Evaluation of the C.A.R.E.S. Model (Coordination, Advocacy, Resources, Education, and Support) in Brevard and Volusia Counties in Florida

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Introduction

The Family First Prevention Services Act (FFPSA), enacted in February 2018 as part of the Bipartisan Budget Act, marked a major shift in child welfare policy by prioritizing prevention over intervention. Its primary goal is to help children remain safely at home or with kin, rather than entering foster care, while also reducing the use of congregate care and strengthening community support systems. At the same time, the Title IV-E Prevention Services Clearinghouse (Prevention Services Clearinghouse) was established to review and rate programs and services designed to support families in keeping children in their care. Under FFPSA, states can use federal funds for evidence-based services and programs that have been rated as well-supported, supported, or promising by the Prevention Services Clearinghouse. The Clearinghouse has specific standards and procedures for review that meet the requirements set forth by FFPSA.

Program Description

While the C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support) model was previously rated by the California Evidence-Based Clearinghouse for Child Welfare (CEBC) with a Scientific Rating of 3—presenting promising research evidence—it has not yet been reviewed by the Prevention Services Clearinghouse. The C.A.R.E.S. program has been recommended and is currently on the list of programs and services recommended for review by the Clearinghouse.

C.A.R.E.S. is a family-centered, strength-based, and community-driven model designed to reduce involvement in the child welfare system. Utilizing High Fidelity Wraparound and Family Team Conferencing, the program provides formal and informal

supports to families experiencing stressors that may result in involvement in the child welfare system. The C.A.R.E.S. model was first designed and implemented by Brevard Family Partnership (BFP) in Brevard County, Florida, in 2005, in response to changes in Florida's child welfare system that created a privatized, Community-Based Care system (NCFIE, 2016). Shortly thereafter, Florida began operating under the Title IV-E Waiver, allowing for federal funding to be used for prevention programs, further supporting the implementation and sustainability of C.A.R.E.S.

In 2012, Brevard Family Partnership established the National Center for Innovation and Excellence (NCFIE) as its dedicated arm for research, training, and technical assistance. NCFIE supports communities across the United States by offering expert consultation, training services, and overseeing the national replication of the C.A.R.E.S. model. The C.A.R.E.S. model is currently replicated in three other counties in Florida; San Diego, CA; Billings, MT; Sioux Falls and Watertown, SD; and Anchorage, AK (NCFIE, 2024).

The C.A.R.E.S. model is a community-based, family-driven prevention and diversion intervention designed to keep children safely at home and out of formal child welfare and juvenile justice systems. Families enter C.A.R.E.S. voluntarily, most often following a referral from a Child Protective Investigator but also through community professionals, family members, or self-referral. They are eligible if they have at least one child under age 18 and present significant risk factors such as prior maltreatment reports, mental health challenges, or substance use. Upon referral, cases are classified into three intake levels based on prior involvement and current acuity (Level III being the highest priority), which guides the urgency and intensity of initial engagement.

Using the principles of High-Fidelity Wraparound, C.A.R.E.S. begins with strength-based assessments to map each family's needs and natural/community supports, then convenes customized Family Team Conferences, including parents, youth (when applicable), natural supports (e.g., relatives, teachers, clergy), and professional partners, to co-create an individualized care plan. Core components include crisis intervention to address immediate, concrete, and clinical needs; advocacy to connect families with community resources; and therapeutic services such as case management, individual and family counseling, and parent education. Throughout an average 5 to 6-month service period, families receive at least weekly in-home visits from bachelor's level care coordinators paired with peer partners. Family Team Conferences occur at least quarterly, often monthly early on. Fidelity is monitored using tools like the Wraparound Observation Form and the Wraparound Fidelity Index-EZ (WFI-EZ self-report), with ongoing coaching support to ensure adherence to evidence-based practices.

C.A.R.E.S. delivers intensive in-home services at an average cost of approximately $550 per child per month, significantly lower than the $2,500 average monthly cost of court-ordered out-of-home care for one child, allowing communities to reinvest savings into prevention capacity (https://ncfie.org/cares-replication/).To support sustainability and scalability, all staff complete a 24-hour Wraparound Foundations course within three months of hire, followed by at least two hours of group and individual coaching each month, ensuring high-quality, consistent implementation across diverse practice settings. By building protective factors, enhancing parenting skills, and fostering collaborative decision-making, C.A.R.E.S. aims to reduce

maltreatment recidivism, improve permanency and well-being outcomes, and support long-term family stabilization.

Purpose of the Evaluation

The University of South Florida, Department of Child and Family Studies evaluation team conducted a retrospective, quasi-experimental evaluation of the Coordination, Advocacy, Resources, Education, and Support (C.A.R.E.S.) model as implemented by Brevard Family Partnership in Brevard and Volusia Counties, Florida. Although C.A.R.E.S. is implemented in multiple locations, this evaluation focused on these two counties to build on emerging evidence. The purpose of this evaluation was twofold: (1) to assess the effect of the C.A.R.E.S. model for child welfare involved families by comparing child and family outcomes for families who received C.A.R.E.S. services to those of a comparison group who did not receive C.A.R.E.S. services and (2) to provide a description of C.A.R.E.S. model implementation. The goal of this study is to support application for consideration of a “well-supported” rating for the C.A.R.E.S. model under the Title IV-E Prevention Services Clearinghouse, and to inform the broader adoption of this family-centered, strength-based intervention. The study aims to provide clear, actionable evidence for child welfare agencies, policymakers, and practitioners on the effectiveness of C.A.R.E.S. in improving child safety, permanency, and family well-being outcomes.

