence-based intervention database that provides therapy modules and clinical protocols based on a child and family's presenting circumstances. The HopePath for Families mental health clinicians are trained in the most common evidence-based interventions such as cognitive behavioral therapy (CBT), trauma-focused CBT, dialectical behavioral therapy, and Active Parenting.

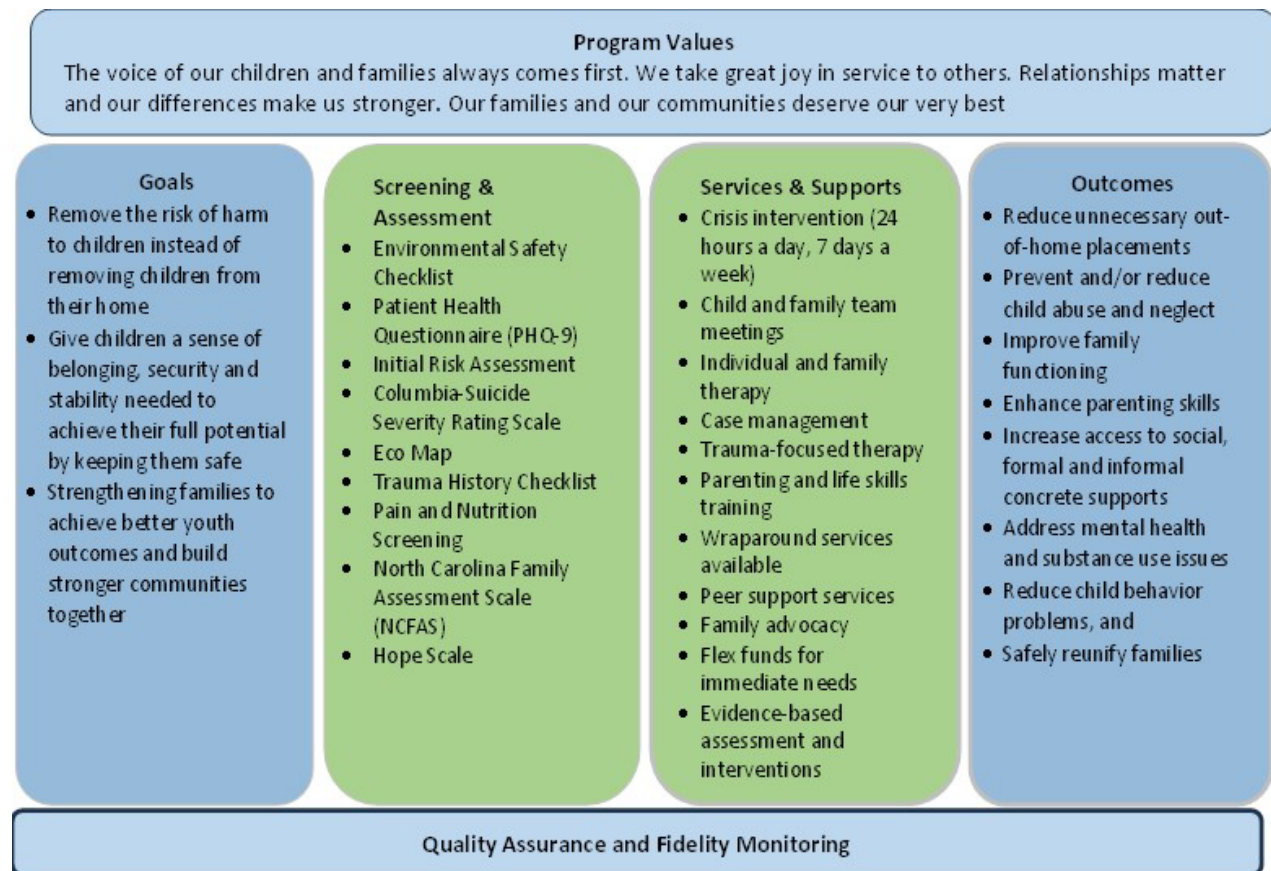
The program model was documented in the Canopy Children's Solutions, Family Forward Manual published in 2017, which applies to the time period for this study: January 1, 2018 through June 30, 2020 (Canopy Children's Solutions, 2017).

