

**Profiles of the Title IV-E
Child Welfare Waiver
Demonstration Projects**

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**Children's Bureau
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Prepared By:
**James Bell Associates
Arlington, Virginia**

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NOTE: Information contained in the following profiles of Child Welfare Waiver Demonstration Projects has been abstracted from information submitted by the States to date. All findings reported here should be considered preliminary unless otherwise noted. No additional review of data has been conducted to validate the accuracy of these results. More details on each demonstration project are available in States’ respective progress and evaluation reports.

ARIZONA

DEMONSTRATION TYPE:	Expedited Reunification Services ¹
APPROVAL DATE:	June 30, 2005
IMPLEMENTATION DATE:	April 17, 2006
EXPECTED COMPLETION DATE:	March 31, 2011
INTERIM EVALUATION REPORT EXPECTED:	November 30, 2008
FINAL EVALUATION REPORT EXPECTED:	September 30, 2011

TARGET POPULATION

The target population for Arizona's demonstration includes title IV-E-eligible and non-IV-E-eligible children (1) in out-of-home placement for no more than nine months in a congregate or licensed foster care setting (e.g., shelter facilities, group homes, residential placements, and licensed foster homes); (2) for whom reunification is the case plan goal; (3) whose caregivers agree to participate in the waiver demonstration; and (4) for whom a juvenile court concurs with a plan of expedited reunification.

JURISDICTION

Arizona's demonstration involves two project phases. Phase I was implemented for a 15-month period in randomly selected Child Protective Services (CPS) units in the *Mesa*, *Thunderbird*, and *Tempe* Child Welfare Offices in Maricopa County. Phase II began in January 2008 and expanded the demonstration to three additional offices in Maricopa County: *Avondale*, *Glendale*, and *Talavi*.

INTERVENTION

Arizona's demonstration is testing innovative child welfare services that focus on expediting reunification for children in congregate and licensed foster care settings. Participants in the waiver demonstration have access to a variety of services:

1. Intensive home-based strategies and interventions, which include counseling (individual, family, and marital therapy), family assessments, case planning, and intensive case management in accordance with the child's safety plan and family assessment. Services also include counseling and skill development related to conflict resolution, anger

¹ Based on information submitted by the State as of March 2008.

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management, communication and negotiation, parenting education, stress management, home management, job readiness, and linkages to community-based resources.

2. Child and Family Teams (CFTs), which provide a framework for facilitating the reunification of children in out-of-home placement with their caregivers. CFT participants include the Family Reunification Specialist, extended family, family friends, the child welfare case manager, and other significant persons in the family's life. These teams work together to support the family in the assessment, planning, intervention, and aftercare phases of the intervention.
3. Flexible funds, which are available for use when the CFT and/or Family Reunification Specialist identify basic or immediate family needs that cannot be met through existing resources. The use of flexible funds is specific to the individual needs and circumstances of each family. Examples of the use of flexible funds include provision for basic physical needs (e.g., food, clothing, shelter, or furniture); home repairs; financial support for a parent mentor; and counseling, therapeutic, or similar services that would otherwise be unavailable to the family.

EVALUATION DESIGN

Arizona's evaluation is testing the hypothesis that intensive home-based early reunification services will (1) reduce children's length of stay in congregate and licensed foster care settings; (2) decrease the likelihood of re-entry into out-of-home care; (3) prevent the recurrence of child abuse and neglect; and (4) improve family well-being and functioning. The State's evaluation approach in Phase I involved a modified comparison group design in which CPS units in the three Maricopa County CPS offices – *Mesa*, *Thunderbird*, and *Tempe* – were randomly selected to serve as experimental and control groups. Within each of the three participating CPS offices, the State chose two case management units to comprise the experimental group and one case management unit to serve as the control group.

At the onset of the project's implementation, existing cases from CPS units in the experimental group that met the demonstration's eligibility criteria were offered enhanced demonstration services. A matching group of comparison cases receiving "traditional services" were selected based on case and demographic characteristics that most closely matched those of the existing experimental group cases. New child protection cases were then randomly assigned to CPS units in either the experimental or control group; cases assigned to the experimental group received enhanced services, while cases assigned to the control group received a standard set of traditional child welfare services. The original purpose behind this approach was to minimize contamination of the research design that might occur if CPS workers carried mixed caseloads of experimental and control cases.

During the implementation in Phase I, contamination became a less serious issue because most enhanced waiver services are provided to families by contracted service providers rather than by the CPS workers themselves. Based on this observation and the preliminary evaluation findings from Phase I, the State eliminated the distinction between experimental and control CPS units for Phase II and now uses a standard experimental design in which new cases are randomly assigned

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to an experimental condition (eligible for enhanced waiver services) or to a control condition (ineligible for enhanced services). In addition, the sample for Phase II will not include children already in out-of-home placement (the existing case cohort) but will be limited to new CPS cases.

Sample Size

For Phase I, the State estimated that approximately 250 existing cases would be assigned to the experimental group at the start of the demonstration. However, at the project's onset, out of 357 potential cases, only 64 existing cases were found eligible based on screening criteria developed during the initial planning stage. The primary reason for the difference between estimated and actual cases assigned to the experimental condition was the initiation of a district-wide effort to reduce the number of children in congregate care settings through placements with unlicensed relatives. The success of this initiative significantly reduced the pool of children eligible to participate in Arizona's waiver demonstration.

For Phase II, the State estimates that approximately 20 cases will be randomly assigned each month across the six demonstration sites. Of these 20 cases, ten will be assigned to the experimental group and ten will be assigned to the comparison group. Overall, the State estimates that 800 cases will be served over the remaining years of the waiver.

Process Evaluation

Arizona's evaluation includes interim and final process evaluations that describe how the demonstration was implemented and how enhanced services differed from traditional services received by families in the control group. Questions addressed by the process evaluation include the following:

- What was the logic model for the demonstration and did it change over time?
- What were the processes for planning, organizing, implementing, and monitoring the project?
- What were the characteristics of staff involved with the project and what was their level of involvement?
- How were services delivered to families? What types of services were received and what was the duration of services?
- What was the role of the juvenile courts in the project? What was the nature and intensity of collaboration between the courts, the State, and local child welfare agencies?
- What contextual factors may have affected the implementation and outcomes of the project?
- What were the demographic and other important characteristics of participating families?

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- What barriers were encountered during the implementation of the project and what steps were taken to address these barriers?

As part of the process evaluation, Arizona’s evaluation contractors are conducting site visits to complete formal interviews with social workers and supervisors in participating CPS offices, as well as with staff from contracted service providers involved in the delivery of intensive reunification services. In addition, the evaluation team is reviewing a sample of case files to obtain information regarding the case planning process, services needed and provided, and the involvement of the family and child in permanency decision making. Annual focus groups with caregivers are also conducted.

Outcome Evaluation

Arizona’s outcome evaluation compares the experimental and control groups for significant differences in the following outcome measures:

- The proportion of children reunified with their parents/caregivers;
- Length of stay in congregate care placements or in other out-of-home placement settings;
- The proportion of children with a subsequent alleged or substantiated maltreatment report;
- The proportion of children who re-enter out-of-home care; and
- The proportion of children and parents/caregivers who experience improvement in well-being and functioning as measured by the *North Carolina Family Assessment Scale (NCFAS)*.

In conducting its analysis, Arizona’s evaluation contractor is examining differences in outcomes by various subgroups (e.g., child age and presenting problems).

Cost Analysis

Arizona’s cost analysis compares the costs of key services received by children in the experimental group with the costs of traditional services received by children in the control group. To the extent feasible, the State is conducting a cost-effectiveness analysis to identify costs per successful outcome for the experimental group versus the control group.

EVALUATION FINDINGS

Process Evaluation

As of March 31, 2008, a total of 271 cases had been enrolled in the demonstration, of which 21 parents/caregivers declined to participate. Of the remaining 250 cases, 102 cases were from the existing case cohort (with 58 assigned to the experimental group and 44 to the matched

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comparison group) and 148 were new randomly assigned cases (with 61 assigned to the experimental group and 87 to the control group).

Outcome Evaluation

Safety and permanency outcomes available as of March 2008 are highlighted below:

- Forty cases (16 percent) had one or more new maltreatment reports after entering the demonstration. In the matched case cohort, this number includes 12 of 58 experimental group cases (21 percent) and 9 of 44 comparison cases (20 percent), while in the randomized cohort it includes 8 of 61 experimental group cases (13 percent) and 11 of 87 control cases (13 percent).
- Targeted children from 69 of 250 cases (28 percent) were reunified with their parent/caregiver, of which 53 (77 percent) remained with their parent/caregiver as of March 31, 2008. Reunification rates appear to be slightly higher for experimental group children than for matched comparison or control group children. In the matched case cohort, 21 of 58 experimental cases (36 percent) were reunified compared with 11 of 44 matched comparison cases (25 percent). In the randomized cohort, 10 of 61 experimental cases were reunified (16 percent) compared with 11 of 87 control cases (13 percent). Data on statistical significance are pending.
- Of the 69 target children initially reunified, 16 children (23 percent) were returned to out-of-home placement. In the matched case cohort, these numbers include 7 of 28 reunified experimental cases (25 percent) and 5 of 16 reunified comparison cases (31 percent). In the randomized cohort it includes 2 of 12 reunified experimental group cases (17 percent) and 2 of 13 reunified control cases (15 percent).
- Experimental group children appear to spend slightly less time in out-of-home placement than matched comparison or control group children. In the randomized cohort, experimental group children spent an average of 210 days in placement compared with 221 days for children in the control group. In the matched case cohort, experimental group children spent an average of 266 days in placement compared with 271 days for matched comparison cases. Data on statistical significance are pending.

Additional outcome findings will become available as implementation continues.

WEB LINKS

Annual evaluation reports for the State's expedited reunification demonstration project for 2004–2007 are available at the following Web site: <http://www.cabhp.asu.edu/projects/>.

CALIFORNIA

DEMONSTRATION TYPE:	Intensive Service Options
APPROVAL DATE:	August 19, 1997
IMPLEMENTATION DATE:	December 1, 1998
COMPLETION DATE:	December 31, 2005 ¹
INTERIM EVALUATION REPORT DATE:	May 30, 2001
FINAL EVALUATION REPORT DATE:	September 16, 2004

TARGET POPULATION

California's title IV-E waiver demonstration targeted three groups of title IV-E-eligible children: (1) those at risk of out-of-home placement; (2) those currently in out-of-home placement with the permanency goal of family reunification, adoption, or guardianship; and (3) other children in out-of-home care who without intensive services would otherwise remain in care or move to a higher level of care.

JURISDICTION

This demonstration was implemented in seven California counties: Alameda, Fresno, Humboldt, Los Angeles, Riverside, Sacramento, and San Luis Obispo.

INTERVENTION

California's Child Welfare Demonstration Project was approved on August 19, 1997. Originally, California proposed to implement and evaluate three new approaches to child welfare services: a Kinship Permanence Component, an Extended Voluntary Placement Component, and an Intensive Services Component. The State discontinued the Extended Voluntary Placement component in August 2000 due to slow implementation and low enrollment. In addition, California discontinued the Kinship Permanence component when the statewide program KinGap was implemented and funded through TANF savings.

The Intensive Services component was scheduled to end on September 30, 2003, but it continued to operate under short-term waiver extensions until December 31, 2005. California tested two distinct intensive service models: Wraparound services and Family Group Decision Making

¹ California's original five-year demonstration was completed September 30, 2003. Short-term extensions were granted through December 31, 2005.

CALIFORNIA– INTENSIVE SERVICE OPTIONS

(FGDM). Five counties (Alameda, Humboldt, Los Angeles, Sacramento, and San Luis Obispo) implemented Wraparound programs, while two counties (Fresno and Riverside) implemented FGDM. Since many human services in California (including child welfare) are county administered, each county developed a highly individualized approach to its intensive services intervention.

EVALUATION DESIGN

The State's evaluation consisted of outcome and process components, as well as a cost analysis. Using an experimental design with random assignment, the overarching hypothesis of California's evaluation was that intensive service options would be just as cost-effective, and lead to better child welfare outcomes, as traditional child welfare services. For the process component of the evaluation, the State examined the changes required to implement the interventions and the context in which county programs operated. In addition, the process evaluation included a model fidelity assessment that explored the degree to which program implementation remained consistent within the philosophies and implementation objectives of each intervention.

The State's outcome evaluation measured several child welfare outcomes of interest, including (1) the number of children placed in group homes; (2) the number of placement changes per child; (3) length of time in out-of-home care; (4) child safety (as indicated by child abuse and neglect reports, removal from the home, child mortality, and adjudicated delinquency); (5) the number of children in out-of-home placement moved to less restrictive placement settings; and (6) child permanency, specifically, reunification with birth parents. The State also measured child well-being and satisfaction with services.

Study Sample

California originally planned to assign a total of 2,665 children to the ISC at a 5:3 ratio, with 1,666 children in the experimental group and 999 in the control group. The State subsequently reduced the initial sample size because some counties either did not implement the program model or terminated their demonstrations early. As of September 2004, a total of 664 children were enrolled in the demonstration (including both the FGDM and Wraparound Service components), with 421 children in the experimental group and 243 in the control group.

Study Limitations

California's evaluators noted several limitations specific to the FGDM impact study, including small sample sizes, the distal nature of the outcomes of interest, and contamination of the research design due to control group families receiving services similar to FGDM.

CALIFORNIA– INTENSIVE SERVICE OPTIONS

EVALUATION FINDINGS

Process Evaluation

1. Family Group Decision Making: Fresno County opted to implement FGDM in its Voluntary Family Maintenance Unit as a means of preventing placements for at-risk families, whereas Riverside County used its waiver FDGM program to facilitate placement stability and permanence for a population of children already in placement.
 - Staff involved in the intervention were continually enthusiastic about FGDM throughout the study period, as were the families themselves. Fresno staff perceived agency managers as being “on board,” despite constant concerns about the fiscal implications of FGDM. Riverside staff were less confident of agency support, especially in the latter part of the study.
 - Adequate staffing was a concern for both counties throughout the study. Fluctuations in staffing were directly related to enrollment activity; for example, the loss of a FGDM coordinator in one county temporarily brought its program to a complete halt.
 - Some contextual challenges remained intractable throughout the demonstration. Families brought with them overwhelming socio-economic issues, such as intergenerational substance abuse, poverty, and under-employment. Gaps in community resources persisted throughout the project, including an inadequate number of foster homes, the lack of rural services, and high unemployment rates.
 - Results from the model fidelity study indicated that both Fresno and Riverside Counties implemented their intended model of FGDM. Both counties were highly effective at implementing the appropriate phases of the FGDM model, including (1) referral to a trained coordinator, (2) preparation and planning, (3) the FGDM meeting, and (4) follow-up.
2. Wraparound Service Model: Alameda County, Humboldt County, Los Angeles County, Sacramento County, and San Luis Obispo County participated in the Wraparound component of the waiver project evaluation.
 - A major issue facing all counties was the identification of a principal caregiver at the time of enrollment into the project. The Wraparound Service model was predicated on the presence of at least one caregiver, in combination with the child. However, children in the child welfare system, particularly children in the highest levels of group care, often lacked an identified caregiver. The issue of identifying a primary caregiver remained unresolved during the demonstration and called into question the appropriateness of a Wraparound Service model for a child welfare population.
 - The enrollment/intake process was crucial to the successful implementation of the Wraparound program. The county with the most successful intake process developed a specialized intake coordinator position to meet with the child and family after

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program referral to explain the evaluation and obtain their informed consent to participate in research. In contrast, implementation problems were much more common in counties in which the enrollment process was the responsibility of a case-carrying social worker (i.e., child welfare worker or probation worker).