Methods

Evaluation Questions

1. What is the proportion of child maltreatment re-reports within six months of the C.A.R.E.S. program completion compared to those who were in the comparison group?
2. What is the proportion of child maltreatment re-reports within 12 months of the C.A.R.E.S. program completion compared to those who were in the comparison group?
3. What is the number and proportion of children that experienced verified maltreatment within six months of the C.A.R.E.S. program completion compared to those who were in the comparison group?
4. What is the number and proportion of children that experienced verified maltreatment within 12 months of the C.A.R.E.S. program compared to those who were in the comparison group?
5. What is the number and proportion of children who were removed from their primary caregivers and placed in out-of-home care within 12 months of their caregivers' completion of the C.A.R.E.S. program compared to those who were in the comparison group?
6. What is the number and proportion of children who achieved permanency, including reunification within 12 months of the C.A.R.E.S. program completion compared to those who were in the comparison group?
7. What is the number and proportion of children who were reunified within 12 months of the C.A.R.E.S. program completion after a specific timeframe compared to those who were in the comparison group?
8. What is the proportion of caregivers with higher protective capacity who received C.A.R.E.S. intervention compared to their matched counterparts?

Evaluation Design

A longitudinal quasi-experimental design using propensity score matching was employed to examine whether children and youth whose caregivers received C.A.R.E.S. services experienced better child welfare outcomes compared to a matched group whose caregivers did not receive C.A.R.E.S. services.

The propensity score was calculated using logistic regression to obtain the predicted probability of being in the intervention group (Rosenbaum & Rubin, 1984). As a result, an estimated probability of being in the intervention group (i.e., C.A.R.E.S.) was obtained for each parent/caregiver in the data set. All available caregiver demographic characteristics, domestic violence history, caregiver substance abuse issues, county where maltreatment occurred, and the type of maltreatment allegations were included in the calculation of the propensity score. After the propensity score was calculated, cases were matched using the nearest neighbor technique, in which the propensity score in the comparison group closest to the propensity score in the intervention group (i.e., C.A.R.E.S.) was selected (Dehejia & Wahba, 2002). After matching was completed, the intervention and the comparison groups were checked for balance on all variables included in the calculation of the propensity score.

Data Sources

The two primary sources of data were the *Brevard Family Partnership* database, and the Florida Safe Families Network (FSFN). The data related to the *Brevard Family Partnership* database included: participants' start and end dates of the C.A.R.E.S. intervention; demographic characteristics, number of children, reason for the case closed, and the completion status. Data related to child maltreatment reports, parent and child demographic information, results of child protective investigations, dates of

children's placement into out-of-home care, dates of discharge from out-of-home care and the reasons for discharge were obtained from FSFN.

C.A.R.E.S. Samples

Two non-overlapping samples of caregivers involved with the child welfare system who received C.A.R.E.S. intervention services were examined. Study 1 included all child welfare-involved caregivers who received C.A.R.E.S. services between January 1, 2018, and June 30, 2020. The comparison group for this study was drawn from a pool of caregivers who were involved in the child welfare system during the same timeframe, who had similar demographic characteristics and similar maltreatment allegations, but who did not receive C.A.R.E.S. services. Study 2 focused on a subsequent cohort including all child welfare-involved caregivers who received C.A.R.E.S. services between July 1, 2020, and December 31, 2022. The comparison group for this second study was selected using the same criteria as in Study 1.

Predictor Variables

The predictor variables or covariates included the following:

Participation in the C.A.R.E.S. program. Participation in the C.A.R.E.S. program was defined as a person’s completion of the program with a successful discharge. if a person was enrolled in the C.A.R.E.S. program but did not successfully complete the treatment or disengaged from treatment, the person was dropped from the study.

Parental demographic characteristics. Demographic characteristics included gender, age at the time the child maltreatment report was received, and race/ethnicity.

Gender consisted of two categories – male and female. Age was a continuous variable measured at the time of enrollment in the C.A.R.E.S. program or at the time when the first maltreatment report was received for the comparison group. The following race/ethnicity categories were used: White, Black, and Hispanic.

Maltreatment Type. Four types of maltreatment were recorded in this study: (a) physical abuse, (b) sexual abuse, (c) neglect, and (d) threatened harm. Chapter 39 of the Florida Statutes (F.S. 39.01 (2), (80) defines physical/sexual abuse as any willful or threatened act that results in any physical, mental, sexual injury, or harm that causes or is likely to cause significant impairment in the child's physical, mental, or emotional health. Similarly, neglect is defined by Chapter 39.01 (53) of the Florida Statutes as a caregiver's failure or omission to provide a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child. Threatened harm was defined in Florida's Operating Procedures (CFOP 170-4), as a behavior that is not accidental and is likely to result in physical, emotional or mental harm or impairment to the child. A dichotomized variable was created to indicate whether the child experienced or did not experience a specific maltreatment type.

Domestic Violence in the Family. A dichotomized variable was constructed to indicate the presence of domestic problems in the family (1 = *yes*) or not (0 = *no*).

Parental History of Substance Abuse Problems. A dichotomized variable was constructed to indicate whether the child's parent(s) had substance abuse problems (1 = *yes*) or not (0 = *no*).