Fidelity Monitoring

Implementation fidelity to the Canopy HopePath for Families model (see Figure 1) is monitored using a Fidelity Measuring Tool that was developed by the program. The measure assesses the level of adherence to practice guidelines for each phase of the intervention, movement through each level of care, and completion of expected components such as family team meetings, assessment, and timely documentation. Each item on the tool is marked "yes" or "no" through case review and the number of "yes" responses are tallied to calculate a percentage of the total items that were completed successfully. The tool is used as a supervision guide to support best practice and improve deficient areas, as necessary.

Figure 1

Canopy HopePath for Families Program Model



Methods

Population of Focus/Sample

The evaluation study includes families participating in HopePath for Families in the state of Mississippi and families who may have received other services but were otherwise similar to the families receiving the intervention. Although as a rule, two parents/caregivers of the same child received the intervention, one parent/caregiver was randomly selected for inclusion in the study to avoid non-independence of observations. Therefore, the unit of observation was a parent or a caregiver of the child. The intervention group consisted of parents/caregivers of children at risk for removal and placement in out-of-home care and who received the HopePath for Families intervention. The comparison group consisted of parents/caregivers involved with the Mississippi child welfare system during approximately the same period (between December 2021 and September 2024) who did not receive HopePath for Families services but otherwise were similar to those in the intervention group.

Evaluation Design

The evaluation aimed to examine outcomes for parents/caregivers involved in child welfare who participated in HopePath for Families implemented by Canopy and those who received services as usual who were involved with the Mississippi child welfare system during approximately the same time to determine the effectiveness of HopePath for Families. A total of 795 parents/caregivers who received the intervention and their cases were identified in the MDCPS database. Similarly, 32,535 parents/caregivers in the MDCPS database who did not receive the HopePath for Families intervention were identified as potential candidates for the comparison group (see Figure 2).

This evaluation study employed a longitudinal quasi-experimental design with 6-month and 12-month follow-ups and propensity score matching. Propensity score matching is used to control for initial differences across multiple background characteristics and baseline variables (Rosenbaum & Rubin, 1984) to achieve group equivalence when participants are initially assigned to different conditions, as well as in observational studies when individuals cannot be randomly assigned to different conditions. In this study, propensity score matching was utilized for several reasons: (a) randomization was not possible because it was not feasible to implement the intervention for all qualified individuals, (b) participants who received HopePath for Families significantly differed from other child welfare involved parents on a number of characteristics, and (c) the need to have an equivalent comparison group to adequately assess examined outcomes. The propensity score was calculated using logistic regression to obtain the predicted probability of being in the intervention group (Rosenbaum & Rubin, 1984). All available caregiver demographic characteristics and the type of maltreatment allegations were selected in the calculation of the propensity score. As a result, each caregiver in the database had an estimated probability of being in the intervention group (i.e., HopePath for Families).