- Adequate staffing was one of the most difficult problems faced by counties implementing Wraparound services. The intensive nature of Wraparound work provided a number of disincentives, making staff recruitment difficult. Problems with staff recruitment and retention delayed or interrupted project implementation in some cases.
- Counties reported challenges with implementing a Wraparound Service model within existing county fiscal structures. Funding streams for child welfare and mental health services are often categorical in nature, and counties' existing accounting infrastructures were not set up to accommodate the fiscal flexibility inherent in a Wraparound Service model.
- Model fidelity was tested in Alameda County using an interview battery called the Wraparound Fidelity Index, or WFI. The WFI Overall Score indicated a statistically significant difference between the average percentage score of the Wraparound group (78 percent) and the control group (67 percent) receiving traditional child welfare services. These findings provide initial evidence that the experimental and control groups were receiving different interventions, and that the Alameda Wraparound project adhered closely to its original service model.

Outcome Evaluation

1. Family Group Decision Making:

- *Maltreatment Rates:* No statistically significant differences in maltreatment rates emerged between the experimental and control groups in either Fresno or Riverside County.
- *Permanency:* No statistically significant differences emerged between the experimental and control groups in the likelihood of permanency (e.g., reunification) or in the average duration of out-of-home placement.
- *Child and Family Well-Being:* Due to small sample sizes and low response rates, California's evaluators aggregated the samples from Fresno and Riverside Counties and used longitudinal analysis to measure changes in child and family well-being over time. Data from surveys administered to children and caregivers within 30 days of enrollment into the demonstration were compared with survey data collected 12 months later. Low response rates precluded tests of statistical significance. Some positive changes were observed in caregivers' reports of children's health status, with more children reported in "good" or "excellent" health 12 months following entry into the demonstration than at initial enrollment. Improvements were also noted in

CALIFORNIA– INTENSIVE SERVICE OPTIONS

children’s emotional well-being as measured by reports of how often children felt “pleased with themselves” or had a “feeling of being successful.” Family functioning and parenting, as measured by the Family Unpredictability Scale and other parenting questions designed specifically for the study, showed no improvements over time in any areas.

2. Wraparound Service Model: The State’s outcome evaluation did not find statistically significant evidence of increased child safety, placement stability, or permanence for children receiving Wraparound services. However, there were some statistically significant child welfare outcome findings in specific counties:
 - Compared with the control group, a larger proportion of children in Alameda County receiving Wraparound services were living in family-based environments at the end of the study.
 - Compared with the control group, a smaller proportion of children in Sacramento County receiving Wraparound services exited from the child welfare system due to incarceration.

In Alameda County, where assessments of child well-being were conducted, youth respondents reported improved health status and both youth and caregivers reported improved youth emotional/behavioral adjustment. Caregiver respondents reported improved satisfaction with services.

CALIFORNIA

DEMONSTRATION TYPE:	Flexible Funding ¹
APPROVAL DATE:	March 31, 2006
IMPLEMENTATION DATE:	July 1, 2007
EXPECTED COMPLETION DATE:	June 30, 2012
INTERIM EVALUATION REPORT EXPECTED:	February 28, 2010
FINAL EVALUATION REPORT EXPECTED:	December 31, 2012

TARGET POPULATION

California's flexible funding demonstration will target title IV-E-eligible and non-IV-E-eligible children ages 0-19 currently in out-of-home placement or who are at risk of entering or re-entering foster care.

JURISDICTION

Alameda and Los Angeles Counties are implementing the demonstration. The two participating counties have nearly 25,000 children and youth in foster care and this represents approximately 37 percent of the caseload in California.

INTERVENTION

Under its flexible funding demonstration, California receives a capped allocation of title IV-E funds that it distributes in annual allotments among the two participating counties, Alameda and Los Angeles. These counties utilize their annual allotments of title IV-E funds to expand and strengthen child welfare practice, programs, and system improvements.

Alameda County

Alameda County's Social Services Agency and Probation Department are redirecting financial resources from the existing congregate group home model to family-based resource homes and community-based services that directly engage children and families with health, mental health, education, and social and self-sufficiency supports to achieve higher levels of safety, permanency, and well-being. To date, Alameda County Social Services Agency has implemented the following strategies as part of the waiver: (1) expanded and funded the Another

¹ Based on information submitted by the State as of February 2008.

CALIFORNIA– FLEXIBLE FUNDING

Road to Safety Prevention Program, which provides supportive services to stabilize and strengthen families and prevent children from entering into the foster care system; (2) hired new staff to expand kin location services following removal of a child from the home; (3) worked to engage the courts as soon as possible in order to reduce time in out-of-home placement; (4) signed agreements with Legal Assistance Services to assist with legal fees to support voluntary diversion of children to relative guardianships; and (5) created a waiver coordinator position to take lead responsibility for waiver planning and system re-design efforts.

Los Angeles County

Los Angeles County aims to enhance community partnerships, improve service delivery, and create new accountability structures. The county has identified universal and specific needs and requirements for the dependent and delinquent foster care populations to be served under the demonstration. Specifically, the Los Angeles Department of Children and Family Services is implementing the following strategies as part of the waiver: (1) expansion of Family Team Decision-Making Conferences; (2) creation of pilot specialized permanency units focused on family finding and engagement; and (3) up-front assessments of high risk cases for domestic violence, substance abuse, and mental health issues. In addition, the Los Angeles County Probation Department is implementing the following strategies as part of the waiver: (1) enhancement of cross-system case assessment and case planning; (2) expansion of Multi-Systemic Therapy and Functional Family Therapy; (3) restructuring of placement services, and (4) utilization of aftercare support services. Finally, Los Angeles County is using waiver funds to expand the availability of intensive treatment foster care services as well as “multi-dimensional treatment” foster care.

EVALUATION DESIGN

California is implementing an interrupted time series design for the evaluation of its demonstration that will be used to analyze historical changes in child welfare outcomes. Using this method, the State will observe patterns in key child welfare outcomes and will then track changes in these outcomes during the course of implementation. To measure longitudinal changes in outcomes, the State established a baseline for each outcome measure prior to the start of the demonstration and will report progress on each outcome at selected time intervals.

Process Evaluation

The evaluation will include interim and final process analyses that describe how demonstration services were implemented and identify how these differed from services available prior to the demonstration. In particular, the process evaluation will compare the availability and intensity of family preservation, reunification, and permanency support services prior to and after implementation of the demonstration. The process evaluation will also examine the overall implementation of the demonstration, including the identification of implementation barriers and facilitators.

CALIFORNIA– FLEXIBLE FUNDING

Outcome Evaluation

The State’s outcome evaluation will measure longitudinal changes across participating counties in key safety, permanency, and well-being outcomes. As identified in the State’s Terms and Conditions, major outcome measures of interest include the following:

- Number and proportion of children with a subsequent substantiated report of abuse or neglect within a specified time period;
- Number and proportion of children in foster care with a substantiated report of abuse or neglect while in foster care;
- Number and proportion of children who receive a face-to-face contact with a child welfare professional within a specified period following a report of abuse or neglect;
- Average number of social worker visits, as appropriate, per child in placement or per child with an active child welfare case;
- Rate of recurrence of abuse or neglect in homes where children did not enter out-of-home placement;
- Number and proportion of children who are reunified within 12 months of removal from the home;
- Number and proportion of children who are adopted within 24 months of removal from the home;
- Number and proportion of children who re-enter out-of-home placement;
- For children in out-of-home placement, the average number of changes in placement setting within 12 months of removal from the home;
- Number and proportion of children placed in foster care with all or some of their siblings;
- Number and proportion of children in out-of-home placement who change placement settings and the direction of change in the restrictiveness of the placement setting (i.e., to a less restrictive or more restrictive setting);
- Number and proportion of Indian Child Welfare Act (ICWA) eligible children placed in culturally appropriate foster care settings as defined by ICWA; and
- Number and proportion of children transitioning to self-sufficient adulthood as measured by (1) attainment of a high school diploma, (2) enrollment in college or other post-secondary education program (e.g., vocational training), and (3) employment status or availability of other means of financial support.

CALIFORNIA– FLEXIBLE FUNDING

Cost Study

California’s cost study will examine the costs of key elements of child welfare services received under the demonstration and will compare these costs with those of child welfare services prior to the start of the demonstration. Specific issues that will be addressed by the State’s cost study include the following:

- Overall changes in foster care maintenance expenditures and associated administrative costs;
- Shifts in child welfare expenditures away from foster care maintenance to alternative services, supports, and programs provided through the waiver demonstration; and
- Changes, if any, in the variety of alternative services, supports, and programs for which title IV-E funds are utilized.

EVALUATION FINDINGS

The State implemented its demonstration on July 1, 2007. Initial evaluation findings will become available as implementation continues.

WEB LINKS

Information and reports for the State’s flexible funding waiver demonstration are available at the following Web site: <http://www.childsworld.ca.gov/PG1333.htm>.

COLORADO

DEMONSTRATION TYPE:	Managed Care Payment System ¹
APPROVAL DATE:	September 14, 1999
IMPLEMENTATION DATE:	October 26, 2001
COMPLETION DATE:	June 30, 2003 ²
FINAL EVALUATION REPORT DATE:	August 25, 2003

TARGET POPULATION

For this managed care project, eligible children were those ages 10 and older who were assessed as being at high risk of, or were already experiencing, “placement drift” and/or were at significant risk of aging out of the system without a permanent relationship with a family. Children in high-cost residential care were also included.

JURISDICTION

The demonstration operated in Arapahoe County.³

INTERVENTION

County child welfare agencies negotiated a payment rate with a private provider to deliver necessary services. The agreement included the identification of risk-sharing formulas, penalties, and performance-based incentives. The provider was responsible for delivering intensive residential care, managing cases to move children to less restrictive levels of care, ensuring that an array of prevention and intervention services were available, and arranging for all necessary services for referred children and families.

Consistent with the original agreement, Arapahoe County negotiated a risk-based, performance-based contract with a consortium of service providers. Each month, the County paid the consortium established rates for case coordination and residential treatment for each client referred. Non-residential services were paid on a fee-for-service basis.

¹ Based on information submitted by the State as of August 2003.

² Colorado’s demonstration project was originally a five-year project; the State terminated the project early due to State budget constraints and a lack of interest among counties.

³ Although the waiver specified that the State could implement the project in multiple counties, only one county participated.

COLORADO– MANAGED CARE PAYMENT SYSTEM

At the end of the contract period, the State calculated average costs for children in the experimental and control groups (excluding the most costly five percent of children in each group). If experimental group costs were lower than control group costs, the provider received full reimbursement for their costs, plus a share of the savings, up to a specified limit. If experimental group costs were higher than control group costs, the provider was responsible for a portion of the higher costs, up to a specified limit.

The demonstration focused on children from Arapahoe County who were determined to be in need of intensive residential services. These children were referred to Arapahoe County's Pathways Team, a multi-agency team that approves all residential treatment center (RTC) level care.

EVALUATION DESIGN

The evaluation design consisted of process, outcome, and cost-effectiveness components. The County, in conjunction with the project evaluator, assigned eligible children randomly to experimental (managed care) and control (traditional fee-for-service) groups in October 2001.

In the experimental group, children approved for residential treatment care were served by a formal network of RTCs known as Colorado Care Management (CCM), delivering RTC-level and post-discharge care under the per-case, risk-sharing agreement. For the control group, children approved for RTC were placed at an RTC outside the CCM network.

The State planned to use the following outcome measures: rates of subsequent incidents of substantiated abuse and/or neglect, rates of family reunification, length of time in out-of-home placements, number of adoption disruptions, and measures of child and family functioning.

PRELIMINARY FINDINGS

Although the demonstration was expected to continue until 2006, it officially ended on June 30, 2003. Colorado attributed this to State budget problems and the fact that no additional counties participated. The following findings are based on the State's Final Report, which analyzed information through March 31, 2003.

Process Evaluation

Colorado reported that the following challenges caused delays in implementation:

- *Staff turnover:* Personnel changes occurred in the State IV-E waiver liaison position, as well as in key county administrative staff positions.
- *Development of a fixed rate:* The State faced challenges in determining payment rates based on the average case in out-of-home care, including difficulty gathering data and defining costs and funding sources.
- *Existing payment and claiming systems:* The State operates with a fee-for-service reimbursement system. The State also needed to develop a method of allocating IV-E costs to experimental and control groups.

COLORADO– MANAGED CARE PAYMENT SYSTEM

Due to the challenges in developing a fixed payment rate based on incomplete historical data, Arapahoe County developed an agreement with a provider network to define the case rate based on information gathered over time. The State and County identified financial variables and developed a tracking process for those variables. Financial tracking related to community-based services, however, continued to be difficult because it required periodic manual entry.

There were 142 children participating in the demonstration as of March 31, 2003. Of these, 65 were in the experimental group and 58 were in the control group. Additionally, 19 children were included in the experimental group through a clinical override process. The State reports the following process findings:

- At the time of placement, 74 percent of children in both groups had goals of reunification. For 60 percent of children, their prior living arrangement was in secure detention, while 13 percent were in foster family or group homes. Eleven percent were in an inpatient psychiatric hospital or unit, while 9 percent were in the home of a parent or guardian. Remaining cases were referred from residential treatment or shelter care.
- During the study, 39 percent of children experienced more than one RTC placement. There were no differences between the experimental and control groups on this variable.
- The time necessary for those children who required sexual offender treatment to secure placement was slightly longer, although this difference was not statistically significant.

There was a notable difference between experimental and control groups in the number of children who were placed within one month. For the experimental group, only 44 percent of children were placed within one month, versus 71 percent for the control group. This was attributed to the fact that control group participants were generally added to waiting lists more quickly than children in the experimental group, given the structured admission process for CCM services.

Outcome Evaluation

Due to the early termination of the demonstration, sample sizes were insufficient to measure outcomes post-discharge. As of March 31, 2003, only 34 of the total participants in both experimental and control groups had completed treatment. The State concluded that this short time frame and small number of children who completed treatment were insufficient for reaching any statistically significant conclusions. However, the State noted that it was beginning to see a trend toward shorter lengths of stay and improved outcomes for the experimental group, which had received services through Colorado's managed-care providers.

Arapahoe County and CCM were pleased with the progress of the demonstration activities. They plan to continue the demonstration and evaluation without State involvement.

CONNECTICUT

DEMONSTRATION TYPE:	Managed Care Payment System ¹
APPROVAL DATE:	September 29, 1998
IMPLEMENTATION DATE:	July 9, 1999
COMPLETION DATE:	October 2002 ²
INTERIM EVALUATION REPORT DATE:	June 2002
FINAL EVALUATION REPORT DATE:	July 2003

TARGET POPULATION

Children eligible for this demonstration were those between 7 and 15 years of age with significant behavior problems and whose placement in residential care or in a group home had been authorized. Of these children, only those with “moderate” mental health acuity levels were eligible for the demonstration.

JURISDICTION

The demonstration operated in two of the State’s five regions. One Lead Service Agency (LSA) served children in the North Central Region of the State, while a second LSA served children in the South Central Region.

INTERVENTION

Connecticut used a managed care model to address the high level of need and costs related to providing services to children with behavioral, mental health, and educational problems. Connecticut contracted with two LSAs to provide a continuum of services in treatment facilities and community-based settings.

For children in the experimental group, the State expected each LSA to place each child in the least restrictive setting possible and to coordinate the provision of comprehensive care using a network of service providers. Services included case management, group care, home-based services, outpatient services, residential treatment, and aftercare. The State and the LSAs agreed that the LSAs would serve a maximum of 30 children at any given time. Children in the control group received standard services through the Department of Children and Families (DCF).

¹ Based on information submitted by the State as of July 2003.

² Connecticut’s demonstration project was originally a five-year project; the State terminated the project early, due to a lower than expected number of referrals and statewide mental health care system reform.

CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

Connecticut paid the LSAs a fixed rate for each referred child, which was equal to the average cost of 12 months of residential placement. Funds cover the full range of services necessary for each referred child and family. The State expected the LSAs to serve children and families for 15 months (including 3 months of aftercare).

For reimbursement, the State and the LSAs negotiated a shared-risk corridor. The LSAs retained savings of up to 10 percent below the fixed rate. However, the LSAs were responsible for costs of up to 110 percent of the fixed rate. The LSAs were responsible for any residential service required during the first 6 months following achievement of the permanency goal, up to the 15-month service requirement. The State paid 25 percent of the rate to the LSAs upon case acceptance, an additional 25 percent of the rate following 60 days of service, and 25 percent of the rate following 180 days of service. The LSAs received the remaining 25 percent upon treatment completion or at the end of 15 months.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. Connecticut used random assignment in its evaluation design. With the implementation of two experimental sites over a five-year demonstration, the State initially expected to enroll approximately 240 children and families in the demonstration (including both experimental and control groups). The State used the following outcome measures: average length of stay in out-of-home care, substantiated allegations of child abuse/neglect, use of less restrictive placements, children's behavioral health, and child and family satisfaction with the Department's services.