Absence of care/loss of a caregiver. A dichotomized variable was constructed to indicate the absence of care or loss of a caregiver (1 = *yes*) or not (0 = *no*).

Measures (Outcomes)

Several safety and permanency indicators were calculated and examined, including child maltreatment re-reports, recurrence of verified maltreatment, placement in out-of-home care, permanency rates, reunification with original caregiver and caregiver's protective capacity. Timeframes for child safety and permanency outcomes were selected and based on the CFSR national data indicators (U.S. DHHS, 2022).

***Child maltreatment re-reports within six or 12 months*.** This indicator was based on entry cohorts, that is, all caregivers who came into contact with the child welfare system and were subsequently investigated for alleged maltreatment. For the C.A.R.E.S. group, child maltreatment re-report was defined as a subsequent investigated report of maltreatment occurring within six or 12 months following the completion of the C.A.R.E.S. program, regardless of the investigation disposition. For the comparison group, a maltreatment re-report was defined as a second investigated child maltreatment report within six or 12 months of the initial report, irrespective of the investigation disposition.

***Recurrence of verified child maltreatment within six or 12 months*.** This indicator is based on entry cohorts, defined as all parents/caregivers who were reported to the child welfare system, subsequently investigated for alleged child maltreatment, and had a verified finding of maltreatment as a result of the investigation. For the C.A.R.E.S. group, recurrence of maltreatment is defined as a subsequent verified child

maltreatment report occurring within six or 12 months following the completion of C.A.R.E.S. services. For the comparison group, recurrence is defined as a second verified incident of maltreatment within six or 12 months of an initial verified maltreatment report for the family. The analysis included only those cases where the initial report resulted in a verified finding of abuse, neglect, or threatened harm. Both the first and second episodes of maltreatment were selected based on the dates the corresponding reports of child maltreatment were received.

Placement in Out-of-Home Care. This indicator captures the number and proportion of children who were removed from their primary parent/caregiver and placed in out-of-home care after completion of the C.A.R.E.S. program. For the comparison group, entry into out-of-home care is defined as a child placement into out-of-home care within 12 months following the date a child maltreatment report was received.

Permanency. This indicator measures the number and proportion of children who exited out-of-home care for permanency reasons within 12 months of their most recent removal. The measure is based on an entry cohort, that is, all children placed in out-of-home care during a specific fiscal year, as indicated by the “removal date” in FSFN. Children were followed for 12 months from the date of removal from home to determine whether they exited out-of-home care, as indicated by the “discharge date” in FSFN, and achieved permanency. Permanency is defined as discharge from out-of-home care to a permanent home for the following reasons as indicated in FSFN: (a) reunification, that is, the return of a child who has been removed to the removal parent or other primary caretaker, (b) permanent guardianship (i.e., long-term custody or

guardianship) with a relative or non-relative, and (c) adoption finalized, that is, when the Court enters the verbal order finalizing the adoption.

***Reunification with the original caregiver*.** This measure is based on an entry cohort, defined as all children who were placed in out-of-home care during a given fiscal year. The cohort is identified using the child's “removal date” from their home in FSFN. Children were followed for 12 months from the date of removal to determine whether they exited out-of-home care and achieved reunification, as indicated by the “discharge date” in FSFN. Reunification is defined as the return of a child to the removal parent/caregiver or other primary caretaker and is identified in FSFN as a documented reason for discharge.

Data Analysis

The studies employed a range of analytical techniques, including both descriptive and inferential statistics. Descriptive statistics were first used to identify data input errors, outliers, and patterns of missing data, as well as to describe the distribution of each measured variable. Inferential statistics included a chi-square test to compare the proportion of parents/caregivers in the intervention and the comparison groups whose children were removed from their home. To examine time-dependent outcomes, such as time to exit from out-of-home care, time to child maltreatment re-report, and time to recurrence of maltreatment, Cox regression, also known as proportional hazards modeling (Cox, 1972), was used. This method is a type of event history analysis 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, odds ratios were used to index the magnitude of the effect of each predictor on time to the event of interest.

Findings for Study 1

Propensity score matching was employed to select the comparison group using demographic and risk variables extracted from the Florida Safe Families Network (FSFN). Prior to the propensity score matching, 240 parents/caregivers were identified as having been enrolled in and receiving C.A.R.E.S services between January 1, 2018, and June 30, 2020 (Intervention Group #1). There were 232,810 parents/caregivers involved in the Florida child welfare system who were considered potential candidates for the comparison group. Table 1.1 presents the characteristics of child welfare involved parents/caregivers who received C.A.R.E.S. services and those who did not receive the intervention prior to propensity score matching.