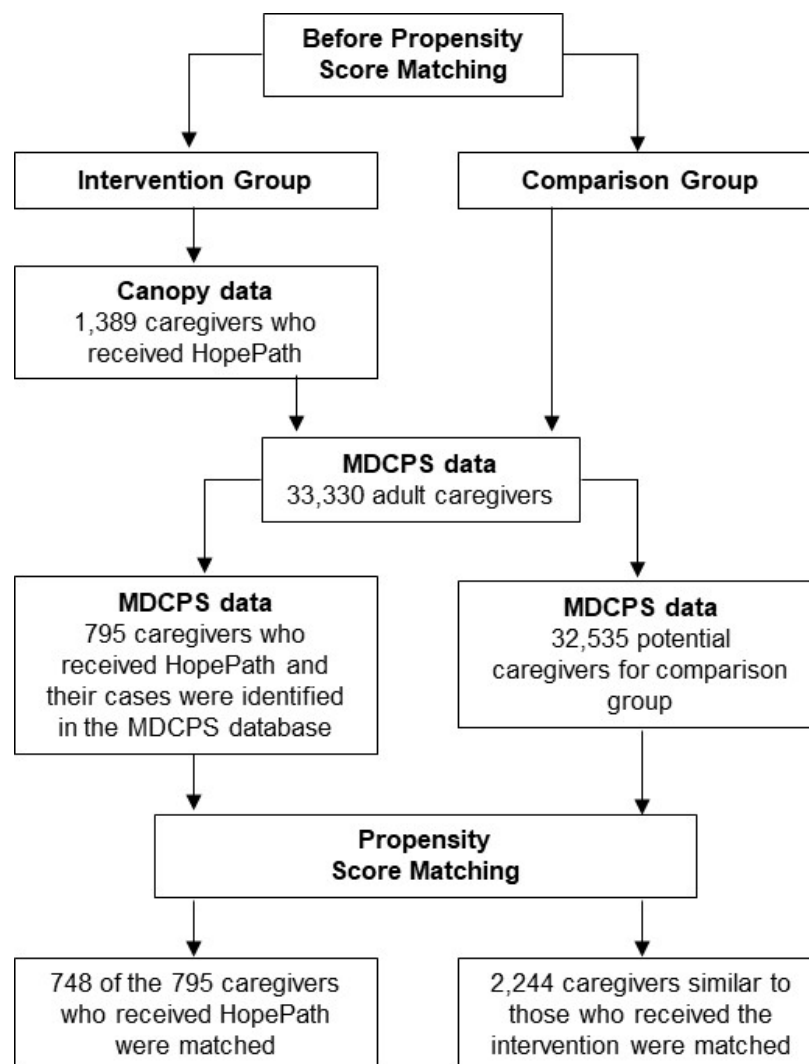
Given the size difference between the number of caregivers in the intervention group before matching ($N = 795$) and the number of potential candidates in the comparison group ($N = 32,535$), a ratio of three to one (3:1) was applied for the propensity score matching. Specifically, the propensity score matching was conducted using the greedy nearest neighbor matching algorithm, which selects a treated subject and matches it to an untreated subject(s) with the closest propensity score (Austin, 2013). Thus, each unit of the intervention group was matched to three units of the comparison group based on their propensity scores.

After propensity score matching, the standardized mean differences ranged from -0.03418 to 0.03473, well within the recommended threshold of less than 0.1 for good balance (Stuart, 2010; Zhang, Kim, Lonjon, & Zhu, 2019). Variance ratios in the matched sample were ranged

between 0.9371 and 1.3928 (within the range of 0.5 and 2), which also indicates a good balance of the propensity score matching procedure. As a result of propensity score matching, the groups showed a good balance and the matched observations were selected for subsequent analysis. The propensity score matching was conducted using PSMATCH procedure in SAS/STAT 9.4 software. As a result of the propensity score matching, 748 caregivers who received the HopePath for Families intervention and 2,244 caregivers who did not receive the intervention but were similar on all variables were included in the study.

Figure 2

Intervention and Comparison Groups Before and After Propensity Score Matching



Data Sources

Two data sources were used for the evaluation: (a) HopePath for Families database provided by Canopy including all cases starting January 4, 2021, through December 28, 2022, and (b) administrative data provided by Mississippi Department of Child Protection Services (MDCPS) including cases starting December 23, 2021, through September 20, 2024. The HopePath for Families database contains records for each case (i.e., multiple family members). In addition, the data include parents/caregivers and children demographics, enrollment date, program admission and discharge dates, program outcome, and placement description. The MDCPS database contains demographic information about each child and the alleged perpetrator in the child welfare system as well as information about dates of child maltreatment reports, type of maltreatment, dates of children's entry in the system, discharge dates, and reasons for discharge.

Measures (Outcomes)

Child maltreatment re-reports within 6 months. This indicator includes all children who were referred to the child welfare system and were investigated for alleged child maltreatment. For those in HopePath for Families, re-report is defined as the presence of a new child maltreatment report within six months after successful completion of the program. For those in the comparison group, re-report is defined as the presence of a subsequent child maltreatment report within six months of the initial report including any disposition.