EVALUATION FINDINGS

The process and outcome findings presented here include excerpts from Connecticut's Final Report, dated July 2003.

Process Evaluation

After three years of implementation, in February 2002, the State decided to discontinue the demonstration due to statewide reform of Connecticut's behavioral health system, which affected the need for the title IV-E waiver. By the beginning of the third year of implementation, referrals were inadequate to sustain the LSA contractors. The State, therefore, modified its contracts with the LSAs such that all cases needing ongoing services were transitioned back to DCF by June or October 2002 (depending on the site).

A total of 157 children participated in the waiver demonstration evaluation³, with 79 children in the experimental group and 78 children in the control group. The North Central Region LSA received a negotiated rate of \$50,911 per case, while the South Central Region LSA received \$48,000 per case.

1. Children referred: The demonstration was designed to focus on children who displayed moderate levels of mental health needs. A total of 432 children were evaluated for inclusion

³ Two additional children participated in the program but did not consent to the evaluation.

CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

in the demonstration. Of these, 263 (61 percent) were ineligible for the demonstration. In two-thirds of these cases, the child's mental health needs were too severe for them to be included in the demonstration.

2. Service delivery systems: The State reported several differences in the approaches and procedures used by the two LSAs to achieve their goals. These include differences in staffing arrangements, caseload sizes, and service delivery network systems, as described below.
 - In the North Central Region, the LSA was a multi-service agency that included residential treatment services. In the South Central Region, the LSA was a general community hospital.
 - In the North Central Region, the LSA shared financial risk with a coalition of five-regionally based agencies. This LSA also established fee-for-service contracts with providers outside the coalition, when necessary. In the South Central Region, the LSA used child-specific, fee-for-service contracts with six service providers and individual therapists.
 - The LSA in the North Central Region used a care coordinator who managed an average of 15 cases. In the South Central Region, a team of two staff members served an average of 11 cases each. In addition to providing case management services, the team provided counseling and other services when the LSA could not purchase necessary services. (In contrast, DCF workers averaged a 24-family caseload.)

The State found that these service delivery arrangements differed from the comprehensive service delivery systems that were anticipated. Network partners participated in the care of children; however, only the LSAs provided assessment, case management, quality assurance, and discharge planning services. In addition, the LSAs purchased most of the children's services through child-specific agreements without the creation of new community-level service initiatives. The State offered several explanations for the limited development of community-based, continuum-of-care service systems. The State reported that it was difficult to create and manage a comprehensive service system using a single rate payment system. Reasons given included the diversity of children's and families' needs, the small number of families, and the geographic distribution of these families.

3. Services to children: Connecticut analyzed service data for 109 children (52 children in the experimental group and 57 children in the control group) through February 2002 (the first 12 months of the program). The State reported significant differences in the services the LSAs provided to children, as compared to traditional services, during the first year of implementation.

While both DCF and the LSAs provided an array of services to children, the State found statistically significant differences in the percentage of experimental group children receiving the following services as compared to control group children: (1) crisis stabilization, (2) day treatment, (3) family therapy, (4) family preservation, (5) family support services,

CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

(6) behavioral aide services, (7) respite care, and (8) transportation services. The State also reported differences in the number of service units provided to families each month. The LSAs provided experimental group children with more frequent case management, family support, and transportation services than DCF provided to control group children. The LSAs provided children with less frequent medication/treatment monitoring, residential treatment, and inpatient hospitalization than DCF provided to children.

The analysis also considered differences between the first and second years of treatment. When compared to the first 12 months of treatment, the State reported that, during the second year, children participated in fewer services, both in DCF and in the LSAs. The LSAs provided more intensive services than DCF in the areas of case management, family support, and transportation. DCF, on average, provided more units of service for residential treatment, inpatient hospital stays, and medication monitoring. Those receiving services in the LSA programs (45.2 percent) were less likely to report placement in a residential treatment center as compared to children receiving services through DCF (65.2 percent). During the second year, the difference in the placement within residential treatment facilities was approaching significance.

4. Role tension: According to the State, both LSAs noted that the most difficult children to serve were those children legally committed to DCF. The need to have two agencies involved in separate but related sets of issues created a certain level of role tension. While the contracts with the LSAs delineated the roles and responsibilities of the LSAs and DCF, the State found that there was a need to better define the roles of frontline case managers. Staff interviews and case records indicated that authority to set case focus and treatment direction was not always consistent, and the dual approaches were sometimes a source of confusion.
5. Discharge criteria: The State reported a lack of clarity regarding how the LSAs applied the clinical discharge criteria as defined by the State. Most often, discharge appeared to be connected with the end of the 15-month service period. Seventy-three percent of children assigned to the LSAs were discharged within the 15-month period. The remaining 27 percent were discharged within the next six months. A factor complicating discharge criteria was that the majority of children discharged from the demonstration were not in fact discharged from DCF once they left the LSAs. It is therefore recommended that future system-of-care efforts seek to better define the term “discharge” and to specify when it is appropriate to discharge children from mental health care when their substitute care needs have not been met.

Outcome Evaluation

By February 2002, the State had conducted structured interviews with 118 children and caregivers (54 children and caregivers in the experimental group and 64 children and caregivers in the control group) regarding their experiences in the first 12 months since program entry. The State reported the following outcome findings on data from 109 of the interviews:

CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

1. Custody changes: At the 12-month interval, the State found small, statistically insignificant differences between the experimental and control groups with respect to the percentage of children who experienced changes in custody. While children in both groups spent most of their first 12 months in out-of-home placement, children served through the LSAs were found to have more family placements than residential treatment placements, both during and at the end of the first 12 months. However, for the time period between 12 and 24 months, similar rates of family placement (e.g., with parents, relatives, or in adoptive homes) were found across both groups.
2. Placement type and placement days: The State reported that, on average, both groups of children spent the predominant amount of their time in residential treatment centers. However, less time was spent in residential treatment centers during the 12- to 24-month period than during the initial 12 months for both the control and experimental groups.

During the first year, the differences in the percentage of days between those at DCF and at the LSAs were significant. For the children served in the control group, 64 percent of all days were spent in residential treatment centers, compared to 45 percent of all days for children served at the LSAs. The LSAs were more successful at returning children home faster. At 12 months, 36 percent of children in the experimental group and 11 percent of children in the control group were in in-home placements. At the time of the 24-month interview, the gap began to close. Forty-four percent of the children who received services in the LSAs were then in in-home placement, while 37 percent of the children who received services through DCF were in in-home placement.

3. Mental health status: The State reported that both experimental and control group children improved significantly from program entry to 12 months using three measures of clinical mental health symptoms: reduction in clinical mental health symptoms, decreases in level of functional impairment, and increases in strengths. Results of the mental health indicators at the 24-month interval revealed that children continued to improve. Rates of improvement in clinical symptoms were above 50 percent for both experimental and control group children. Strength levels continued to improve after 24 months for 40 percent of all children. Levels of improvement between control and experimental groups were not significantly different.
4. The relationship between placement status and mental health: According to the State, the data suggest that there is a strong association between placements and mental health outcomes, and that many children experienced improvements in their mental health status, resulting in less restrictive placements. Specifically, children maintained in in-home settings showed the most improvement in behavior and functioning. While improvements in clinical symptoms and in-home placement were highly related, the type of service program (i.e., DCF versus LSA) did not appear to have a significant effect on this relationship.

Cost Analysis

Overall, the State reported that services delivered by LSAs which were paid at the case rate were cost neutral. The average 15-month expenditure per child was \$49,310 for the LSAs, compared to the estimated State residential costs of \$62,000 for the same time period.

DELAWARE

DEMONSTRATION TYPE:	Assisted Guardianship/Kinship Permanence ¹
APPROVAL DATE:	June 17, 1996
IMPLEMENTATION DATE:	July 1, 1996
COMPLETION DATE:	December 31, 2002
INTERIM EVALUATION REPORT DATE:	June 30, 1999
FINAL EVALUATION REPORT DATE:	March 27, 2002

TARGET POPULATION

Delaware offered assisted guardianship to title IV-E-eligible children for whom reunification and adoption were not options. Eligible children were those who had been living in an approved foster care placement for at least one year and had a strong attachment to their potential guardian. The State's goal was to enroll up to 10 children per year in the assisted guardianship demonstration.

JURISDICTION

The program was implemented in all three of the State's counties.

INTERVENTION

Assisted guardianship was offered as a new permanency option for children in stable foster care placements. Child protective workers prepared a petition for guardianship for approval by the Family Court. After a guardianship was granted, child protective workers had a final meeting with the foster family and child. Under the waiver agreement, the family and child could continue to receive, on request, case management services, including child health care and mental health care services through Medicaid, as well as post-adoption services. Delaware provided a guardianship payment equal to the State's foster care payment.

EVALUATION DESIGN

¹ Based on information submitted by the State as of March 2002. This is one of two waiver demonstration project components. Delaware has also implemented a Substance Abuse Services Component.

The evaluation consisted of process, outcome, and cost-effectiveness components. Due to the small sample size, the State used a pre/post-test design to test the effectiveness of the assisted guardianship component. The State planned to measure time to permanency, child and caretaker

DELAWARE– ASSISTED GUARDIANSHIP/KINSHIP PERMANENCE

satisfaction, the degree to which guardianships limited intrusion into participants' lives and created more family-like environments, and child and family well-being.

EVALUATION FINDINGS

Process Evaluation

Delaware's Final Evaluation Report noted that the average time for a guardianship to be awarded by the court was nine months, but ranged from less than three months to more than a year. Most of this time was spent waiting for a court date. The first three children were approved for assisted guardianships during the first six months of the demonstration, June 1996 – December 1996; however, the court finalized the first guardianship under the waiver demonstration in January 1998.

As of September 30, 2001, the total number of title IV-E-eligible families enrolled in the demonstration was 36, and 18 families were pending approval. All of the children in the assisted guardianship program had special needs, particularly with respect to age and ethnicity. Most children (81 percent) were more than 12 years of age at the time of approval. Fourteen children (39 percent) with approved guardianships were in sibling groups. Eighty-one percent of the children with approved guardianships were African American.

Although the State had set a target of approving 10 cases per year, only one case was approved in the first year and eight in the next. (The State attributes these low numbers to the fact that caseworkers were not discussing assisted guardianship with potentially eligible families.) In response, Delaware's Division of Family Services instituted new policies and procedures, establishing a Permanency Committee to review each case that entered and remained in care for more than nine months. The State reported that this committee was familiar with guardianship and recommended guardianship as a goal when deemed appropriate for the child. In addition, the program manager met with caseworkers and foster parents to explain the program and answer questions. A half-day training session on assisted guardianship was offered to foster parents in the southern part of the State in March 1999, and statewide training for agency staff was held in June and July 2001.

Outcome Evaluation

A report dated October 2001 indicated that evaluation of this component of the demonstration was challenging. While interview and survey responses indicated positive attitudes toward assisted guardianship, very few caseworkers and caretakers participated in interviews or returned surveys.

The State's March 2002 Final Evaluation Report indicated that the individuals who completed surveys generally expressed satisfaction with assisted guardianship. However, the evaluation findings were limited by the fact that only 3 guardians completed the interview upon being awarded guardianship, and responses were received from only 4 of the 27 guardians who were mailed surveys.

DELAWARE

DEMONSTRATION TYPE:	Services for Caregivers with Substance Use Disorders ¹
APPROVAL DATE:	June 17, 1996
IMPLEMENTATION DATE:	July 1, 1996
COMPLETION DATE:	December 31, 2002
INTERIM EVALUATION REPORT DATE:	June 30, 1999
FINAL EVALUATION REPORT DATE:	March 27, 2002

TARGET POPULATION

Children who were in foster care or likely to enter foster care due to parental substance abuse were eligible for services under this demonstration.

JURISDICTION

The program was implemented in all three of the State's counties.

INTERVENTION

Multi-disciplinary treatment teams were composed of a substance abuse counselor co-located with child protective services (CPS) workers in one CPS unit in each county. Substance abuse counselors accompanied CPS workers on initial home visits, and together they assessed the substance abuse problem and its affect on parenting. Counselors made referrals for treatment and stayed connected with the family throughout treatment.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. The State assigned one substance abuse counselor in each county to work with one CPS unit in each office. Another unit in each county was selected for comparison purposes. Cases from comparison units were then matched to cases assigned to substance abuse counselors, based on the foster care placement status of children in care at the time of sample selection. The matched cases formed

¹ Based on information submitted by the State as of October 2002. This is one of two waiver demonstration project components. Delaware has also implemented an Assisted Guardianship/Kinship Permanence component.

DELAWARE– SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

the comparison group. The demonstration was expected to serve 180 families per year, for a total of 960 families by February 2002.

Through the demonstration, Delaware expected to prevent or delay entry into foster care, as well as to reduce the average number of days children spent in care. According to their evaluation design, the State anticipated a reduction in the length of time in care for 50 percent of the cases with children who were placed as a result of parental substance abuse.² In addition to tracking entry and number of days in foster care, the State measured: (1) the length of time between identification of a substance abuse problem, completion of an assessment, and subsequent treatment plan; (2) changes in parents' abilities to care for their child; (3) access to substance abuse treatment services and community resources that help the family promote safety; and (4) child and family well-being.

EVALUATION FINDINGS

Process Evaluation

By February 2002, Delaware had served 530 families, about 55 percent of the total expected. Delaware's Final Evaluation Report cited early problems making referrals for substance abuse treatment as one of the reasons for this shortcoming, but noted that the referral process improved when a supervisory review to identify cases with substance abuse was instituted. The length of time families were served was also a contributing factor. The State reported that substance abuse counselors worked an average of nine months with each family, compared to three months as originally planned. This resulted in higher than expected caseloads for substance abuse counselors and an inability to accept new referrals. (Substance abuse counselors' caseloads averaged 81 families statewide, more than twice as many as expected.)

All 530 potential clients identified were offered a referral for substance abuse services. While only 3 clients refused services, only 32 percent of clients actually entered treatment.

One of the State's most significant problems when implementing its demonstration was the lack of appropriate external treatment programs and resources. Rather than referring caregivers to treatment programs, substance abuse counselors spent more time than expected with each caregiver. Appropriate services were particularly limited for women who required residential or intensive outpatient care. Residential treatment programs that could accept women with children or pregnant women were particularly scarce. Restricted access to treatment, caused by a lack of insurance or by restrictions placed on treatment by managed care, was also a barrier. Other barriers included a lack of training for child welfare agency caseworkers in identifying and responding to substance abuse problems, and philosophical differences between caseworkers and substance abuse counselors. For example, substance abuse counselors generally considered anything less than complete abstinence by enrolled caregivers to represent program failure, whereas child welfare workers were more concerned with the safety of the child and were more willing to tolerate some substance use.

² Analysis in Delaware's Final Evaluation Report focused on whether or not there was a 50 percent reduction in the days in foster care.

DELAWARE– SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

Outcome Evaluation

As stated in the March 2002 Final Evaluation Report, the waiver showed some positive results. The average length of time in foster care was reduced by one-third, although this fell short of the goal of reducing the time in care by 50 percent. On average, children in the experimental group spent 204 days in foster care, compared to 294 days for children in the comparison group.

In addition, the proportion of cases with children entering foster care was lower in the experimental group (33 percent) than in the control group (40 percent). However, no statistically significant differences were found regarding length of time to achieve permanency or the percentage of closures due to case plan completion.