Table 1.1

Descriptive Statistics for C.A.R.E.S. and the Comparison Samples at Baseline Before Propensity Score Matching

Baseline Characteristic	C.A.R.E.S.			Comparison Group		
	n	%	*M (SD)*	*n*	%	*M (SD)*
Age (in years)	240		36.4 (10.1)	232,810		34.0 (9.2)
Gender						
Female	156	65.0		155,430	63.5	
Race						
White	170	70.8		154,795	63.2	
Black	60	25.0		72,268	29.5	
Hispanic	12	5.0		24,425	10.0	
Type of child maltreatment						

Baseline Characteristic	C.A.R.E.S.			Comparison Group		
	n	%	*M (SD)*	*n*	%	*M (SD)*
Sexual abuse	6	2.5		9,884	4.0	
Physical abuse	53	22.1		56,040	22.9	
Neglect	123	51.2		123,718	50.5	
Threatened harm	5	2.1		11,529	4.7	
Domestic violence	68	28.3		69,058	28.2	
Absence of care/loss of a caregiver	6	2.5		4,657	1.9	
Parental substance abuse	96	40.0		104,878	42.8	

Using the nearest neighbor technique, 224 parents/caregivers who received services associated with C.A.R.E.S. were matched. Potential matches were drawn from caregivers involved in the child welfare system during the same timeframe with demographic and socioeconomic profiles similar to those who did not receive C.A.R.E.S. services. As a result of the matching process, a final comparison group of 238 parents/caregivers who had not received C.A.R.E.S. services but closely resembled the intervention group in terms of key characteristics was selected (see Table 1.2). No significant differences between groups were found when the groups were examined on each of the covariates (i.e., caregiver characteristics) included in the propensity score (see Table 1.2).

Data analyses were conducted to assess the sample and determine the equivalence between C.A.R.E.S. and the comparison group. One-way analysis of variance (ANOVA) was used to compare the groups on age, while chi-square tests were applied to examine differences in categorical variables related to parents'/caregivers' characteristics. Results indicated no significant differences between the groups. As

shown in Table 1.2, the majority of participants were female and identified as White. The average age of participants ranged from 35 to 36 years.

Table 1.2 also presents the distribution of additional parents'/caregivers' characteristics at the time they received C.A.R.E.S. services or became involved with the child welfare system. Specifically, over half of the parents/caregivers were investigated for neglect, followed by physical abuse. Parental substance abuse was prevalent in both the C.A.R.E.S. and comparison groups, and between 27%and 29.5% of parents/caregivers had a history of domestic violence. Only a small percentage of parents/caregivers were investigated for sexual abuse, threatened harm, or absence of care.

Table 1.2

Descriptive Statistics for C.A.R.E.S. *and the Comparison Group at Baseline After Propensity Score Matching*

Baseline Characteristic	C.A.R.E.S.			Comparison Group			*p* Value[a]
	n	%	*M (SD)*	*n*	%	*M (SD)*	
Age (in years)	224		35.9 (10.4)	238		34.4 (10.4)	0.12
Gender							
Female	144	64.3		158	66.4		0.71
Race							
White	157	70.1		174	73.1		0.54
Black	58	25.9		54	22.7		0.49
Hispanic	11	4.9		10	4.2		0.89
Type of child maltreatment							
Sexual abuse	5	2.2		3	1.3		0.66
Physical abuse	51	22.8		41	17.2		0.17
Neglect	115	51.3		136	57.1		0.25
Threatened harm	5	2.2		4	1.7		0.93
Domestic violence	66	29.5		65	27.3		0.68
Absence of care/loss of a caregiver	6	2.7		1	0.4		0.11

Baseline Characteristic	C.A.R.E.S.			Comparison Group			*p* Value[a]
	n	%	*M (SD)*	*n*	%	*M (SD)*	
Parental substance abuse	89	39.7		98	41.2		0.83

Note. *One-way ANOVA* for age and chi-square for all the other variables to determine if the groups were equivalent were non-significant.

***Child maltreatment re-reports within six months*.** Approximately 15% of parents/caregivers who received C.A.R.E.S. services were re-reported for alleged child maltreatment within six months after completing the program. In contrast, nearly 30% of those in the comparison group were re-reported for alleged child maltreatment within six months of the initial child maltreatment report (see Table 1.3). To assess the effect of receiving C.A.R.E.S., Cox regression analysis was conducted. The results indicated a statistically significant difference (see Table A.1 in Appendix A). Specifically, parents/caregivers in the C.A.R.E.S. group were significantly less likely to have a subsequent child maltreatment report (OR = .49, $p < .05$). This indicates that parents/caregivers who received C.A.R.E.S. were twice less likely to be re-reported within six months of the program completion compared to a similar group of caregivers who did not receive the intervention.

Table 1.3
Rates of Child Maltreatment Re-reports within 6 and 12 Months for C.A.R.E.S. and the Comparison Group

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Maltreatment re-reports within 6 months	34	15.2	71	29.8
Maltreatment re-reports within 12 months	43	19.8	120	50.4

Note. *C.A.R.E.S.* (*n* = 224); Comparison group (*n* = 238).

***Child maltreatment re-reports within 12 months*.** Almost 20% of parents/caregivers who received C.A.R.E.S. services were re-reported for alleged child maltreatment within 12 months after completing the program. In contrast, 50% of those in the comparison group were re-reported for alleged child maltreatment within 12 months of the initial child maltreatment report (see Table 1.3). To assess the effect of receiving C.A.R.E.S., Cox regression analysis was conducted. The results indicated a statistically significant difference (see Table A.2 in Appendix A). Specifically, parents/caregivers in the C.A.R.E.S. group were significantly less likely to have a subsequent child maltreatment report within 12 months of the program completion (OR = .34, $p < .05$). This indicates that those who received C.A.R.E.S. were almost three times less likely to be re-reported within 12 months compared to a similar group of caregivers who did not receive the intervention.