Child maltreatment re-reports within 12 months. This indicator includes all children who were referred to the child welfare system and were investigated for alleged child maltreatment. For those in the HopePath for Families group, re-report is defined as the presence of a new child maltreatment report within 12 months after successful completion of the program. For those in the comparison group, re-report is defined as the presence of a subsequent child maltreatment report within 12 months of the initial report including any disposition.

Recurrence of maltreatment within six months. This indicator includes parents who were reported and investigated for alleged child maltreatment and the results of the investigation indicated an occurrence of verified maltreatment. For those in the HopePath for Families group, recurrence of maltreatment is defined as a child maltreatment investigation that resulted in findings of verified maltreatment within six months after successful completion of the program. For those in the comparison group, recurrence of maltreatment is defined as a repeated child maltreatment investigation that resulted in findings of verified maltreatment within six months of the initial verified maltreatment report.

Recurrence of maltreatment within 12 months. This indicator includes parents who were reported and investigated for alleged child maltreatment and the results of the investigation demonstrated verified maltreatment. For those who received HopePath for Families, recurrence of maltreatment is defined as a child maltreatment investigation that resulted in findings of verified maltreatment within 12 months after successful completion of the program. For those in the comparison group, recurrence of maltreatment is defined as a repeated child maltreatment investigation that resulted in findings of verified maltreatment within 12 months of the initial verified maltreatment report.

Placement in out-of-home care. Placement in out-of-home care was defined as the removal of the child from their original parents/caregivers and was based on the date of removal associated with a specific parent. The number and proportion of children who were removed from their primary caregiver(s) and were placed into out-of-home care after their involvement with the child welfare system were analyzed. This indicator was based on the cohort of children whose caregivers were enrolled and successfully completed HopePath for Families and caregivers who were investigated for child maltreatment but were not enrolled in HopePath for Families. Placement in out-of-home care was defined as the removal of the child from their original caregivers and subsequent placement in out-of-home care, occurring either after completion of HopePath for Families for the participants in the intervention group or following a child protection investigation for participants in the comparison group.

Reunification with original caregivers. This indicator includes all the children placed in out-of-home care during a specific fiscal year, based on the date of removal from their home as recorded in the child welfare system. The participants in HopePath for Families those in the comparison group were followed for 12 months from the date they were removed from their home to identify if they were discharged from out-of-home care, based on the discharge date in the child welfare system (when applicable), and achieved reunification.

Permanency. Permanency is defined as discharge from out-of-home care to a permanent home. This indicator includes all the children who exited out-of-home care within 12 months of the latest removal for permanency reasons. The participants were followed for 12 months from the date they were removed from their home to identify if they were discharged from out-of-home, based on the discharge date in the child welfare system (when applicable), and achieved permanency.

Analytic Approach

Both qualitative and quantitative methods were used for this evaluation. Qualitative methods included a group interview with HopePath for Families supervisors and the program director to review the program components and conduct a document review of program materials (Canopy Children's Solutions, 2017) to provide a description of the model for the evaluation report. Quantitative methods included descriptive statistics, which were utilized to detect any data input error, missing data patterns, and outliers. They were also used to describe the characteristics of the sample. In addition, Cox regression, also known as proportional hazards modeling (Cox, 1972), was used to examine time to child maltreatment re-report, time to recurrence of maltreatment, and time to exit from out-of-home care. Cox regression is a type of event history analysis that is used extensively in outcomes research because of its ability to simultaneously examine both the risk of an event occurring and potential deferential effects related to the timing of that event (Cox, 1972). The major advantage of using Cox proportional hazards modeling in this study is that it utilizes information about parents who experienced an event (e.g., recurrence of maltreatment) and those who did not experience the event of interest or did not have another child maltreatment report (i.e., censored observations). To facilitate model interpretation, hazard ratios were used to index the magnitude of the effect of each predictor on time to the event of interest. Due to few cases with missing data on key variables, listwise deletion was used.