FLORIDA

DEMONSTRATION TYPE:	Flexible Funding ¹
APPROVAL DATE:	March 31, 2006
IMPLEMENTATION DATE:	October 1, 2006
EXPECTED COMPLETION DATE:	September 30, 2011
INTERIM EVALUATION REPORT EXPECTED:	May 31, 2009
FINAL EVALUATION REPORT EXPECTED:	March 31, 2012

TARGET POPULATION

Florida's flexible funding demonstration targets (1) title IV-E-eligible and non-IV-E-eligible children ages 0–18 who are currently receiving in-home child welfare services or who are in out-of-home placement at the start of project implementation, and (2) all families entering the State's child welfare system with a report of alleged child maltreatment.

JURISDICTION

Florida is implementing its flexible funding waiver demonstration statewide.

INTERVENTION

Florida's flexible funding demonstration includes the following components:

1. Capped Allocation of Title IV-E Funds and Contracts with Community-Based Lead Agencies: Florida is receiving a capped allocation of title IV-E funds to support community-based services and activities that promote child safety, prevent out-of-home placement, and expedite permanency. The State distributes these funds either through payment for activities performed directly by the State or through contracts with local governmental entities or private and non-profit Community-Based Care (CBC) Lead Agencies. The CBC Lead Agencies are responsible for providing and coordinating services, programs, and supports funded using waiver dollars in their respective service areas in the State.
2. Improved Array of Community-Based Services: The State and its partnering Lead Agencies are using title IV-E funds to expand the array of community-based services and

¹ Based on information submitted by the State as of April 2008.

FLORIDA – FLEXIBLE FUNDING

programs available to eligible children and families. Examples of services and programs that may be expanded under the demonstration include:

- Intensive early intervention services;
- One-time payments for goods or services that reduce short-term family stressors and help divert children from out-of-home placement (e.g., payments for housing, child care);
- Enhanced training for child welfare staff and supervisors in service delivery, case management, and supervisory practices;
- Improved needs assessment practices that take into account the unique circumstances and characteristics of children and families; and
- Long-term supports for families to prevent placement recidivism.

In addition, existing community-based programs in Florida may be expanded under the demonstration, including Healthy Families Florida, a community-based voluntary home visiting program.

EVALUATION DESIGN

Florida's evaluation includes process and outcome components, as well as a cost analysis. The State is utilizing a time series design for the evaluation of its demonstration to analyze historical changes in child welfare outcomes. Longitudinal changes in child welfare outcomes are analyzed by measuring the progress of successive "cohorts" of children entering the State's child welfare system toward achievement of the demonstration's primary goals. Evaluation cohorts are defined and identified using data available in the State's child welfare information system. To measure the historical progress of each evaluation cohort, the State established a baseline for each outcome measure prior to implementation of the demonstration and is comparing this baseline to subsequent achievement benchmarks at selected time intervals.

Process Evaluation

Florida's evaluation includes interim and final process analyses that describe how community-based lead agencies implement policies to improve the array of services to promote child safety and permanency. Furthermore, the evaluation identifies new prevention and diversion services and examines how the availability of these services has changed since waiver implementation. More specifically, the process evaluation compares the availability, accessibility, intensity, and appropriateness of community-based services prior to and following implementation of the demonstration. Data collection methods utilized by the State for the process evaluation include focus groups, surveys, and interviews involving lead agency directors, court personnel, caregivers, and child welfare staff and administrators.

Outcome Evaluation

For each successive cohort of children who are currently in or who enter the child welfare system, the State's outcome evaluation is tracking longitudinal changes in key safety,

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permanency, and well-being outcomes. Major outcome measures of interest include the following:

- Number and proportion of children exiting out-of-home care within 12 months of removal from the home;
- Number and proportion of children remaining in out-of-home care 12 months after removal from the home;
- Mean/median length of stay in out-of-home care; and
- Number and proportion of children adopted within 24 months of out-of-home placement.

Previously, all data used in the outcome evaluation analyses were abstracted from HomeSafenet (HSn), the State's child welfare information system. However, Florida has transitioned to a new information system, Florida's Safe Families Network (FSFN), and all subsequent data files will be extracted from this system. In addition, comparison data from national databases, such as The National Survey of Child and Adolescent Well-Being, will be incorporated into the outcomes analysis.

Cost Study

Florida's cost study examines the costs of key elements of waiver-funded services received by children and families and compares these costs with those of traditional services and foster care placements prior to the start of the demonstration. Specifically, the State's evaluation team established and has begun collecting baseline data on three key research questions: (1) the extent to which CBCs have maximized the use of their IV-E budgets; (2) the ratio of CBCs' spending on foster care maintenance to spending for prevention and family preservation; and (3) the extent to which CBCs are able to use their TANF and State budget allocations. Where feasible, the State is conducting a cost-effectiveness analysis by examining the relationship between the demonstration's costs and outcomes.

EVALUATION FINDINGS

Process Evaluation

A Child Welfare Practice Analysis survey was distributed by e-mail in August 2007 to 20 CBC lead agencies to obtain information concerning changes in child welfare programs, services, system strategies, staff training, and community and consumer involvement in program planning. Nineteen of the twenty lead agencies responded, of which 15 reported either an expansion of existing services and strategies or the development of new services and strategies that included the following:

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- A variety of prevention strategies and innovative practices have been implemented including, the development or expansion of Family Team Conferencing as a placement prevention strategy;
- Collaboration with the Children’s Services Council in their area to create enhanced partnerships with existing community providers; and
- Formal, ongoing processes for bringing community stakeholders together to discuss system of care assessment and planning.
- Enhanced Staff Training

Outcome Evaluation

The most recent collection of cohort data was completed by June 30, 2007. As of March 31, 2008, the statewide out-of-home care population was 24,118 (a 19 percent decline from September 30, 2006). Furthermore, according to the September 2007 semi-annual report, all permanency outcomes significantly improved while stable or improved longitudinal trends in several safety outcomes were found. In addition, the State’s evaluation team examined several State Fiscal Year (SFY) 05-06 cohorts to assess progress on several key child safety and permanency indicators:

- The proportion of children entering out-of-home care statewide was 23.3 percent. While the Department of Children and Families (DCF) has not established a target for this measure and there is no national standard, there was wide variation in CBC lead agencies’ performance on this indicator. Specifically, the proportion of children entering out-of-home care within 12 months ranged from 14.3 percent in one CBC lead agency to 39.3 percent in another CBC lead agency. The evaluation team notes that State and lead agency performance on this indicator will be evaluated over time to assess the success of prevention and diversion services related to the waiver.
- Statewide, 48.2 percent of children who entered out-home care in SFY05-06 exited care within 12 months for reasons of either reunification or placement with relatives. The range across CBC lead agencies spanned from 30.8 percent to 62.7 percent. The State goal set by DCF for the proportion of children exiting within 12 months for reason of reunification is 76 percent, with none of the CBC lead agencies or the State as a whole achieving this goal.
- The proportion of children discharged in SFY05-06 to their original caregivers or with relatives that re-entered out-of-home care within 12 months was 9.5 percent statewide. CBC lead agencies’ performance ranged from 6.2 percent to 14.1 percent on this indicator, with 12 of 19 (63 percent) lead agencies not meeting the State standard of 9 percent or less.
- Across all lead agencies, an average of 7.5 percent of children in the SFY05-06 cohort experienced maltreatment while receiving services. Analysis of variance indicated that children served only during SFY04-05 were significantly more likely to experience maltreatment during services than children served only in SFY05-06. In addition, children who exited out-of-home care during SFY05-06 were 2 percent less likely to

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experience repeat maltreatment within 6 months of discharge than children who exited out-of-home care in SFY04-05, a statistically significant difference.

Limitations to the above analysis include the following: (1) no well-being measures were analyzed, (2) data are based on self reports from CBC lead agencies, and (3) no comparison group was available for analysis. Additional findings of the flexible funding waiver with respect to key child welfare outcomes will become clearer as implementation continues.

COST ANALYSIS FINDINGS

Lead agencies and DCF have reported that increased flexibility in the use of title IV-E funds has improved their ability to use available resources more effectively. For SFY 06-07, all 22 CBC lead agencies spent all of their available title IV-E foster care funds, for a total of \$179.6 million. This differs from SFY 05-06, during which lead agencies underspent title IV-E funds by \$1.3 million. Moreover, in comparing SFY06-07 data to SFY05-06 data, the proportion of spending on prevention/family preservation/in-home services increased from 3.2 percent to 5.7 percent statewide, with a modest increase in the proportion of spending on licensed out-of-home care and a notable decrease in the proportion of spending on dependency case management.

WEB LINKS

Semi-annual reports for Florida's flexible funding demonstration for 2006–2007 are available at the following Web site: <http://cfs.fmhi.usf.edu/pub-list.cfm>.

ILLINOIS

DEMONSTRATION TYPE:	Assisted Guardianship – Phase I ¹
APPROVAL DATE:	September 18, 1996
IMPLEMENTATION DATE:	May 1, 1997
COMPLETION DATE:	December 31, 2003 ²
INTERIM EVALUATION REPORT DATE:	February 2000
FINAL EVALUATION REPORT DATE:	February 2003

TARGET POPULATION

Illinois offers assisted guardianship to children for whom reunification and adoption are not options. To meet eligibility requirements, children must have been in legal custody of the State for at least one year³ and have resided with the prospective guardian for at least one year. Although the demonstration is geared towards children living with relatives, children in licensed non-relative foster homes may also participate. Eligible children who live in the home of an unrelated foster parent must be at least twelve years of age; there is no age requirement for children living in kinship homes.

JURISDICTION

Illinois is implementing this demonstration project in all counties of the State.

INTERVENTION

Illinois offers eligible relative caretakers and licensed, non-relative foster parents the option of assuming legal guardianship of the child(ren) in their care. To assist in the transition to guardianship and to ensure the ongoing well-being of children and families, the State provides monthly subsidy payments equal to the State's adoption assistance payments along with the following services: home study, preliminary screenings and counseling, payment of one-time court costs and legal fees, periodic casework assistance, therapeutic day care, work-related day

¹ This profile is based on information submitted by the State as of March 2003. Illinois refers to its demonstration as "subsidized guardianship." This was Illinois' first of three demonstrations. The U.S. Department of Health and Human Services (HHS) granted Illinois a second waiver in September 1999 to implement a substance abuse services project. In August 2001, HHS granted a third waiver for an enhanced child welfare training demonstration.

² The demonstration was scheduled to end June 30, 2002. HHS granted Illinois a five-year extension, which began January 1, 2004.

³ Prior to July 1, 2001, it was required that children be in legal custody of the State for two years.

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care for children under three, emergency stabilization, and special services (e.g., physical therapy) upon approval. The State reviews guardianship subsidies periodically.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. Although the demonstration was conducted statewide, the evaluation was limited to three sites: Cook Central Region, East St. Louis, and Peoria County. Within each of these subregions of the State, cases are randomly assigned to experimental and control groups.

Key questions addressed by the evaluations included the following: (1) Does the demonstration result in fewer children who remain in long-term foster care? (2) Does the demonstration result in fewer disrupted placements? (3) Do rates of subsequent reports of abuse and/or neglect increase? The State also examined the well-being of children and families, satisfaction with placement arrangements, permanency, and the degree of placement stability.

EVALUATION FINDINGS

Illinois completed its Final Evaluation Report for Phase I of the assisted guardianship demonstration in February 2003. The following is a summary of the findings discussed in this report.

Process Evaluation

Between May 1, 1997 and March 31, 2002 local courts transferred 6,822 children from Illinois Department of Child and Family Services (IDCFS) custody to private guardianship under the demonstration. In addition, the courts reunified 3,877 children and consummated the adoptions of 14,468 children. For age-eligible children assigned to the title IV-E waiver demonstration, the combined permanency rate (reunification, adoption, and guardianship) achieved statewide as of March 2002 was 61 percent.

Illinois noted that one of the major challenges to implementation was training public and private child welfare agency staff. Approximately 80 percent of children in out-of-home care in Illinois are served by private agencies under purchase of services agreements. Training focused on integrating guardianship into casework practice as a permanency option, as well as providing post-guardianship services and supports to families.

Outcome Evaluation

1. Does the demonstration result in fewer children remaining in long-term foster care with ongoing administration oversight? Comparing the permanency rate for the control group⁴ with the experimental group rate suggests that the availability of guardianship boosted net permanence by 6.1 percent, statistically significant at the .02 level. For age-eligible children assigned to the demonstration prior to January 1, 1999, the combined permanency rate (reunification, adoption, and guardianship) achieved as of March 2002 was 71.8 percent in

⁴ Illinois refers to its control group as the “cost neutrality group.”

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the control group (3,470) and 77.9 percent in the experimental group (3,287). Because key indicators from administrative and survey data show that statistical equivalence was successfully achieved through randomization, the only substantive difference between the two groups is the intervention. Thus, the higher permanency rate in the experimental group may be attributed to the availability of subsidized guardianship.

Analysis of differences among individual permanency options found that virtually all of the difference in legal permanence was accounted for by subsidized guardianship, which contributed 16.7 percentage points to the combined permanency rate in the experimental group. The reunification rate was statistically equivalent in both the control and the experimental groups (9.7 percent vs. 9.4 percent). As of March 31, 2002, 25.7 percent of children in the control group had aged out or still remained in long-term foster care, compared to 19.7 percent in the experimental group. This mean difference of 5.9 percent is also statistically significant at the .02 level. It was thus concluded by the State that the Illinois subsidized guardianship demonstration resulted in fewer children remaining in long-term foster care with ongoing administrative oversight.

Although early data suggested that the waiver was also helping to boost adoption rates in the experimental group, the final results from Phase I indicate that adoption in the control group (61.6 percent) has moved ahead of adoptions in the experimental group (51.8 percent). While this higher rate of adoption in the control group is not greater than the percentage point advantage that subsidized guardianship adds to the combined permanency rate, it does raise the issue of whether it is acceptable public policy to have greater legal permanencies at the expense of fewer adoptions.

2. Does the demonstration result in fewer disrupted placements? Children discharged to the permanent homes of adoptive parents and legal guardians exhibit higher rates of home stability than children who remain in foster care. The State attributes this to the fact that children in foster care can be moved at the discretion of the child welfare agency, while children in legally permanent homes can only be moved by a decision of the court. Thus, the expectation is that children in the experimental group will exhibit a higher overall rate of home stability than children in the control group.

The proportion of children assigned to the demonstration prior to January 1, 1999 living in the same home in which they resided at the time of original assignment to the demonstration was 67.3 percent in the control group and 68.7 percent in the experimental group. While children in the control group were slightly more likely to move than children in the experimental group, this small difference of 1.5 percentage points is not large enough to rule out chance fluctuations as the source of the difference. Thus, it cannot be concluded confidently that the demonstration increased home stability.

This lack of an intervention effect suggests that the degree of placement stability may be determined by factors independent of the legal relationship between the child and caregiver. Analysis completed by the State's independent evaluator seems to indicate that kinship is a common denominator that contributes to home stability in both the control and experimental

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group, regardless of whether the child remains in kinship foster care, is adopted by relatives, or enters legal guardianship.

Rates of dissolution of the 6,820 statewide cases that entered subsidized guardianship between April 1997 and March 2002 are low. Only 237 (3.5 percent) are no longer living in the home of the original guardian: 1.0 percent of children are no longer in the home because the guardian died or became incapacitated, and 2.2 percent of children are no longer in the home because the caregiver requested or was relieved of legal responsibility and the guardianship was dissolved. Of all the cases that were disrupted because of death or incapacitation and legal dissolution, 117 (49 percent) have required that IDCFS be appointed guardian of the child; of the remaining children, 73 were appointed a new guardian, 39 were returned to the biological parent, 4 were adopted, and 4 children had no legal guardian appointed.

3. Does the withdrawal of regular administrative oversight and casework services from the families in the subsidized guardianship program increase the rate of subsequent reports of abuse or neglect? Concerns have been raised that children in subsidized guardianship might be at greater risk of harm due to the withdrawal of administrative oversight and casework services, coupled with the greater potential access of abusive and neglectful parents to the guardian's home. To evaluate this possibility, children were tracked for reports and indicated findings of abuse and neglect through the IDCFS Child and Neglect Tracking System.