***Recurrence of verified child maltreatment within six months*.** Almost three percent of parents/caregivers who received C.A.R.E.S. services experienced recurrence of verified child maltreatment within six months of completing the program. In contrast, 13% of those in the comparison group experienced recurrence of verified child maltreatment within six months of the initial incident (see Table 1.4). To assess the effect of receiving C.A.R.E.S. on verified maltreatment recurrence, Cox regression analysis was conducted. The results have shown a statistically significant difference between the two groups (see Table A.3 in Appendix A). Specifically, parents/caregivers in the C.A.R.E.S. group were five times less likely to experience a subsequent verified maltreatment compared to a similar group of caregivers who did not receive the intervention (OR = .20, $p < .05$).

Table 1.4

Rates of Verified Child Maltreatment Recurrence Within 6 and 12 Months for C.A.R.E.S. and the Comparison Group

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Child maltreatment recurrence within 6 months	6	2.7	31	13.0
Child maltreatment recurrence within 12 months	7	3.1	50	21.0

Note. *C.A.R.E.S.* (*n* = 224); Comparison group (*n* = 238).

***Recurrence of verified child maltreatment within 12 months*.** About three percent of parents/caregivers who received C.A.R.E.S. services experienced recurrence of verified child maltreatment within 12 months of completing the program. In contrast, 21% of those in the comparison group experienced recurrence of verified child maltreatment within 12 months of the initial incident (see Table 1.4). To assess the effect of receiving C.A.R.E.S. on verified maltreatment recurrence, 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 C.A.R.E.S. group were significantly less likely to experience a subsequent maltreatment report (OR = .14, $p < .05$). This indicates that those who received the C.A.R.E.S. program were over seven times less likely to experience recurrence of verified child maltreatment compared to the group of caregivers with similar characteristics who did not receive the intervention.

Placement in out-of-home care. Parents/caregivers who received C.A.R.E.S. services were compared to their counterparts on the rates of child removal and placement of children in out-of-home care. As shown in Table 1.5, 12.5% of

parents/caregivers who completed the C.A.R.E.S. program had their children removed and placed in out-of-home care, compared to 24.8% of parents/caregivers in the comparison group. A chi-square test examining the relation between group membership and removal rates revealed a statistically significant difference between the groups [c^2 (1, N = 462) = 11.40, 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 C.A.R.E.S. program. The effect size (Cramer's V = 0.16) was small to medium, indicating a moderate association.

Table 1.5

Rates of Removal of the Child and Placement in Out-of- Home Care for the Enrollees in the C.A.R.E.S. Program and the Comparison Group

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Child Removal	28	12.5	59	24.8

Note. *C.A.R.E.S.* (*n* = 196); Comparison group (*n* = 179).

***Permanency*.** The proportion of children who achieved permanency was lower in the C.A.R.E.S. group compared to the comparison group. Specifically, about 21% of children whose parents/caregivers participated in C.A.R.E.S. achieved permanency within 12 months of program completion, whereas 33.9% of children whose caregivers did not receive C.A.R.E.S. achieved permanency within the same period (see Table 1.6). However, the results of Cox regression analysis indicated that this difference was not statistically significant (see Table A.5 in Appendix A).

Table 1.6

Proportion of Children Who Achieved Permanency for C.A.R.E.S. and Comparison Group of Children within 12 Months

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Exit from out-of-home care for permanency reasons	6	21.4	20	33.9

Note. *C.A.R.E.S.* (*n* = 28); Comparison group (*n* = 59).

***Reunification with the original caregiver*.** The proportion of children who were reunified with their original parents/caregivers was lower in the C.A.R.E.S. group compared to the comparison group. Specifically, about 14% of children whose parents/caregivers participated in C.A.R.E.S. achieved timely reunification, whereas 27.1% of children whose caregivers did not receive C.A.R.E.S. achieved reunification with their original parents/caregivers within the same period (see Table 1.7). However, the results of Cox regression analysis indicated that this difference was not statistically significant (see Table A.6 in Appendix A).

Table 1.7

Proportion of Children Who Were Reunified with Their Original Caregivers for C.A.R.E.S. and Comparison Group of Children

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Exit from out-of-home care for reunification reason	4	14.3	16	27.1

Note. *C.A.R.E.S.* (*n* = 28); Comparison group (*n* = 59).

***Protective capacities*.** Parents/caregivers who received C.A.R.E.S. services were compared to those who did not receive C.A.R.E.S. in terms of their protective capacities. Statistically significant differences were found between the two groups for

the protective capacities listed in Table 1.8. No statistically significant differences were observed regarding the remaining protective capacities.

Table 1.8

Frequencies and Chi-Square Results for Protective Capacities

Protective Capacity	C.A.R.E.S.		Comparison Group		c^2	Cramer's V
	n	%	*n*	%		
Is intellectually able	219	100	210	96.8	5.28*	.13
Meets own emotional needs	179	81.7	196	90.3	5.99*	.12
Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability	214	96.8	194	88.2	10.70*	.16

*$p < .05$.

Findings for Study 2

Propensity score matching was employed to select the comparison group using demographics and risk variables extracted from the FSFN. Prior to the propensity score matching, 175 parents/caregivers were identified who received *C.A.R.E.S.* services between July 1, 2020, and December 31, 2022 (Intervention Group #2). There were 145,949 parents/caregivers involved in the Florida child welfare system who were considered potential candidates for the comparison group. Table 2.1 presents the characteristics of child welfare involved parents/caregivers who received *C.A.R.E.S.* services and those who did not receive the intervention prior to propensity score matching.