Descriptive Findings

Characteristics of Adult Parents/Caregivers in HopePath for Families

Data obtained from the Canopy HopePath for Families program included 1,389 caregivers. The characteristics of the adults/caregivers who participated in the HopePath for Families are presented in Table 1. It should be noted that some households include up to four adults. The average age of adult participants was 35 years, with ages ranging from 18 to 84. Age was calculated on the date of admission to the HopePath for Families. Most participants were female and White. Only 1.4% of all the adults were identified as Hispanic, though ethnicity data was available for just 9.0% of the adult participants. Most adult participants (80.7%) achieved a successful program outcome, with many families either remaining intact or being reunified.

Characteristics of Children in HopePath for Families

The characteristics of the children who participated in the HopePath for Families program are presented in Table 1. The average age was 7 years, with ages ranging from birth to 17.97 years. Half of the children were female and were identified as White or Black. Ethnicity data was

available for only 6.9% of the children. Considering the total sample of children, less than 1% of them were identified as Hispanic. Most children (80.3%) experienced a successful program outcome, with many living in families that either remained intact or were reunified.

Table 1

Characteristics of Adult Parents/Caregivers and Children in HopePath for Families

Baseline Characteristic	Parents/Caregivers			Children		
	<i>n</i>	%	<i>M (SD)</i>	<i>n</i>	%	<i>M (SD)</i>
Age (in years)	1,389		35.0 (11.14)	2,115		7.38 (5.11)
Females	953	68.6		1,068	50.5	
Race						
White	808	58.2		1,012	47.8	
Black	530	38.2		932	44.1	
Multicultural	10	0.7		95	4.5	
Other	41	3.0		76	3.6	
Ethnicity						
Hispanic	19	1.4		16	0.8	
Not Hispanic	120	8.6		130	6.1	
Program outcome						
Successful	1,121	80.7		1,698	80.3	
Unplanned	204	14.7		318	15.0	
Placement description						
Preservation: Family did not remain intact	28	2.0		48	2.3	
Preservation: Family remained Intact	865	62.3		1,386	65.5	
Reunification: Family was not reunified	80	5.8		107	5.1	
Reunification: Family was on track to reunify	111	8.0		144	6.8	
Reunification: Family was reunified	241	17.4		331	15.7	

Note. Some families have multiple caregivers.

Characteristics of Parents/Caregivers in HopePath for Families and Comparison Groups Before and After Propensity Score Matching

A total of 33,330 caregivers/parents in the MDCPS were identified as being involved in the child welfare system before propensity score matching. Of these, 795 caregivers/parents received the HopePath for Families intervention between January 4, 2021, and December 24, 2022, and were included in the study. The remaining 32,535 parents/caregivers involved in the

Mississippi child welfare system were considered as potential candidates for the comparison group. Table 2 presents the characteristics of parents/caregivers who received Canopy services and those who did not, prior to propensity score matching. Propensity score matching was employed to select a comparison group based on caregiver demographic and risk variables obtained from the MDCPS.

Table 2

Baseline Characteristics of Adult Parents/Caregivers in HopePath for Families and Comparison Groups Before Propensity Score Matching

Baseline Characteristic	HopePath for Families			Comparison Group		
	<i>n</i>	%	<i>M (SD)</i>	<i>n</i>	%	<i>M (SD)</i>
Age (in years)	795		36.0 (11.9)	32,535		36.7 (10.8)
Females	649	81.6		24,467	75.2	
Race						
White	447	56.2		12,095	37.2	
Black	330	41.5		10,197	31.3	
Hispanic ^a	25	1.7		1,550	1.5	
Type of child maltreatment						
Sexual abuse	88	11.1		4,055	12.5	
Physical abuse	237	29.8		8,295	25.5	
Neglect	676	85.0		26,534	81.6	
Absence of care/loss of a caregiver	19	2.4		697	2.1	

Note. Total sample identified in the MDCPS including HopePath for Families and potential caregivers for the comparison group = 33,330. ^aMissing data were observed for the *Hispanic* variable in 21% of cases within the comparison group and 92% of cases within the intervention group.