For children assigned to the IV-E waiver demonstration prior to January 1, 1999, the overall proportion who had a subsequent substantiated report of abuse and neglect was 6.1 percent in the control group and 4.7 percent in the experimental group, meaning that there were fewer findings of abuse and neglect in the experimental group. In fact, subsequent indicated abuse and neglect was lowest among children eventually discharged to private guardians: 3.0 percent compared to 3.9 percent for adopted children, 7.7 percent for children who aged out or remain in foster care, and 8.8 percent for children reunified with their birth parents. The small difference between children discharged to private guardians and adopted children is not statistically significant. Thus, it can be concluded that the withdrawal of regular administrative oversight and casework services from the families in the subsidized guardianship program did not result in higher rates of indicated subsequent reports of abuse or neglect.

Cost Neutrality Findings

The State reported that the demonstration was cost neutral. As of March 31, 2002, cumulative mean title IV-E expenditures in the control group were \$10,637 per child for foster care maintenance payments and \$7,919 per child for adoption maintenance payments. When multiplied by the 30,781 children assigned to the experimental group, times an adjustment factor, a IV-E foster care maintenance claim of \$346.9 million was generated, along with a IV-E adoption maintenance claim of \$258.3 million. The actual IV-E maintenance costs in the experimental group were \$349.7 million for foster care and \$135.9 million for adoption. Therefore, the waiver is cost neutral, with the sum of actual IV-E costing less than the sum of

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IV-E maintenance claims and showing a surplus of approximately \$113.5 million. On the IV-E administrative side, the calculations showed a surplus of approximately \$54.4 million.

ILLINOIS

DEMONSTRATION TYPE:	Assisted Guardianship – Phase II ¹
APPROVAL DATE:	January 1, 2004 ²
IMPLEMENTATION DATE:	June 30, 2005
EXPECTED COMPLETION DATE:	December 31, 2008
INTERIM EVALUATION REPORT RECEIVED:	February 14, 2008 ³
FINAL EVALUATION REPORT EXPECTED:	June 30, 2009

BACKGROUND

Illinois' original five-year assisted guardianship demonstration was approved September 22, 1996. In January 2004, the Children's Bureau granted Illinois a five-year extension of the project through December 31, 2008. Under its Phase II demonstration, Illinois continues to implement its "standard" assisted guardianship program and has added an "enhanced program" component that provides independent living and transitional services to older wards (youth ages 14 or older) who achieve permanency through adoption or guardianship.

TARGET POPULATION

To participate in either the standard or enhanced program components, children must have been in the legal custody of the State for at least one year and have resided with a prospective guardian for a minimum of 12 consecutive months. Children may participate in either program component without regard to title IV-E eligibility. Although the demonstration focuses on children living with relatives, children living in licensed non-relative foster homes may also enroll in the demonstration.

To participate in the standard guardianship program, children living in the home of an unrelated foster parent must be at least 12 years of age; there is no age requirement for children living in kinship foster homes.

The enhanced guardianship program component focuses on a subset of children eligible for the State's standard guardianship program. Specifically, the enhanced program targets (1) youth in the experimental group of the standard guardianship program who have attained or will attain the age of 14 but have not been adopted or entered into guardianship; and (2) other youth currently

¹ Based on information submitted by the State as of February 2008.

² Illinois completed Phase I of this demonstration on December 31, 2003.

³ Interim evaluation findings are being submitted by the State in two parts. A second Interim Evaluation Report is expected to be submitted by the State in Spring 2008.

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in foster care, or who enter foster care during the demonstration period, who are 14 years of age or older and meet all other eligibility requirements of the standard subsidized guardianship option.

JURISDICTION

Illinois continues to implement the standard guardianship component statewide. The enhanced program was originally implemented in Central Cook County (Chicago), East St. Louis, and Peoria. In February 2006, Illinois received approval from the Children’s Bureau to expand the enhanced program to include all eligible children statewide. Statewide expansion of this program component began in April 2006.

INTERVENTION

Standard Guardianship Program

Under its standard guardianship program, Illinois offers relative caretakers and licensed, non-relative foster parents the option of assuming legal guardianship of eligible children in their care. Specific services offered under the standard guardianship program are highlighted below.

1. Pre-Guardianship Services: Services available in preparation for guardianship include home studies, preliminary screenings, and counseling on guardianship. During the process of completing the guardianship, the State provides up to \$500 as a one-time, non-recurring payment to cover expenses related to the establishment of the guardianship subsidy agreement and the transfer of guardianship to the relative or non-relative caregiver.
2. Post-Guardianship Services: After the establishment of the guardianship subsidy agreement, the guardian receives, on behalf of the child, a monthly subsidy that does not exceed the State’s foster care board rate. Services that may be part of the guardianship agreement include a Medicaid card; counseling or other services not payable through other sources that are related to a child’s pre-existing physical, emotional, or mental health condition; therapeutic daycare; and employment-related daycare for children under the age of three. Additional services that are available and do not need to be documented in the guardianship subsidy agreement include adoption preservation services and respite care.

Enhanced Guardianship Program

Under the Enhanced Guardianship Program component, eligible youth in the experimental group who enter guardianship or who are adopted at age 14 or older are offered the same services available to youth who “age out” of foster care without achieving permanency. Specific services available to eligible youth include the following:

1. Education and Training Vouchers provide up to \$5,000 each fiscal year to cover tuition payments for post-secondary educational or vocational programs.

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2. Employment Incentive Program provides a monthly subsidy for a maximum of 12 months and a Medicaid card. Limited, one-time funding is also available for work-related items associated with the start of new employment.
3. Housing Cash Assistance covers the cost of housing security deposits, provides rental assistance when the youth cannot make the payment, and offers a partial housing subsidy for up to one year following a youth's emancipation.
4. Life Skills Training consists of group or individual instruction designed to teach independent living skills.
5. Youth in College and Vocational Training Program supports young people pursuing higher education or vocational training through a monthly stipend and a Medicaid card. Benefits are available until the earlier of four years or the attainment of an AA or BA degree.

EVALUATION DESIGN

The evaluation of the Phase II waiver demonstration focuses on the enhanced guardianship program component and includes process and outcome components, as well as a cost analysis. Using an experimental research design with random assignment at a 1:1 ratio, youth in the experimental group are offered enhanced guardianship services while youth in the control group remain enrolled in or eligible for the standard guardianship program.

Random assignment for the enhanced program was originally limited to the sub-regions of Central Cook County (Chicago), East St. Louis, and Peoria. In conjunction with the statewide expansion of the enhanced program, the State has now implemented random assignment statewide.

Outcome Evaluation

The key research hypotheses addressed by the State's evaluation of the enhanced guardianship program include the following:

- The enhanced subsidized guardianship program will be accepted by a greater percentage of youth and caregivers who are offered this option than those who accept the standard subsidized guardianship program.
- The demonstration will result in better long-term outcomes for youth in terms of educational status, employment, and other measures of successful independent living.
- The proportion of youth who are wait-listed for independent living and transition services will be the same in the experimental and control groups, as well as in comparison with other youth 14 years of age or older in foster care.
- The demonstration will result in fewer children remaining in long-term foster care with ongoing administrative oversight.
- Youth in the experimental group will experience fewer disrupted placements than youth in the control group.

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- Youth in the experimental group will not experience a higher rate of subsequent substantiated reports of abuse or neglect than youth in the control group.

Data Collection

To address outcomes specific to the enhanced guardianship component, the State's evaluators are conducting interviews with eligible youth and their caregivers. As of January 1, 2008 approximately 900 youth and caregiver interviews have been completed in the three study regions. Additional data on youth assigned to the enhanced program are being collected from the State's Automated Child Welfare Information System to address questions regarding permanency rates, the quantity and types of services received, subsequent maltreatment reports, and placement disruptions.

EVALUATION FINDINGS

Process Evaluation

Between June 2005 and July 2007, 3,079 eligible youth have been assigned to the demonstration, with 810 youth coming from the three study regions and 2,269 youth coming from other parts of the State. Of the 810 youth in the three study regions, 400 were assigned to the experimental group and 410 were assigned to the control group. In the statewide study, 1,143 youth were assigned to the experimental group and 1,126 youth were assigned to the control group.

The process evaluation has uncovered distinct differences between the Department of Children and Family Services (DCFS) staff and court personnel regarding their perceptions of the waiver and the benefits of permanency for older youth. Major themes that emerged through focus groups and interviews are noted below:

- Caseworkers and supervisors expressed support for subsidized guardianship and perceive the waiver as positive. However, they seemed unclear about the mix of services available to youth in the experimental and control groups. In addition, the waiver's experimental research design was not well understood by many caseworkers.
- DCFS staff appeared more knowledgeable about the waiver and were more likely to report having received training on the waiver than private agency staff.
- In general, judges were not well informed about the waiver. Attorneys and guardians ad litem were better informed about the waiver, but often did not understand the differences in service eligibility between the experimental and control groups. In addition, they expressed a preference for adoption as a more permanent option than subsidized guardianship.

Outcome Evaluation

To allow adequate time for the waiver to have an effect on outcomes, the State noted in its January 2008 Interim Evaluation Report that the outcome analysis included only those youth eligible for the waiver through the end of 2006. Therefore, 708 youth from the three study

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regions and 1,857 youth statewide were included in the outcome analysis presented in the interim report.

As of January 2008, only small differences between the experimental and control group have been found in key outcomes of interest (permanency rates, placement duration, maltreatment recurrence, and child well-being). The evaluators note that none of the findings included in the Interim Evaluation Report are statistically significant; however, preliminary findings include the following:

- From the three study regions, 12.2 percent of youth in the experimental group exited to subsidized guardianship compared to 8.9 percent of youth in the control group; net permanency rates (guardianship, reunification, and adoption combined) were 25.3 percent for the experimental group compared to 24.8 percent for the control group. Statewide, 10.6 percent of youth in the experimental group exited to subsidized guardianship compared to 7.9 percent of youth in the control group, with net permanency rates of 23 percent and 20 percent, respectively.
- In the three study regions, the average time in foster care following assignment to the waiver until achieving permanency (or June 30, 2007, whichever came first) was 1.32 years for youth in the experimental group and 1.31 years for youth in the control group. Percentages in the statewide group were slightly lower at 1.09 years for youth in the experimental group versus 1.10 years for youth in the control group.
- Youth assigned to the experimental group were no more likely to experience maltreatment recurrence prior to the achievement of permanence. In the three study regions, 1.1 percent of youth in both the experimental and control groups had a repeat maltreatment allegation following assignment; in the statewide group, the rates were 1.6 percent for the experimental group and 1.3 percent for the control group.
- Overall, 83 percent of youth assigned to the demonstration in the three study regions had completed or were attending high school. This proportion was slightly higher in the experimental group but not statistically significant. Attendance rates in the statewide group were similar and differences between the experimental and control groups were not significant.
- Through interviews, 90 percent of youth and caregivers reported that the youths' health status was excellent or good and 90 percent of youth reported that they liked living with their caregivers most or all of the time.

Additional outcome findings will become available as implementation continues.

WEB LINKS

The Illinois Guardianship Demonstration Final Report (for the project's first five years) is available at: <http://cfrewww.social.uiuc.edu/pubs/Pdf.files/sgfinalreport.pdf>

ILLINOIS

DEMONSTRATION TYPE:	Services for Caregivers with Substance Use Disorders – Phase I ¹
APPROVAL DATE:	September 29, 1999
IMPLEMENTATION DATE:	April 28, 2000
COMPLETION DATE:	December 31, 2006 ²
INTERIM EVALUATION REPORT DATE:	May 16, 2003
FINAL EVALUATION REPORT DATE:	January 2006

TARGET POPULATION

Illinois' substance abuse demonstration targeted parents assessed as having problems with drug or alcohol abuse and whose children were removed from the home. Specifically, the demonstration's target population included custodial parents of children who entered placement on or after April 28, 2000, in Chicago and suburban Cook County. The parents of infants testing positive for substance exposure were also included in the target population. The children of eligible parents were able to receive services through the demonstration regardless of their title IV-E-eligibility status.

JURISDICTION

The project was implemented in Cook County, Illinois.

INTERVENTION

The Illinois Alcohol and Other Drug Abuse (AODA) demonstration sought to improve child safety and permanency outcomes, as well as caregiver functioning, treatment adherence, and well-being, by providing enhanced alcohol and other drug abuse treatment services to substance-affected families in the Illinois child welfare system. Specifically, the Illinois AODA demonstration focused on the recovery of caregivers who were not in treatment at the time of their children's placement into foster care. The intervention involved providing intensive case

¹ This is one of three Illinois Child Welfare Demonstration Projects. The evaluation findings reported in this profile are limited to the five years of the original title IV-E waiver and are based on information submitted by the State as of January 2006.

² Phase I of the Illinois Substance Abuse Demonstration was scheduled to end April 2005, but it continued to operate through December 2006 under a series of short-term extensions. On January 1, 2007, approval for a five-year extension was granted, marking the onset of Phase II of the Illinois Substance Abuse Demonstration.

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management and supportive services to (1) improve treatment participation and retention rates, (2) facilitate the reunification of parents with their children, (3) improve the timeliness of decisions regarding other permanency options, and (4) reduce subsequent reports of maltreatment. To qualify for the demonstration, parents in substance-affected families were referred to the Juvenile Court Assessment Program (JCAP) at the time of their temporary custody hearing or at any time within 90 days of that hearing.

JCAP staff conducted an assessment and referred parents to treatment if necessary. In addition to receiving traditional child welfare and substance abuse treatment services, experimental group participants received multiple services from outreach workers known as “Recovery Coaches,” including the following:

- *Immediate Engagement:* A Recovery Coach liaison was stationed at the JCAP office in Juvenile Court to facilitate and expedite an initial engagement session immediately following the AODA assessment conducted by JCAP staff.
- *Treatment Access:* Recovery Coaches often transported parents to the initial intake appointment to ensure attendance and treatment accessibility.
- *Coordination and Collaboration:* Recovery Coaches maintained regular contact with the AODA treatment agency and child welfare worker by arranging interagency staff meetings, attending administrative case reviews, and being available for court appearances.
- *Clinical Assessment:* Recovery Coaches ensured the completion of a comprehensive range of assessments, including the AODA assessment.
- *Benefits Identification and Advocacy:* Recovery Coaches assisted parents in obtaining entitlement or other program resources for which the family was eligible, and in meeting the responsibilities and mandates associated with these benefits.
- *Service Planning:* The parent and the Recovery Coach mutually developed a plan to prioritize issues identified during the clinical assessment, the benefit determination process, and through other assessments.
- *Outreach:* Recovery Coaches made home visits to enrolled caregivers as well as visits to AODA treatment facilities.
- *Case Management:* A Recovery Coach was assigned to a parent throughout and beyond the treatment process to ensure that parents remained actively engaged in aftercare and recovery support activities.
- *Drug Testing:* Recovery Coaches had access to random urine toxicology testing to monitor a parent’s compliance with program requirements.
- *Permanency Assessment and Recommendations:* In addition to monthly progress reports, a licensed psychiatrist met with the client and prepared a Permanency Assessment and

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Recommendation Report for the Recovery Coach and caseworker. This report outlined the parent's progress in treatment and recovery, and provided an assessment of the child's safety if the child were to return to the parent's custody.

Recovery Coaches made strenuous efforts to engage clients who had never participated in substance abuse treatment. On average, 60 outreach attempts were made before a Recovery Coach considered discontinuing services to an experimental group caregiver. In addition, efforts to re-establish contact were made for six consecutive months if a client became difficult to engage or was otherwise hard to reach.

EVALUATION DESIGN

The evaluation of the State's demonstration included process, outcome, and cost-effectiveness components. The outcome evaluation was designed to test whether Recovery Coach services had a positive effect on the drug-recovery process and on key child welfare outcomes. To this end, Illinois used a two-stage random assignment process in which child welfare agencies and caseworker teams were first randomly assigned to experimental or control groups, after which parents were randomly assigned to agencies in the control group or experimental groups. Parents assigned to agencies serving the control group received traditional substance abuse services that were available prior to the waiver demonstration. Parents assigned to agencies serving the experimental group received these standard services plus the services of a Recovery Coach.