Table 2.1

Descriptive Statistics for C.A.R.E.S. and Comparison Samples at Baseline Before Propensity Score Matching

Baseline Characteristic	*C.A.R.E.S.*			Comparison Group		
	n	%	*M (SD)*	*n*	%	*M (SD)*
Age (in years)	175		36.8 (9.73)	145,949		35.4 (9.35)
Gender						
Female	108	61.7		94,332	64.7	
Race						
White	126	72.0		93,310	61.1	
Black	42	24.0		48,290	32.8	
Hispanic	13	7.4		15,238	10.0	
Type of child maltreatment						
Sexual abuse	2	1.1		6,942	4.5	
Physical abuse	45	25.7		36,227	23.7	
Neglect	98	56.0		71,844	47.0	
Threatened harm	3	1.7		5,393	3.5	
Domestic violence	41	23.4		42,905	28.1	
Absence of care/loss of a caregiver	3	1.7		2,871	1.9	
Parental substance abuse	56	32.0		59,456	38.9	

Using the nearest neighbor technique, 172 parents/ caregivers who received services associated with *C.A.R.E.S.* were successfully matched. Potential matches were drawn from caregivers involved in the child welfare system during the same timeframe. Caregivers who had similar demographic characteristics and similar maltreatment allegations but did not receive C.A.R.E.S. services were selected in the comparison group. As a result of the matching process, a final comparison group of 175 parents/caregivers who had not received C.A.R.E.S. services but closely resembled the intervention group in terms of key characteristics, was selected (see Table 2.2). No significant differences between groups were found when the groups were examined on

each of the covariates (i.e., caregiver characteristics) included in the propensity score (see Table 2.2).

Table 2.2

Descriptive Statistics for C.A.R.E.S. and Comparison Samples at Baseline After Propensity Score Matching

Baseline Characteristic	*C.A.R.E.S.*			Comparison Group			
	n	%	*M (SD)*	*n*	%	*M (SD)*	*p* value[a]
Age (in years)	172		36.9 (9.71)	175		35.5 (8.81)	0.15
Gender							
Female	105	61.0		112	64.0		0.65
Race							
White	125	72.7		117	66.9		0.29
Black	40	23.3		47	26.9		0.52
Hispanic	13	7.6		6	3.4		0.15
Type of child maltreatment							
Sexual abuse	2	1.2		2	1.1		1.00
Physical abuse	45	26.2		39	22.3		0.47
Neglect	95	55.2		94	53.7		0.86
Threatened harm	3	1.7		4	2.3		1.00
Domestic violence	41	23.8		35	20.0		0.46
Absence of care/loss of a caregiver	3	1.7		2	1.1		0.98
Parental substance abuse	56	32.6		50	28.6		0.49

Note. [a]One-way analysis of variance for age and chi-square for all the other variables to determine if the groups were equivalent were non-significant.

***Child maltreatment re-reports within six months*.** Approximately three percent of parents/caregivers who received C.A.R.E.S. services were re-reported for alleged child maltreatment within six months after completing the program. In contrast, 25% of those in the comparison group were re-reported for alleged child maltreatment within six months of the initial child maltreatment report (see Table 2.3). To assess the effect of receiving C.A.R.E.S. services, Cox regression analysis was conducted. The results

indicated a statistically significant difference (see Table B.1 Appendix B). Specifically, parents/caregivers in the C.A.R.E.S. group were significantly less likely to have a subsequent child maltreatment report (OR = .10, $p < .05$). This indicates that those who received C.A.R.E.S. were 10 times less likely to be re-reported within six months of program completion compared to those in the comparison group.

Table 2.3

Rates of Child Maltreatment Re-reports within 6 and 12 Months for C.A.R.E.S. and the Comparison Group

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Maltreatment re-reports within 6 months	5	2.9	44	25.1
Maltreatment re-reports within 12 months	7	4.1	70	40.0

Note. *C.A.R.E.S.* (*n* = 172); Comparison group (*n* = 175).

***Child maltreatment re-reports within 12 months*.** About four percent of parents/caregivers who received C.A.R.E.S. services were re-reported for alleged child maltreatment within 12 months after completing the program. In contrast, 40% of those in the comparison group were re-reported for alleged child maltreatment within 12 months of the initial child maltreatment report (see Table 2.3). To assess the effect of receiving C.A.R.E.S. services, Cox regression analysis was conducted. The results indicated a statistically significant difference (see Table B.2 in Appendix B). Specifically, parents/caregivers in the C.A.R.E.S. group were significantly less likely to have a subsequent child maltreatment report (OR = .08, $p < .05$). This indicates that those who received C.A.R.E.S. were almost twelve and a half times less likely to be re-reported

within 12 months of program completion compared to the caregivers who did not receive the intervention.

Recurrence of verified child maltreatment within six months. Almost one percent of parents/caregivers who received C.A.R.E.S. services experienced recurrence of verified child maltreatment within six months of completing the program. In contrast, nearly five percent of those in the comparison group experienced recurrence of verified child maltreatment within six months of the initial incident (see Table 2.4). To assess the effect of receiving C.A.R.E.S. services on verified maltreatment recurrence, Cox regression analysis was conducted. The results showed a statistically significant difference between the two groups (see Table B.3 in Appendix B). Specifically, parents/caregivers in the C.A.R.E.S. group were significantly less likely to experience a subsequent maltreatment report (OR = .11, $p < .05$). This indicates that those who received the C.A.R.E.S. program were nine times less likely to experience recurrence of verified child maltreatment within six months compared to the caregivers who did not receive the intervention.