Using propensity score matching, 748 parents/caregivers who received HopePath for Families services were successfully matched (see Table 3). Cases that could not be matched were excluded from the analyses. Potential matches were drawn from caregivers involved in the child welfare system during approximately the same period, based on similar demographic and socioeconomic profiles. As a result of the matching process, the final comparison group consisted of 2,244 parents/caregivers who did not receive the HopePath for Families services but closely resembled the intervention group.

Data analyses were conducted to evaluate the sample and assess equivalence between the HopePath for Families group and the comparison group. A one-way analysis of variance (ANOVA) was used to compare the groups on age, while chi-square tests examined differences

in categorical variables related to the characteristics of parents/caregivers. The results indicated no significant differences between the two groups. Most participants were female and identified as White, with an average age of approximately 35 years.

Table 3 also presents the distribution of additional characteristics of parents/caregivers at the time they either received HopePath for Families services or became involved with the child welfare system. Over 80% of the parents/caregivers in both groups were investigated for neglect, followed by physical abuse. Sexual abuse was also present in both groups. A small percentage of parents/caregivers were involved in the child welfare system due to the absence of care for a child or loss of a caregiver.

Table 3

Baseline Characteristics of Adult Parents/Caregivers in HopePath for Families and Comparison Groups After Propensity Score Matching

Baseline Characteristic	HopePath for Families			Comparison Group			<i>p</i>
	<i>n</i>	%	<i>M (SD)</i>	<i>n</i>	%	<i>M (SD)</i>	
Age (in years)	748		35.9 (11.7)	2,244		35.4 (10.1)	0.15
Females	133	82.2		1,867	83.2		0.29
Race ^a							
White	409	54.7		1,219	54.3		0.45
Black	292	39.0		884	39.4		0.44
Type of child maltreatment							
Sexual abuse	82	11.0		257	11.5		0.39
Physical abuse	222	29.7		654	29.1		0.41
Neglect	638	85.3		1,910	85.1		0.48
Absence of care/loss of a caregiver	18	2.4		58	2.6		0.46

Note. ^aHispanic ethnicity was not included in the propensity score matching due to the very small sample of individuals (*n* = 6) in the intervention group after merging the Canopy and MDCPS datasets.

Outcome Findings

Child maltreatment re-reports within six months. Approximately 15% of parents/caregivers who received HopePath for Families services were re-reported for alleged child maltreatment within six months after completing the program. In comparison, about 18% of those in the comparison group were re-reported for alleged child maltreatment within six months of their initial child maltreatment report (see Table 4). To assess the effect of the HopePath for Families, a Cox regression analysis was conducted. The results indicated a statistically

significant difference between the two groups (see Table A.1 in Appendix A). Specifically, parents/caregivers in the HopePath for Families group were about one and one-quarter less likely to have a subsequent child maltreatment report ($HR = .78, p < .05$) compared to their matched counterparts who did not receive the intervention.

Table 4

Rates of Child Maltreatment Re-reports within 6 and 12 Months for HopePath for Families and Comparison Groups

Measure	HopePath for Families		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Maltreatment re-reports within 6 months	114	15.2%	422	18.2%
Maltreatment re-reports within 12 months	123	16.4%	476	21.2%

Note. Canopy ($n = 748$); Comparison group ($n = 2,244$).

Child maltreatment re-reports within 12 months. Approximately 16% of parents/caregivers who received HopePath for Families services were re-reported for alleged child maltreatment within 12 months after completing the program. In contrast, about 21% of those in the comparison group were re-reported for alleged child maltreatment within 12 months of their initial child maltreatment report (see Table 4). To assess the effect of receiving HopePath for Families services on child maltreatment re-reporting, a Cox regression analysis was conducted. The results indicated a statistically significant difference between the two groups (see Table A.2 in Appendix A). Specifically, parents/caregivers in the HopePath for Families group were about one and one-third less likely to have a subsequent child maltreatment report within 12 months of the program completion ($HR = .74, p < .05$) compared to their matched counterparts who did not receive the intervention.