Sample Size

As of September 30, 2006, 1,892 parents were enrolled in the demonstration. Of these, 506 (27 percent) were randomly assigned to the control group and 1,386 (73 percent) were assigned to the experimental group. The State's evaluation focused on outcomes among families assigned to the AODA demonstration between April 2000 and June 2004. During that period, 366 parents of 569 children were assigned to the control group and 943 parents of 1,367 children were assigned to the experimental group.

Data Collection

Data on clients' substance abuse treatment participation came from the State's Treatment Record and Continuing Care System (TRACCS), which included surveys completed by child welfare workers, Recovery Coaches, and substance abuse treatment providers.³ Additional service data came from the Department's Automated Reporting and Tracking System (DARTS), which provided service dates and levels of care.⁴

³ Overall, 81 percent of TRACCS forms were completed and returned by Child Welfare Workers and Recovery Coaches, while treatment providers completed 63 percent of their TRACCS forms.

⁴ Most data contained in the State's final evaluation report run through June 30, 2005; in a few instances, data running only through December 31, 2004 were available.

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EVALUATION FINDINGS

Process Evaluation

1. Assessments and Referrals for Substance Abuse Treatment: Thirty-five percent of referrals to JCAP originated from a temporary custody hearing. Judges, court personnel, and child welfare workers referred clients to JCAP for two main reasons: (1) to determine the appropriate level of care and arrange an intake appointment for clients with substance abuse problems, and (2) to rule out the presence of a substance abuse issue. As of June 30, 2004, a total of 1,309 caregivers had completed a JCAP assessment. Of these, 422 gave informed consent to share their substance abuse treatment data for the State's evaluation of its AODA waiver. Of these 422 caregivers, 101 were assigned to the control group and 321 to the experimental group.
2. Treatment Access, Participation, and Completion Rates: Overall, the AODA demonstration did not significantly increase *access* to substance abuse treatment services. According to data available in DARTS, caregivers in the experimental group were somewhat more likely to access substance abuse services (84 percent) compared with those in the control group (77 percent), although this difference was not statistically significant. However, experimental group caregivers did access treatment services more *quickly* than caregivers in the control group. On average, experimental group caregivers accessed treatment services within 74 days compared with 108 days for control group caregivers, a statistically significant difference.

Although no difference was found in levels of initial access to substance abuse treatment services, the AODA demonstration did have significant positive effects on treatment *participation* and *completion* rates. According to data available through the TRACCS database, 71 percent of experimental group caregivers actively participated in treatment compared with 52 percent of control group caregivers, a statistically significant difference. In addition, 43 percent of experimental group caregivers completed at least one entire treatment episode compared with 23 percent of caregivers in the control group, a statistically significant difference. Overall, 22 percent of experimental group caregivers completed all recommended levels of treatment.

The State's evaluators identified several variables that were significantly correlated with the likelihood of treatment completion, including age, employment status, and the caregiver's primary drug of choice. For example, alcohol users were 71 percent more likely to complete treatment than heroin users, while unemployed caregivers were 30 percent less likely than employed caregivers to complete treatment. Age was also a significant predictor of treatment completion, with older caregivers more likely to finish treatment than younger caregivers.

Outcome Evaluation

Illinois' AODA demonstration achieved moderate success in improving permanency and safety outcomes for the children of caregivers in the experimental group. Specifically, Illinois' final evaluation reported the following significant findings:

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1. Re-allegations of Child Abuse/Neglect: Children in families with access to enhanced services experienced lower rates of subsequent maltreatment. Overall, caregivers in the experimental group were significantly less likely to have a subsequent allegation of maltreatment (25 percent) than caregivers in the control group (30 percent). In addition, mothers in the experimental group were significantly less likely to have a subsequent substance-exposed infant (SEI) allegation (13.6 percent) than mothers in the control group (19.5 percent). On a related note, caregivers who completed substance abuse treatment were significantly less likely to have subsequent SEIs (7.9 percent) than caregivers who did not complete treatment (18.8 percent).
2. Permanency Rates: Children in the experimental group were slightly more likely to achieve reunification compared with children in the control group. Overall, 15.5 percent of children in the experimental group were reunified compared with 11.6 percent of control group children, a small but statistically significant difference.
3. Placement Duration: Access to enhanced AODA services was significantly correlated with reduced lengths of stay in out-of-home placement. On average, children in the experimental group who were reunified spent 522 days in out-of-home placement compared with 707 days for reunified children in the control group.

Although many experimental group families were engaged in or completed substance abuse treatment, overall reunification rates remained low. The State's Final Evaluation Report described several co-occurring problems experienced by both experimental and control group families that affected the probability of reunification, including problems with housing (56 percent), mental health issues (40 percent), and domestic violence (30 percent). The presence of major life problems beyond substance abuse had a statistically significant effect on the likelihood of reunification, with 21 percent of families in which substance abuse was identified as the only major life problem achieving reunification, compared with 11 percent of families dealing with one additional problem. Overall, 62 percent of families enrolled in the demonstration were experiencing at least three major life problems simultaneously. The State's final report noted that future AODA initiatives will be greatly improved by incorporating treatment strategies specifically designed to address a range of co-occurring problems beyond substance abuse.

WEB LINKS

The Illinois AODA January 2006 Final Evaluation Report is available at the following Web site: <http://cfrcwww.social.uiuc.edu/pubs/pdf.files/AODA.01.06.pdf>.

ILLINOIS

DEMONSTRATION TYPE:	Services for Caregivers with Substance Use Disorders – Phase II ¹
APPROVAL DATE:	January 1, 2007
IMPLEMENTATION DATE:	January 1, 2007
EXPECTED COMPLETION DATE:	December 31, 2011
INTERIM EVALUATION REPORT EXPECTED:	August 31, 2009
FINAL EVALUATION REPORT EXPECTED:	June 30, 2011

TARGET POPULATION

The long-term extension of the Illinois Alcohol and Other Drug Abuse (AODA) demonstration targets custodial parents whose children enter out-of-home placement on or after January 1, 2007. This includes, but is not limited to, custodial parents who deliver infants testing positive for substance exposure. To qualify for assignment to the demonstration, a custodial parent must have lost custody of their child to the State due to alcohol and other drug abuse issues and must have completed a comprehensive substance abuse assessment within 180 days of a temporary custody hearing. Eligible families may receive services through the demonstration regardless of their title IV-E eligibility status.

JURISDICTION

Implementation continues in Cook County, Illinois. Through the long-term waiver extension, the southern Illinois counties of Madison and St. Clair began implementing the demonstration on July 15, 2007.

INTERVENTION

Under its long-term waiver extension, Illinois is continuing the key service components of the Recovery Coach Program (RCP) implemented under its original waiver demonstration. Primary RCP services include (1) clinical assessment and identification, (2) recovery plan development, (3) intensive outreach and engagement to facilitate parents' treatment participation and recovery, (4) random urinalyses, and (5) ongoing follow-up once reunified with their families to promote and sustain parents' recovery and to ensure child safety.

¹Based on information submitted by the State as of January 2008.

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In addition to these original services, Illinois expanded the scope of its long-term waiver extension to include several new service components. The impetus behind this expansion arose in part from findings from the evaluation of the State’s original substance abuse demonstration.² The research revealed that multiple co-occurring problems beyond substance abuse had significant negative effects on the likelihood of achieving reunification. Primary barriers to reunification included domestic violence, mental health issues, and inadequate housing. Thus, even in cases in which intensive RCP services resolved substance misuse and addiction issues, family reunification often remained unlikely due to the presence of these or other co-occurring problems.

Together, the original and new services available to enrolled families under the State’s long-term waiver extension are referred to as the “enhanced RCP model.” Every quarter, service delivery protocols are conducted with the family to assess issues of housing, mental health, and domestic violence. New core service components include the following:

- **Housing Resources:** Recovery Coaches assist enrolled families in determining whether they qualify for housing assistance through the Department of Children and Family Services (DCFS) and assist caseworkers and help custodial caregivers to complete any necessary paperwork. In addition, Recovery Coaches work with enrolled families to identify and procure housing resources through local government and community-based programs.
- **Mental Health Services:** Specialized Mental Health Recovery Coaches, who have experience serving parents with dual diagnoses of mental illness and a substance use disorder, provide initial screenings and referrals, assist parents in accessing services through the State’s mental health service system, and communicate directly with mental health service providers.
- **Domestic Violence Services:** Enhanced domestic violence services include improved procedures to assess the safety and well-being of enrolled parents. In addition, Recovery Coaches receive increased domestic violence training which includes information on recognizing the risk factors of domestic violence, responding appropriately to domestic violence, and identifying services for both victims and perpetrators. Referrals are made to community-based providers for both perpetrators and victims of domestic violence.

EVALUATION DESIGN

The evaluation of the State’s long-term waiver extension includes process and outcome components, as well as a cost study. An experimental research design with random assignment is being implemented in all three counties that are participating in the demonstration. The sampling plan in Cook County incorporates a two-stage random assignment process whereby (1) DCFS casework teams and private child welfare agencies are stratified by size and randomly assigned to an experimental or control group, and (2) parents are then randomly assigned to agencies or casework teams in the experimental or control groups. In Madison and St. Clair Counties, parents are assigned to DCFS casework teams and private child welfare agencies and

² See the profile for Illinois’ Phase I waiver for a detailed review of evaluation findings from its original substance abuse demonstration.

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then are randomly assigned when caseworkers log into a special Web site developed and maintained by the State's evaluation team. In all three counties, parents undergo random assignment immediately after completion of their initial clinical assessment. Those parents assigned to the control group receive traditional child welfare services with access to standard substance abuse services, while parents assigned to the experimental group receive these standard services in addition to enhanced RCP services.

Sample Size

Based on initial estimates of the population of caregivers potentially eligible for enhanced waiver services, Illinois is using a 3:2 assignment ratio in Madison and St. Clair Counties for a total estimated sample size of 400 cases (240 experimental and 160 control) for both counties. In Cook County, the State is using a 5:2 assignment ratio with a total estimated sample size of another 1,500 cases (1,070 experimental and 430 control).

Data Collection

Illinois' evaluation utilizes data from multiple sources, including the State's SACWIS and Management and Reporting System/Child and Youth Centered Information System (MARS/CYCIS). Data pertaining to placement, permanency, and child safety will come from the DCFS's integrated database. Substance abuse assessment data will come from the Juvenile Court Assessment Program (JCAP). Subsequent to the temporary custody hearing, JCAP staff complete the AODA assessment in Cook County and Treatment Alternatives for Safe Communities (TASC) Recovery Coaches in Madison and St. Clair Counties will make initial treatment referrals. In addition to a wide variety of demographic information (e.g., employment status, living situation, public aid recipient), these assessment data will include substance abuse histories and indications of prior substance-exposed infants. Substance abuse treatment data will come from the Treatment Record and Continuing Care System. This system is managed by Caritas and includes surveys completed by child welfare workers, Recovery Coaches, and treatment providers. Additional services data will come from the Department's Automated Reporting and Tracking System. This system is managed by the Division of Alcoholism and Substance Abuse and includes service dates and levels of care. Other sources of data include interviews with caseworkers and reviews of case records. These data will supplement the administrative analyses and provide additional insights into the treatment process.

Process Evaluation

The State's process evaluation analyzes how demonstration services are implemented for experimental group cases and identifies how these services differ from those received by control group families. Specific areas of study include the organizational aspects of the demonstration; the number and type of staff involved in implementation; the type and array of services received by families; the role of the courts in the demonstration; the implementation barriers encountered and strategies to address these challenges; and the contextual factors, such as social, economic, and political forces, that affect the implementation and effectiveness of the demonstration.

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Outcome Evaluation

The State's outcome evaluation compares the experimental and control groups for statistically significant differences in treatment access and completion; permanency rates, especially reunification; placement duration; and child safety. Specific outcome measures of interest include the following:

- Number and proportion of parents who are referred to substance abuse treatment;
- Mean/median length of time between treatment referral and treatment entry;
- Number and proportion of parents who enroll in a substance abuse treatment program;
- Mean/median length of enrollment in substance abuse treatment;
- Number and proportion of parents who complete substance abuse treatment;
- Mean/median length of time spent by enrolled children in out-of-home placement;
- Number and proportion of children who are reunified with their custodial parents, enter guardianship, or are adopted;
- Number and proportion of children with a subsequent alleged and/or substantiated maltreatment report; and
- Number and proportion of parents who give birth to a substance-exposed infant, and the average number of such births per parent.

Cost Study

The cost component of the evaluation examines the costs of enhanced services received by families in the experimental group and then compares these costs with those of standard services received by control group families. In addition, the cost analysis includes an examination of the use of key funding sources, including Federal sources such as titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, as well as State and local funds. Where feasible, a cost-effectiveness analysis is being conducted to identify costs per successful outcome for the experimental and control groups. This analysis may be conducted using one or more key outcomes in which a statistically significant difference between the experimental and control groups is identified.

EVALUATION FINDINGS

The following section summarizes evaluation findings for the period of April 2000 (implementation start date for Phase I) through December 2007, unless otherwise noted.

Process Evaluation

- In Cook County, JCAP assessments have been conducted for 7,019 caregivers. Of these, 4,467 (63 percent) resulted in referrals to substance abuse treatment. The State notes that extending the eligibility window from 90 days to 180 days after the temporary custody hearing has increased the number of clients who meet the eligibility criteria for participation in the demonstration. At the end of Fiscal Year 2007, 44 percent of clients for whom substance abuse treatment was indicated met the eligibility criteria; by December 31, 2007, this proportion had increased to 53 percent.

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- Of the 2,175 parents who met eligibility criteria in Cook County, 1,573 (72 percent) have been assigned to the experimental group and 602 (28 percent) have been assigned to the control group.
- From July 15, 2007 through December 31, 2007, 43 clients received AODA assessments in St. Clair and Madison Counties. Of these 43 clients, 37 met eligibility requirements and were enrolled in the waiver project. Of these 37 clients, 12 (32 percent) were assigned to the control group and 25 (68 percent) were assigned the experimental group.
- Recovery Coaches have served 1,468 clients in the experimental group. Of the 1,468 clients, 282 are “active clients” (i.e., parents are currently in treatment, recently completed treatment, pending initial engagement into treatment, or have been in treatment but failed to complete). Of the 282 “active clients” in the experimental group, 198 are currently engaged in treatment or have completed all levels of service. Of these 198 clients, 42 (21 percent) have been engaged in treatment for more than one year and 49 (25 percent) have been engaged in services between 6 and 12 months.

Outcome Evaluation

While the overall percentage of children returning home might not seem significantly different between the experimental and control group, findings as of March 31, 2008 indicate that children in the experimental group not only are returned home more often, but also experience less time in placement between the JCAP assessment and reunification, as described in more detail below:

- A total of 387 children (16 percent) in the experimental group whose cases were closed as of March 2008 had been reunified with a biological parent compared to 129 children (12 percent) in the control group. Net permanency rates (exits to reunification, adoption, and guardianship combined) for closed cases as of March 2008 were 37 percent (891 children) for the experimental group and 33 percent (347 children) for the control group. These outcomes all represent statistically significant differences between the two research groups.
- As of March 2008, children in the experimental group who were reunified spent an average of 710 days in out-of-home placement compared with 968 days for reunified children in the control group, a statistically significant difference.
- Of the 1,468 clients in the experimental group, Recovery Coaches discontinued services for 1,232 cases. Of these closed cases, 31 percent were classified as closed “pre-permanency,” because the parent disappeared and was unreachable for six or more months. Of the remaining closed cases, 32 percent had an involuntary or voluntary termination of parental rights, 11 percent were reunified, 8 percent had their children placed in subsidized or private guardianship, and 13 percent were closed for other reasons (e.g., family moved out of state, incarceration, death).

Additional findings will become available as implementation continues.

ILLINOIS

DEMONSTRATION TYPE:	Enhanced Training for Child Welfare Staff ¹
APPROVAL DATE:	August 2, 2001
IMPLEMENTATION DATE:	January 1, 2003
COMPLETION DATE:	Terminated early on June 30, 2005
INTERIM EVALUATION REPORT DATE:	N/A ²
FINAL EVALUATION REPORT DATE:	January 31, 2006

TARGET POPULATION

Enhanced Training was delivered to all new child welfare case managers in the Illinois Department of Children and Family Services (IDCFS). Enhanced Training was also offered to a random sample of newly hired child welfare workers from 48 private child welfare agencies in the Chicago area. Due to lower than expected enrollment, the offer of Enhanced Training was extended to caseworkers in all private child welfare agencies throughout the State in April 2003.