Table 2.4

Rates of Verified Child Maltreatment Recurrence Within 6 and 12 Months for C.A.R.E.S. and the Comparison Group

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Child maltreatment recurrence within 6 months	1	0.6	8	4.6
Child maltreatment recurrence within 12 months	1	0.6	10	5.7

Note. *C.A.R.E.S.* (*n* = 172); Comparison group (*n* = 175).

***Recurrence of verified child maltreatment within 12 months*.** About one percent of parents/caregivers who received C.A.R.E.S. services experienced recurrence of verified child maltreatment within 12 months of completing the program. In contrast, nearly six percent of those in the comparison group experienced recurrence of verified child maltreatment within 12 months of the initial incident (see Table 2.4). To assess the effect of receiving C.A.R.E.S. services on verified maltreatment recurrence, Cox regression analysis was conducted. The results showed a statistically significant difference between the two groups (see Table B.4 in Appendix B). Specifically, parents/caregivers in the C.A.R.E.S. group were significantly less likely to experience a subsequent maltreatment report (OR = .09, $p < .05$). This indicates that those who received the C.A.R.E.S. program were 11 times less likely to have recurrence of verified child maltreatment within 12 months compared to those who did not receive the intervention.

Placement in out-of-home care. Parents/caregivers who received C.A.R.E.S. services were compared to their counterparts on the rates of child removal and placement of children in out-of-home care. As shown in Table 2.5, about 10% of parents/caregivers who completed the C.A.R.E.S. program had their children removed and placed in out-of-home care, compared to nearly 18% of parents/caregivers in the comparison group. A chi-square test examining the relation between group membership and removal rates revealed a statistically significant difference between the groups [c^2 (1, $N = 347$) = 383, $p < .05$]. 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 C.A.R.E.S. program. However, the effect size (Cramer's V = 0.11) indicated a weak association between group membership and rates of removal.

Table 2.5

Rates of Removal of the Child and Placement in Out-of-Home Care for the Enrollees in the C.A.R.E.S. Program and the Comparison Group

Measure	C.A.R.E.S.		Comparison Group	
	n	%	n	%
Child Removal	17	9.9	31	17.7

Note. *C.A.R.E.S.* (*n* = 172); Comparison group (*n* = 175).

***Permanency*.** The proportion of children who achieved permanency was lower in the C.A.R.E.S. group compared to the comparison group. Specifically, about 12% of children whose parents/caregivers participated in C.A.R.E.S. services achieved permanency within 12 months of program completion, whereas almost 26% of children whose caregivers did not receive C.A.R.E.S. services achieved permanency within the same period (see Table 2.6). However, the results of Cox regression analysis to assess the effect of receiving C.A.R.E.S. services on permanency indicated that this difference was not statistically significant (see Table B.5 in Appendix B).

Table 2.6

Proportion of Children Who Achieved Permanency for C.A.R.E.S. and Comparison Group of Children within 12 Months

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Exit from out-of-home care for permanency reasons	2	11.8	8	25.8

Note. *C.A.R.E.S.* (*n* = 17); Comparison group (*n* = 31).

***Reunification with the original caregiver*.** The proportion of children who were reunified with their original parents/caregivers was higher in the comparison group

compared to the C.A.R.E.S. group. Specifically, none of the children whose parents/caregivers participated in C.A.R.E.S. achieved timely reunification, whereas 25.8% of children whose caregivers did not receive C.A.R.E.S. achieved reunification with their original parents/caregivers within the same period (see Table 2.7). However, the results of Cox regression analysis to assess the differences between groups indicated that this difference was not statistically significant (see Table B.6 in Appendix B).

Table 2.7

Proportion of Children Who Were Reunified with Their Original Caregivers for C.A.R.E.S. and Comparison Group of Children

Measure	C.A.R.E.S.		Comparison Group	
	n	%	*n*	%
Exit from out-of-home care for reunification reason	0	0	8	25.8

Note. *C.A.R.E.S.* (*n* = 17); Comparison group (*n* = 31).

Protective capacities. Parents/caregivers who received C.A.R.E.S. services were compared to those who did not receive C.A.R.E.S. in terms of their protective capacities. Statistically significant differences were found between the two groups for the protective capacities listed in Table 2.8. No statistically significant differences were observed regarding the remaining capacities.

Table 2.8

Frequencies and Chi-Square Results for Protective Capacities

Protective Capacity	C.A.R.E.S.		Comparison Group		c^2	Cramer's V
	n	%	*n*	%		
Sets aside own needs for child	160	93.6	145	86.3	4.18*	.12
Adaptive as a parent	170	99.4	153	90.0	11.33*	.20

Recognizes threats	124	72.5	139	81.8	4.62*	.12
Understands protective role	166	97.1	144	85.7	12.57*	.20
Plans and articulates plans for protection	158	93.5	145	86.3	4.03*	.12
Is aligned and supports the child	170	99.4	160	94.7	5.13*	.14
Protective capacities are sufficient to manage identified threats of danger in relation to child's vulnerability	165	96.5	142	83.5	14.54*	.22

*$p < .05$.