Recurrence of verified child maltreatment within six months. Almost 3% of parents/caregivers who received HopePath for Families services experienced recurrence of verified child maltreatment within six months of completing the program. In contrast, 5% of those in the comparison group experienced recurrence of verified child maltreatment within six months of the initial incident (see Table 5). To assess the effect of receiving HopePath for Families on verified maltreatment recurrence, Cox regression analysis was conducted. The results showed a statistically significant difference between the two groups (see Table A.3 in Appendix A). Specifically, parents/caregivers in the HopePath for Families group were almost two times less

likely to experience a subsequent verified maltreatment (HR = .53, $p < .05$) compared to their matched counterparts who did not receive the intervention.

Table 5

Rates of Verified Child Maltreatment Recurrence Within 6 and 12 Months for HopePath for Families and Comparison Groups

Measure	HopePath for Families		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Child maltreatment recurrence within 6 months	21	2.8%	112	5.0%
Child maltreatment recurrence within 12 months	29	3.9%	130	5.8%

Note. Canopy ($n = 748$); Comparison group ($n = 2,244$).

Recurrence of verified child maltreatment within 12 months. Less than 4% of parents/caregivers who received HopePath for Families services experienced recurrence of verified child maltreatment within 12 months of completing the program. In contrast, almost 6% of those in the comparison group experienced recurrence of verified child maltreatment within 12 months of the initial incident (see Table 5). To assess the effect of receiving the HopePath for Families on verified maltreatment recurrence, a Cox regression analysis was conducted. The results showed a statistically significant difference between the two groups (see Table A.4 in Appendix A). Specifically, parents/caregivers in the HopePath for Families group were about one and a half less likely to experience a subsequent maltreatment report (HR = .64, $p < .05$) compared to their matched counterparts who did not receive the intervention.

Placement in out-of-home care. Parents/caregivers who received HopePath for Families services were compared to their counterparts on the rates of child removal and placement in out-of-home care. As shown in Table 6, approximately 9% of parents/caregivers who completed HopePath for Families had their children removed and placed in out-of-home care, compared to almost 16% of parents/caregivers in the comparison group. The results of a chi-square test indicated a statistically significant difference between the groups when their removal rates were compared [$\chi^2 (1, N = 2,992) = 10.61, p = .001$]. This indicates that children of parents/caregivers in the comparison group were more likely to be placed in out-of-home care than children of parents/caregivers in the HopePath for Families group.

Table 6

Rates of Child Removal and Placement in Out-of- Home Care for the Enrollees in HopePath for Families and Comparison Groups

Measure	HopePath for Families		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Child Removal	66	8.8	349	15.6

Note. Canopy (*n* = 748); Comparison group (*n* = 2,244).

Permanency. The proportion of children who achieved permanency was 6% higher in the HopePath for Families group compared to the comparison group. Specifically, over 49% of children whose parents/caregivers participated in the HopePath for Families and experienced out-of-home placement achieved permanency within 12 months of program completion. In contrast, 43% of children whose caregivers did not receive HopePath for Families services achieved permanency within the same period (see Table 7). However, the Cox regression analysis indicated that this difference was not statistically significant (see Table A.5 in Appendix A).

Table 7

Proportion of Children Who Achieved Permanency within 12 Months in HopePath for Families and Comparison Groups

Measure	HopePath for Families		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Exit from out-of-home care for permanency reasons	39	49.4	162	43.0

Note. Canopy (*n* = 79); Comparison group (*n* = 377).

Reunification with original caregiver. The proportion of children who were reunified with their original parents/caregivers was lower in the HopePath for Families group compared to the comparison group. Specifically, about 18% of children whose parents/ caregivers participated in the HopePath for Families achieved timely reunification, whereas almost 22% of children whose caregivers did not receive HopePath for Families services achieved reunification with their original parents/caregivers within the same period (see Table 8). However, the Cox regression analysis indicated that this difference was not statistically significant (see Table A.6 in Appendix A).