JURISDICTION

All IDCFS offices and selected private agencies in Cook County (Chicago area) and surrounding counties (DuPage, Grundy, Kankakee, Kendall, Lake, McHenry, and Will) participated in the project. The demonstration expanded statewide beginning in April 2003.

INTERVENTION

The Enhanced Training demonstration was designed to improve the efficiency and efficacy of child welfare services and to help new caseworkers improve outcomes for children and families. The State implemented an outcome-focused training and development program to equip new caseworkers with the knowledge and skills necessary to perform in an outcome-focused child welfare environment. The primary topics covered in the training curriculum included the following: assessing safety and risk within families; Family Group Decision Making; Family Team Meetings; conducting risk and safety assessments; service, permanency, and concurrent planning; attending juvenile court; cultural competency; child development and well-being; working with adolescents; and working with foster parents.

¹ This profile is based on information submitted by the State as of January 31, 2006. This was one of three Illinois Child Welfare Demonstration Projects.

² The State did not submit an interim evaluation report due to early termination of this waiver demonstration.

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The Enhanced Training curriculum built upon competencies taught as part of the State’s standard Foundation Training, which is provided to all new child welfare workers in the State. The Enhanced Training program included both classroom instruction and on-the-job training. The classroom component involved four weeks of classroom-based instruction. New child welfare workers in teams assigned to the control group received two weeks of Foundation Training before returning to their agency to begin carrying a caseload. New child welfare workers in teams assigned to the experimental group received two weeks of Foundation Training followed immediately by four weeks of Enhanced Training.

Originally, new hires from the private sector also received structured field support for one year following completion of the classroom training. Field support included coaching, shadowing, and post-training “booster sessions.”

EVALUATION DESIGN

The evaluation included process and outcome components, as well as a cost analysis. The State’s evaluator, the Child and Family Research Center (CFRC), used a two-phase random assignment design to evaluate the Enhanced Training demonstration. Originally, 48 private child welfare agencies participated in the project evaluation. Random assignment occurred at the level of the agency “team,” with each team consisting of approximately seven caseworkers and one supervisor. Of the 150 teams identified in the participating agencies, half were assigned to the control group while the other half were assigned to the experimental group. New child welfare cases were then randomly assigned to teams in either the experimental or control group.

Sampling Plan

The sampling plan called for a minimum of 14 additional new workers to be assigned to the control and experimental groups at a 1:1 ratio each month, for a total of 84 new workers per year in each group. The State had originally estimated that 420 workers would be assigned both to the control and experimental groups, for a total sample of 840 workers. By the end of the demonstration, only 130 caseworkers were assigned to the experimental group and 148 to the control group.

Data Collection

CFRC worked with Northern Illinois University to develop two instruments for use in telephone surveys of caseworkers and their supervisors; these surveys – the *Caseworker Survey* and the *Supervisor Assessment of the Caseworker* – were designed to measure caseworkers’ and supervisors’ perceptions of changes in knowledge and skills as a result of the Enhanced Training. CFRC originally planned to administer the surveys at 6, 12, and 18 months following a caseworker’s completion of training.

Data collection began for the caseworker and supervisor surveys in November 2003. Of the 101 caseworkers identified as enrolled in the control and experimental groups, 59 six-month interviews were completed, 29 twelve-month interviews were completed, and 9 eighteen-month interviews were completed, for a total of 97 interviews. Due to contractual problems, collection

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of further interview data was discontinued in January 2005. Therefore, the analysis of supervisors' and caseworkers' perceptions of knowledge and skills is limited to interviews completed between November 2003 and December 2004.

In addition, CFRC had originally planned to track the satisfaction of experimental group participants with the Enhanced Training. At the conclusion of each week of training, participants were asked to complete paper feedback forms to gauge their reaction to the content and presentation of the trainings. However, technical problems with maintaining the feedback form database prevented subsequent analyses of these data.

EVALUATION FINDINGS

Process Evaluation

1. Project Enrollment: During the project's pilot phase from August 2002 through January 2003, only six private agencies enrolled new caseworkers in the training program, or roughly one worker from each agency. IDCFS staff largely outnumbered private agency staff in the training sessions. An analysis of training registration data revealed that the operational needs of the private agencies prevented the release of new employees to participate in trainings; for many agencies, the six-week commitment was too burdensome. In addition, those agencies experiencing high employee turnover failed to register eligible staff for the training program.

Based on these findings, the State's original sampling plan was abandoned in April 2003 and the training program was made available to staff in all private child welfare agencies throughout the State. As a result, participation in trainings by private agencies increased during the remainder of the project. By this time, however, the unsystematic withdrawal or withholding of private agency caseworkers from part or all of the training sessions had weakened the original random assignment design and created irremediable bias in the research sample. This made it difficult to attribute any observed outcomes to the effects of the waiver demonstration.

2. Revisions to the Training Curriculum: Illinois engaged in a continual review of all aspects of the training program. An in-depth analysis of the enhanced curriculum revealed several needed improvements, and IDCFS made several subsequent changes to the curriculum to incorporate additional practice improvements, performance expectations, and statutory mandates. Constant revisions to the enhanced training curriculum became a confounding variable that affected both the implementation of the waiver demonstration and the evaluator's ability to measure meaningful changes in key project outcomes.
3. Suspension of Field Support: In January 2004, the field support component of the Enhanced Training program was suspended indefinitely after one of the three trainers left the project. The Enhanced Training program was originally conceived of as a rotational "co-trainer model" in which two trainers provided classroom instruction while a third trainer provided field support to caseworkers. Once a training session ended, one trainer rotated out of the classroom to provide field support while the original field trainer returned

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to the classroom. The departure of one trainer rendered the continuation of this co-trainer model unfeasible. The termination of the field support component further diluted the fidelity of the State’s original Enhanced Training model and affected CFRC’s subsequent ability to measure key project outcomes.

4. Post-Training Surveys of Caseworkers and Supervisors: Based on available results from the *Caseworker Survey*, the Enhanced Training curriculum did not appear to change workers’ perceptions of their preparedness in core case management activities, including (1) facilitating progress toward permanency, (2) engaging in concurrent planning, (3) testifying in court, and (4) participating in family meetings. In addition, many experimental group workers perceived the content of the Enhanced Training in these core areas to be repetitive of what they were exposed to in the standard Foundation Training.

Supervisors of experimental group workers were asked to assess workers’ level of preparedness in core casework activities six months following completion of the Enhanced Training program. Overall, 42 percent of supervisors rated the performance of experimental group workers as “very good.” When asked to compare experimental group workers to other new workers in the agency, 48 percent of supervisors rated experimental group workers as having the same level of preparation as other new workers, while 38 percent rated experimental group workers as better prepared than other new workers.

Outcome Evaluation

The State’s evaluation plan called for the identification of statistically significant differences between the control and experimental groups on the following outcome measures:

- Recurrence of abuse and neglect;
- Number of placements per child;
- Exits to reunification, guardianship, and adoption; and
- Length of time in out-of-home placement.

Overall, no major differences were apparent between the experimental and control groups on most child welfare outcomes of interest. However, children served by caseworkers in the experimental group did appear to spend somewhat less time in foster care prior to permanency, although sample sizes were too small to determine statistical significance:

- Among children exiting to reunification, the average time in out-of-home placement for children served by experimental group caseworkers was 877 days compared with 1,229 days for control group children.
- Among children exiting to adoption, the average time in foster care for children served by experimental group caseworkers was 1,537 days compared with 1,931 days for control group children.

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- Among children exiting to guardianship, the average time in out-of-home placement for experimental group children was 1,900 days compared with 2,337 days for control group children.

WEB LINKS

The Illinois Training Demonstration March 2004 report is available at the following Web site:
<http://cfrcwww.social.uiuc.edu/pubs/Pdf.files/IVETrainingWaiver.pdf>

INDIANA

DEMONSTRATION TYPE:	Flexible Funding – Phase I ¹
APPROVAL DATE:	July 18, 1997
IMPLEMENTATION DATE:	January 1, 1998
COMPLETION DATE:	A short-term bridge extension was granted until September 30, 2004. ²
INTERIM EVALUATION REPORT DATE:	February 22, 2001
FINAL EVALUATION REPORT DATE:	September 30, 2003

TARGET POPULATION

Indiana’s Child Welfare Waiver Demonstration Project permitted any child (age 0–18) who was being served by the Indiana Division of Family and Children to be selected for services. Up to 4,000 children could be served at any given time. The pool of children targeted for the demonstration included: (1) children identified through the agency’s Child in Need of Services (CHINS) placement process; (2) children involved in substantiated reports of abuse or neglect; (3) adjudicated delinquent children; and (4) other children identified as being at risk of abuse, neglect, or delinquency. Participation by children who were ineligible for title IV-E services was limited to 25 percent of the population served at any given time.

JURISDICTION

Ninety of Indiana’s 92 counties participated in the demonstration. Although the State originally planned to implement the demonstration statewide, local county autonomy in decision making resulted in Indiana achieving only a 97.8 percent county participation rate.

INTERVENTION

Indiana created a capitated payment of \$9,000, which could be used to provide flexible services for a child who was in foster care or at risk of being placed in care. The funds could be used to provide out-of-home care and/or services for the following purposes: preventing placement, reducing the need for institutional placement, and/or reducing the time necessary to achieve permanency. The State created 4,000 “slots” per year (\$9,000 was allocated to each slot). Slots were allocated to counties according to population size and poverty data.

¹ Based on information submitted by the State as of September 2003.

² A three year extension was considered by the Children’s Bureau.

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Each county had an interagency planning group, which developed plans for new or innovative services to meet the needs of children and families. Each county also created community-based service teams, which were comprised of parents, mental health care providers, and child welfare staff. These teams were responsible for developing individualized service plans for children assigned to the demonstration slots.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. The State assigned children to experimental and comparison groups through a matching process in which the evaluators matched each child assigned to a waiver slot with a corresponding non-waiver child, creating a comparison group of non-waiver children. The comparison and experimental groups were matched on a set of available demographic, geographic, and case-related variables. The State's goal was to serve 20,000 children in the experimental group over the life of the demonstration.

Because the demonstration encompassed 90 of the 92 counties, the initial process study design called for a more detailed examination of the demonstration in six selected counties, with a broader process review statewide. In the second half of the study, the focused process review was broadened to include 25 counties (referred to in the final report as “program counties”) that appeared to be making substantial and innovative use of the waiver.

The State examined the levels of child and family well-being, the number of placements in out-of-state facilities, the level of youth and caretaker satisfaction, and the achievement of permanency.

EVALUATION FINDINGS

Process Evaluation

During the five-year demonstration period, the total number of children assigned to the experimental group was 5,277, and the average daily number served was 1,112. The State notes in its final report that one implementation barrier was identifying targeted numbers of title IV-E-eligible children. Over the course of the demonstration, there were more cases assigned to the experimental group that involved families who were ineligible for title IV-E services (2,985) than families who met IV-E eligibility criteria (2,292). Over time, however, counties increased use of the demonstration for IV-E-eligible children. By design, counties operated varied programs: some created new, innovative services; some funded existing programs with goals similar to those of the demonstration; others increased flexibility in meeting concrete needs; and still others made modest or no visible changes.

By the final year of the demonstration, the evaluators distinguished a group of 25 counties that used waiver funds to augment child protection services for children in the experimental group. They expanded ongoing local initiatives, services, and programs aimed at avoiding or shortening out-of-home placement. In these sites, the State reports that counties had increased, at a statistically significant level, delivery of the following services to cases in the experimental

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group: family preservation services, individual counseling, childcare and respite care, basic household assistance, and special education services.

Other counties made limited use of the new program. Reasons cited for a lack of change in service delivery included confusion over policy and requirements governing the demonstration and a lack of training. Many counties also reported difficulties identifying a sufficient number of eligible title IV-E cases.

Outcome Evaluation

Impact analyses for the demonstration included a comparison of all experimental to control cases, and a comparison of experimental cases in demonstration counties to their matched control cases. The State reported findings in several areas:

1. Placement Avoidance: The number of children placed in out-of-home care (including family, group, and institutional settings) declined each month during the demonstration. A year before the waiver began (January 1997), there were 10,139 children placed in care. This number fell to 9,377 by the end of the demonstration in December 2002.

During this time, a growing number of children who were not in out-of-home care were assigned to the demonstration. The proportion of children in program counties who were never placed while assigned to the experimental group was 45.6 percent, compared with 38 percent of control group children, a statistically significant difference.

2. Out-of-State Placement: The rate of children in placement settings outside Indiana declined during the demonstration from 45 per 1,000 in January 1998 to 25 per 1,000 in December 2002. The State found that 1.5 percent of children receiving experimental services were placed out of State, compared with 3.3 percent of control group children.
3. Distance to Placement Setting: For all children in care, the average distance placed from their home declined during the demonstration, from an average of 57 miles to 44 miles. For experimental group children, the average distance placed from their home was lower than that of the control group (22.2 miles for experimental cases vs. 26.3 miles for control cases). However, this difference was not statistically significant.
4. Length of Placement: Within demonstration counties, mean length of placement for all experimental group children who were removed from their homes was 290 days, compared with 316 days for matched control group children ($p=.083$). The relative reduction in length of placement of experimental group children compared with their control group counterparts was 8.2 percent.
5. Permanency Outcomes:
 - *Reunification*: Children in the experimental group who were placed out-of-home were reunified with their parents significantly more often than children in the control group.

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Nearly 77 percent of experimental group children were reunified, either with the original caretaker or a non-custodial parent, compared with 66 percent of control group children.

- *Termination of Parental Rights (TPR)*: The TPR process was significantly longer in experimental cases (a mean of 688 days) than in matched control cases (a mean of 620 days). The State attributes this difference to the additional time and effort taken to reunify these families before proceeding to terminate parental rights. TPRs occurred in 7.4 percent of experimental cases and 10.3 percent of control cases.³
 - *Adoption*: As noted above, a greater percentage of children in the experimental group were reunified. However, for those who were not reunified, a lower percentage was placed with adoptive parents (3.4 percent vs. 7.1 percent in the control group). The mean number of days from removal to adoption was slightly less for experimental cases (763 days) than control cases (798 days).
6. Subsequent Placement: Subsequent placement refers to any new removal of a child after the end of the target case. No differences were found between children in the experimental and control groups.
 7. Recurrence of Child Abuse and Neglect: No differences were found between experimental and control cases in rates of new maltreatment reports or substantiations. There were also no differences found between experimental and control cases when specific types of child abuse and neglect were examined.
 8. School Performance: To assess child well-being, the school performance of children in the experimental group was compared with that of children in the control group. The State found that a higher percentage of school-age children assigned to the experimental group were in school at case closure (91.1 percent), than was the case with children in the control group (83.6 percent). This difference was most notable for children adjudicated delinquent: 87 percent of delinquent youths in experimental cases were in school at case closure, compared with 71.6 percent of their control group counterparts.

The State concluded that utilization of the waiver during the demonstration varied considerably across the State with respect to its intensity, frequency, and method of use. Consistent with this finding, the positive effects of the demonstration on children welfare outcomes were relatively modest and most evident within counties that had utilized the waiver actively and with greater fidelity to the intensive services model.

³ In program counties, TPR occurred in 5.7 percent of experimental cases and 9.3 percent of control cases.

INDIANA

DEMONSTRATION TYPE:	Flexible Funding – Phase II ¹
APPROVAL DATE:	June 30, 2005
IMPLEMENTATION DATE:	July 1, 2005
EXPECTED COMPLETION DATE:	June 30, 2010
INTERIM EVALUATION REPORT RECEIVED:	January 14, 2008
FINAL EVALUATION REPORT EXPECTED:	January 1, 2011

BACKGROUND

Indiana’s original flexible funding waiver demonstration was completed in January 2003 and continued under several short-term extensions through June 30, 2005. For its five-year (Phase II) waiver extension, the State is continuing its demonstration of the flexible use of title IV-E funds and seeks to improve on the process and outcome findings reported for its original waiver demonstration. In particular, the State hopes to promote the utilization of waiver dollars by a greater number of counties in light of the finding from its original demonstration that only 25 of 90 participating counties made significant use of waiver funds.