Summary

This evaluation assessed the effectiveness of the C.A.R.E.S. (Coordination, Advocacy, Resources, Education, and Support) model implemented by Brevard Family Partnership in Brevard and Volusia Counties, Florida. A quasi-experimental, retrospective design was used to evaluate outcomes for child welfare-involved families who received C.A.R.E.S. services, compared to matched counterparts who did not. Using propensity score matching and Cox regression analyses, the study examined a wide range of safety and permanency indicators.

The results of the two quasi-experimental studies consistently demonstrated that families who received C.A.R.E.S. services experienced significantly better child safety outcomes. Compared to their matched peers, they were significantly less likely to have child maltreatment re-reports or recurrence of verified maltreatment within six and 12 months of program completion. In both studies, participation in C.A.R.E.S. was associated with a notably reduced likelihood of placement in out-of-home care.

While reunification and permanency rates were slightly lower in the C.A.R.E.S. group, these differences were not statistically significant. Importantly, the C.A.R.E.S. intervention group demonstrated improved caregiver protective capacities, particularly in areas of intellectual ability, emotional self-care, and capacity to manage identified safety threats. Overall, the C.A.R.E.S. model showed promise in enhancing child safety and supporting caregiver strengths, contributing meaningfully to the FFPSA's goals of keeping children safely at home.

Discussion

The findings from this evaluation suggest that the C.A.R.E.S. model is an effective strategy for reducing child maltreatment re-reports and verified recurrence of maltreatment while promoting in-home safety and reducing the need for out-of-home placements. The consistent and statistically significant effects observed across two distinct cohorts underscore the model's reliability and replicability in child welfare settings. These results align with broader evidence that family-centered, wraparound approaches can improve safety outcomes and support family resilience.

However, the study found no significant differences between the groups in reunification or overall permanency rates. This may be due in part to the fact that many C.A.R.E.S. families avoided child removal altogether—a primary goal of prevention-focused interventions. It may also reflect that the C.A.R.E.S. model is not specifically designed to support case closure or achieve legal permanency goals once removal has occurred.

Notably, the evaluation revealed improvements in key caregiver protective capacities among the C.A.R.E.S. group, which may help explain the lower recurrence and removal rates. These findings indicate that the model not only addresses presenting safety concerns but also strengthens caregivers' ability to sustain a safe home environment over time.

Limitations of the study include reliance on administrative data, which may be subject to reporting inconsistencies, and the quasi-experimental design, which cannot fully account for unobserved confounders. Nonetheless, the matched comparison groups were well balanced, lending strength to the observed results. These findings support continued investment in and replication of the C.A.R.E.S. model as a promising, family-centered intervention aligned with the aims of the Family First Prevention Services Act.

Appendix A: Cox Regression Results for Study 1

Table A.1

The Effect of C.A.R.E.S. on Child Maltreatment Re-Reports Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-.72	11.89*	.49	.32	.73

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

**p* < .05.

Table A.2

The Effect of C.A.R.E.S. on Child Maltreatment Re-Reports Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-1.10	37.81*	.34	.24	.47

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

**p* < .05.

Table A.3

The Effect of C.A.R.E.S. on Recurrence of Verified Child Maltreatment Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-1.63	13.36*	.20	.08	.47

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

**p* < .05.

Table A.4

The Effect of C.A.R.E.S. on Recurrence of Verified Child Maltreatment Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*

C.A.R.E.S.	-1.98	24.08*	.14	.06	.30

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

*$p < .05$.

Table A.5

The Effect of C.A.R.E.S. on Achieving Timely Permanency for C.A.R.E.S. Enrollees and the Participants in the Comparison Group

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-.56	1.48	0.57	.23	1.41

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

Table A.6

The Effect of C.A.R.E.S. on Reunification with Original Caregiver for C.A.R.E.S. Enrollees and the Participants in the Comparison Group

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-.74	1.75	0.48	.16	1.43

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

Appendix B: Cox Regression Results for Study 2

Table B.1

The Effect of C.A.R.E.S. on Child Maltreatment Re-Reports Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-2.27	23.16*	.10	.04	.26

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

**p* < .05.

Table B.2

The Effect of C.A.R.E.S. on Child Maltreatment Re-Reports Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-2.49	39.36*	.08	.04	.18

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

**p* < .05.

Table B.3

The Effect of C.A.R.E.S. Intervention on Recurrence of Verified Child Maltreatment Within 6 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-2.18	4.20*	.11	.01	.91

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

**p* < .05.

Table B.4

The Effect of C.A.R.E.S. on Recurrence of Verified Child Maltreatment Within 12 Months

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*

C.A.R.E.S.	-2.45	5.43*	.09	.01	.68

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

*$p < .05$.

Table B.5

The Effect of C.A.R.E.S. on Achieving Timely Permanency for C.A.R.E.S. Enrollees and the Participants in the Comparison Group

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-.95	1.43	0.39	.08	1.83

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

Table B.6

The Effect of C.A.R.E.S. on Reunification with Original Caregiver for C.A.R.E.S. Enrollees and the Participants in the Comparison Group

Risk Factor	Cox Regression Model Parameters				
	β	Wald $c^2(1)$	OR	95% CI	
				LL	*UL*
C.A.R.E.S.	-3.80	1.59	0.02	.00	8.23

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