Table 8

Proportion of Children Who Were Reunified with Their Original Caregivers in HopePath for Families and Comparison Groups

Measure	HopePath for Families		Comparison Group	
	<i>n</i>	%	<i>n</i>	%
Exit from out-of-home care for reunification reason	14	17.7	82	21.8

Note. Canopy (*n* = 79); Comparison group (*n* = 377).

Conclusions

The goal of this evaluation report was to provide a detailed description of the HopePath for Families intervention and present findings on the impact of the program on child welfare outcomes for families who participated in services. The results of the qualitative analysis indicated that HopePath for Families is a comprehensive intervention that is tailored to the participants' needs, and more specifically, to the level of intensity of their needs. The program includes assessment followed by services and supports, which in turn should lead to desirable outcomes.

The results of the quantitative analyses corroborated the HopePath for Families intervention effectiveness and showed that services provided by the program have a positive impact on safety and permanency outcomes of children and families involved in the child welfare system. Findings indicated that over 80% of families were successfully discharged from the HopePath for Families program, and they were significantly less likely to have new allegations of maltreatment within six and 12 months after completing the program compared to their counterparts who did not receive the intervention.

Similar positive results were found regarding verified child maltreatment. HopePath for Families participants were significantly less likely to experience recurrence of verified child maltreatment within six and 12 months after successful discharge from the program compared to the families who did not receive these services.

Aligned with the goals of the Families First Prevention Services Act (First Focus Campaign for Children, 2018), the HopePath for Families intervention had a significant positive effect on child removal from the original caregivers. Findings indicated that the removal and placement in out-of-home care rates were significantly lower for the participants of the HopePath for Families intervention compared to their counterparts who did not receive the intervention.

Although no significant differences were found when the two groups were compared on time to achieving permanency and reunification, participants in HopePath for Families had a higher proportion of children who achieved permanency. It is likely that the lack of significant differences is due to a very small sample size ($n = 14$) for those children who were placed in out-of-home care and were reunified after their caregivers successfully completed the HopePath for Families program.

Overall, this study provides strong support for the effectiveness of the HopePath for Families intervention to improve child safety outcomes for families involved in the child welfare system, including preventing families from experiencing repeat child maltreatment reports and verified maltreatment incidents as well as preventing children from entering out-of-home care.

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Appendix A: Cox Regression Results

Table A.1

Cox Regression Results. The Effect of HopePath for Families on Child Maltreatment Re-Reports Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	HR	95% CI	
				LL	UL
HopePath for Families	-.27	6.30*	.78	.62	.94

Note. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.2

Cox Regression Results. The Effect of HopePath for Families on Child Maltreatment Re-Reports Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	HR	95% CI	
				LL	UL
HopePath for Families	-0.30	8.93*	.74	.61	.90

Note. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.3

Cox Regression Results. The Effect of HopePath for Families on Recurrence of Verified Child Maltreatment Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	HR	95% CI	
				LL	UL
HopePath for Families	-.63	7.03*	.53	.33	.85

Note. LL = lower limit; UL = upper limit.

* $p < .05$.

Table A.4

Cox Regression Results. Effect of HopePath for Families on Recurrence of Verified Child Maltreatment Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	HR	95% CI	
				<i>LL</i>	<i>UL</i>
HopePath for Families	-0.45	4.82*	.64	.43	.95

Note. *LL* = lower limit; *UL* = upper limit.

* $p < .05$.

Table A.5

Cox Regression Analysis for the Effect of HopePath for Families on Achieving Timely Permanency for Enrollees and the Participants in the Comparison Group

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	HR	95% CI	
				<i>LL</i>	<i>UL</i>
HopePath for Families	.14	0.59	1.14	.81	1.63

Note. *LL* = lower limit; *UL* = upper limit.

* $p < .05$

Table A.6

Cox Regression Analysis for the Effect of HopePath for Families on Reunification with Original Caregiver for Enrollees and the Participants in the Comparison Group

Risk Factor	Cox Regression Model Parameters				
	β	Wald χ^2 (1)	HR	95% CI	
				<i>LL</i>	<i>UL</i>
HopePath for Families	-.21	0.54	.81	.46	1.43

Note. *LL* = lower limit; *UL* = upper limit.

* $p < .05$