TARGET POPULATION

The target population for the Phase II demonstration includes title IV-E and non-IV-E-eligible children at risk of or currently in out-of-home placement, as well as their parents or caregivers. In 2006, the State modified its criteria for referring cases to the waiver demonstration; the new referral protocol more narrowly defined cases eligible for the demonstration. Specifically, “service cases” (i.e., families with a substantiated maltreatment report but no previous CPS history and no recommendation for CPS involvement) were phased out beginning September 1, 2006 and were not eligible for waiver assignment after April 2007.

JURISDICTION

All 92 counties in Indiana are eligible to participate in the Phase II waiver demonstration.

INTERVENTION

Under its waiver extension, Indiana counties continue to develop and implement innovative child welfare services, including community-based wraparound services and home-based alternatives

¹ Based on information submitted by the State as of January 2008.

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to out-of-home placement. As in the original demonstration, each participating county receives a certain number of waiver “slots” in which eligible children may be placed. A capitated payment of \$9,000 is allocated to each slot, which is used by a county to provide targeted community and home-based services appropriate for the needs and circumstances of the child and his or her family. The State allocates slots to participating counties based on selected demographic variables, including population size and poverty rates. Statewide, no more than 4,000 waiver slots are available at any given time.

A new feature of Indiana’s Phase II demonstration involves the institution of a statewide system of waiver “champions” to serve as experts and consultants on the IV-E waiver demonstration. The champions include family case managers, bookkeepers, child welfare supervisors, and county directors.

EVALUATION DESIGN

The evaluation includes process, outcome, and cost-effectiveness components. Using a matched case comparison group design, the evaluation tests the hypothesis that the flexible use of title IV-E funds for wraparound services and home-based placement alternatives will (1) prevent out-of-home placements, particularly in restrictive institutional settings; (2) reduce lengths of stay in out-of-home care; (3) decrease the incidence and recurrence of child maltreatment; and (4) enhance child and family well-being.

To implement the matched case comparison design, the State’s evaluation contractor uses a computer algorithm that selects the best possible match for each experimental group child from the pool of children who have not been assigned to the waiver. This method ensures that the IV-E status of the experimental group child matches that of the comparison child at the time of the match and that the case type of the experimental group child (e.g., delinquency, CHINS) matches that of the comparison child. Other matching variables include (1) county of the case, (2) opening date of the case, (3) age of the child, (4) sex of the child, (5) removal and placement status, (6) number of previous removals and placements, (7) number of days in previous placement, (8) type of substantiated child abuse or neglect, and (9) maltreatment risk level.

Data Collection

For evaluation purposes, the State’s evaluation contractor maintains a database that consists of monthly file extracts from the Indiana Child Welfare Information System (ICWIS). These extracts are cumulative from 1997 to the present and include data on all children ever assigned to the waiver experimental group; all other children currently in or who have been in out-of-home placement and their siblings; all children assigned to court custody but not removed from their homes; and all other children with an open child welfare case. Newly assigned experimental group children and matching comparison group children are added to the database over time.

Process Evaluation

The State’s process evaluation describes how the demonstration was implemented in each participating county and identifies differences in the services received by experimental and

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matched comparison cases. Specific research questions addressed through the process evaluation include the following:

- To what extent did counties utilize their allocated waiver slots? What factors accounted for differences among counties in their utilization of waiver slots?
- What differences emerge among counties in terms of the populations targeted for waiver slots (e.g., CHINS cases, delinquency cases)?
- What are the demographic characteristics (e.g., sex, race/ethnicity, poverty rates) of children assigned to waiver slots?
- What differences emerge among counties in terms of the types of services provided using allocated waiver funds? To what extent did children and families receive services and supports that they would not have received in the absence of the waiver?
- What are the attitudes of child welfare caseworkers, child welfare agency administrators, juvenile court judges, probation officers, and community stakeholders (e.g., school administrators, local child and family service organizations) toward the waiver?
- To what extent were community stakeholders (e.g., juvenile courts, probation officers, school personnel, county officials) involved in planning and implementing the waiver?

Outcome Evaluation

The State's outcome evaluation compares the experimental and matched comparison groups for significant differences in the following outcome measures:

- The proportion of children with an alleged or substantiated disposition of child abuse or neglect who enter out-of-home placement;
- The proportion of children who enter placement in restrictive institutional settings, including out-of-state facilities;
- Of all children who enter out-of-home placement, the proportion exiting to reunification, adoption, or guardianship;
- The time from foster care entry to foster care exit for each permanency outcome;
- Placement duration in restrictive institutional settings, including out-of-state facilities;
- Of all children who exit to each permanency outcome, the proportion experiencing a subsequent substantiated report of abuse or neglect;
- Of all children who exit to reunification, the proportion who re-enter out-of-home care; and

INDIANA – FLEXIBLE FUNDING – PHASE II

- Changes in child and family well-being and functioning.

EVALUATION FINDINGS

Process Evaluation

The State's Interim Evaluation Report covering the period of July 1, 2005 through December 31, 2007 noted that waiver usage has steadily increased over time as indicated by the number of active waiver cases. For the first 6-month period of the waiver extension, the average monthly number of active waiver cases was 846; however, that number increased to 1,828 by September 2007. In examining waiver usage, the evaluation team distinguished 36 counties as "program counties" (i.e., those counties that adhere most closely to the original vision for the waiver demonstration and actively use their waiver slots). This represents an increase of 11 counties (40 percent) over the original demonstration, in which only 25 counties were identified as active waiver users. These counties represent 55.4 percent of the State's general population and 69.5 percent of children assigned to the waiver.

Between July 1, 2005 and September 30, 2007, 4,236 children were newly assigned to the experimental group. Of these, 1,918 children are title IV-E eligible while 2,318 are non-IV-E eligible. In addition, 824 children were carried over from the bridge extension period, for a total of 5,060 children assigned to the experimental group during the long-term extension as of January 2008.

With regard to service provision, children in the experimental group who were not placed in out-of-home care were significantly more likely to receive services to prevent removal than children in the control group (88.7 percent vs. 73.6 percent, $p < .05$). Of the 34 types of services noted through case-specific sample surveys and family surveys, workers reported a larger percentage of experimental cases receiving 23 of the 34 services. Of these services, 8 were provided to experimental group families at significantly higher levels than to control group families ($p < .05$), including services related to household needs (e.g., utility and rent payments), homemaker services, basic child needs (e.g., clothing and school supplies), transportation, housing assistance, money management, life-skills training, and childcare.

Outcome Evaluation

Major outcome findings contained in the State's Interim Evaluation Report are summarized below:

- Children with access to waiver-funded services are less likely to enter out-of-home placement. Of the 1,956 experimental group children and 1,565 control group children not in placement at the time of their assignment to the project, 412 (21.1 percent) children in the experimental group were subsequently removed and placed in out-of-home care compared with 468 (29.9 percent) control group children, a statistically significant difference. Placement rates in "program" counties were similar to the statewide analysis,

INDIANA – FLEXIBLE FUNDING – PHASE II

with 21.6 percent of children in the experimental group placed in out-of-home care compared with 30.5 percent in the control group, also a statistically significant difference.

- Overall, experimental group children were reunified at higher rates than matched comparison children. Specifically, the State’s analysis found that 57 percent of experimental group children had been reunified compared with 44.1 percent of control children, a statistically significant difference. In contrast, control group children were much more likely to be adopted, with 22.1 percent exiting to adoption compared with 7.7 percent of experimental group children, a statistically significant difference. Guardianships occurred more frequently in the experimental group than in the control group (12.8 percent versus 10.3 percent), although this difference was not significant.
- On average, children with access to waiver-funded services spend less time in out-of-home placement. Among children reunited, adopted, or placed with a guardian, those in the experimental group averaged 346 days in placement compared with 508 days for children in the control group, a statistically significant difference. When these data were analyzed by placement outcome, reunified children were responsible for much of this difference. Although adopted children in the experimental group spent less time in placement than control group children (885.6 days versus 959.5 days), this difference was not statistically significant.
- Children with access to waiver-funded services avoid maltreatment recurrence for longer periods. Survival analyses indicate a greater delay in a new substantiated report after original case closure for children in the experimental group (371 days) compared to children in the control group (254 days), a statistically significant difference.
- Children with access to waiver-funded services may avoid foster care re-entry at higher rates and for longer periods. According to the State’s Interim Evaluation Report, 13.9 percent of children in the experimental group who were previously reunified reentered placement compared with 18.4 percent of children in the control group, a difference that fell just short of statistical significance at $p = .054$. However, survival analyses reveal that experimental group children avoided placement reentry longer than matched control children, with an average of 136 days before reentry compared with 147 days for control group children, a statistically significant difference.
- Self-report surveys of families revealed positive well-being trends in favor of the experimental group in several domains, including relationships with other adults; relationships with their child(ren); overall well-being of their child(ren); respondents’ general well-being; economic or financial outlook; current job or job prospects; home life; and life in general. However, the mean difference in survey scores was statistically significant for only three domains: current job or job prospects, home life, and life and general.

Additional findings will become available as implementation continues.

IOWA

DEMONSTRATION TYPE:	Assisted Guardianship ¹
APPROVAL DATE:	March 31, 2006
IMPLEMENTATION DATE:	February 1, 2007
EXPECTED COMPLETION DATE:	January 31, 2012
INTERIM EVALUATION REPORT EXPECTED:	September 31, 2009
FINAL EVALUATION REPORT EXPECTED:	July 31, 2012

TARGET POPULATION

Iowa's demonstration, known as the Subsidized Guardianship Program, targets title IV-E-eligible and non-IV-E-eligible children in the legal custody of the State who meet the following eligibility criteria:

- A determination has been made that reunification and adoption are not viable permanency options for the child;
- The child has a permanency goal of long-term foster care, guardianship, or Another Planned Permanent Living Arrangement (APPLA);
- The child has been in licensed foster care for at least six of the past 12 months;
- If older than age 14, the child consents to the guardianship;
- The child is 12 years of age or older or, if under 12 years of age, is part of a sibling group with a child aged 12 or older; and
- The child has been in continuous placement with the prospective guardian for the past six months.

Under limited circumstances, the State may make exceptions to the requirement of six months in continuous placement with the prospective guardian if the prospective guardian is a relative of the child, has a close bond with the child, and an expedited move to permanency is deemed to be in the child's best interests.

¹ Based on information submitted by the State as of February 2008.

IOWA – ASSISTED GUARDIANSHIP

Both relatives and non-relatives caring for children in out-of-home placement may participate in Iowa's guardianship demonstration and must meet the following criteria:

- The prospective guardian has a significant relationship with the child and demonstrates a willingness to make a long-term commitment to the child's care;
- Any safety factors that prompted the child's involvement with Child Protective Services have been resolved and the placement does not require continued oversight from a child welfare agency; and
- An assessment of the prospective guardian and of the guardian's home yields positive results that support the decision to place the child in the legal custody of the guardian.

JURISDICTION

Iowa's subsidized guardianship demonstration is being implemented statewide.

INTERVENTION

Iowa's demonstration provides a financial subsidy to relative and non-relative foster caregivers who assume permanent guardianship of children in the legal custody of the State. Specific components of the Subsidized Guardianship Program include the following:

1. Guardianship Subsidy Payment: Caregivers awarded guardianship under the demonstration receive a monthly subsidy no greater than the child's monthly foster care maintenance payment in effect at the time guardianship is awarded. The guardianship subsidy is based on a flat daily foster care rate adjusted according to the needs of the child and the circumstances of the family.
2. Payment for Non-Recurring Expenses: Guardians may receive a one-time payment equal to that allowed under the State's adoption subsidy program for miscellaneous costs and legal fees associated with establishing the guardianship.
3. Pre- and Post-Permanency Supports and Services: The State makes available to eligible children and caregivers services and supports that parallel those offered to adoptive families. Services available prior to guardianship include preliminary screenings to determine the possible appropriateness of guardianship; Family Team Meetings; assessment of the home and of the prospective guardian's relationship with the child; and assistance in applying for subsidized guardianship. Services available following the establishment of guardianship include referrals to community services and assistance with the adoption application process, should a guardian subsequently seek to adopt the child.
4. Education and Training Vouchers: Children who enter subsidized guardianship after the age of 16 are eligible to receive education and training vouchers funded through the Chafee Foster Care Independence Program. The State may place priority on providing

IOWA – ASSISTED GUARDIANSHIP

education and training vouchers to youth in foster care in the event that the number of eligible youth exceeds available funding for vouchers.

The guardianship casework process in Iowa involves several distinct steps:

1. Family Team Meeting and Assessment: Upon notification of a child's eligibility for the program and as appropriate to the circumstances of the case, the child's caseworker convenes a Family Team Meeting to review the details and responsibilities of adoption and guardianship. If adoption is ruled out and there is interest in guardianship, the caseworker completes a full assessment of the appropriateness of subsidized guardianship for the child and the potential guardian. Once the assessment is completed, the caseworker assists the potential guardian in completing a Subsidized Guardianship Agreement.
2. Finalization of Guardianship: The signed Subsidized Guardianship Agreement is presented to the Probate or Juvenile Court for approval and is finalized based on a review of the Guardianship Agreement and a judicial determination that guardianship is in the best interests of the child.
3. Annual Guardianship Review: After the guardianship is finalized, the Court completes annual reviews of the guardianship arrangement. The guardianship review includes (1) an assessment of whether the subsidy is adequate or is still needed (i.e., by determining whether the child is still living in the home of the guardian); and (2) an assessment of whether the child, guardian, and guardian's family are receiving supplementary services and supports necessary for the successful maintenance of the guardianship arrangement.

EVALUATION DESIGN

The State's evaluation includes process and outcome components and incorporates an experimental research design with random assignment to experimental and control groups. In addition, the evaluation includes a separate cost analysis.

Sample Size

Children in the eligible target population are assigned to the experimental and control groups at a 2:1 ratio. At the inception of the demonstration on February 1, 2007, the State identified 962 children currently in out-of-home placement who were eligible to participate in the subsidized guardianship program. Of these, 671 children were randomly assigned to the experimental group and 291 children were assigned to the control group. Over the five-year course of the demonstration, the State estimates that 2,925 children will be included in the research sample, with 1,950 children assigned to the experimental group and 975 children assigned to the control group.

Process Evaluation

Iowa's evaluation includes a process analysis that describes how demonstration services are implemented for experimental group cases and how these services differ from services provided

IOWA – ASSISTED GUARDIANSHIP

to children in the control group. As part of this analysis, the State is tracking the following subsidized guardianship process measures:

- The proportion of cases eligible for guardianship;
- The proportion of eligible caregivers offered guardianship;
- The proportion of eligible caregivers who accept or reject guardianship;
- Caregivers' reasons for accepting or declining guardianship;
- Of caregivers who decline guardianship, the proportion of children that are adopted, reunified, or remain in foster care;
- Of caregivers who accept a guardianship offer, the proportion who are awarded guardianship;
- The average length of time between acceptance and establishment of guardianship; and
- Barriers to the establishment of guardianship.

Outcome Evaluation

Iowa's outcome evaluation compares the experimental and control groups for significant differences in child safety, permanency, and placement stability. Specifically, the State's outcome evaluation assesses the experimental and control groups for statistically significant differences in the following outcome measures:

- Mean/median length of time in out-of-home placement;
- Number and proportion of children who achieve permanency through adoption, guardianship, or reunification;
- Number and proportion of children who age out of foster care;
- Number and proportion of guardianship placements that are disrupted and the reasons for any disruptions;
- Number and proportion of children with a subsequent alleged and/or substantiated maltreatment report;
- Number and proportion of children who re-enter out-of-home placement; and
- Number and proportion of guardianships that are dissolved and the reasons for any dissolutions.

IOWA – ASSISTED GUARDIANSHIP

In addition, Iowa's evaluation is tracking these outcome measures in relation to gender, age, and race.

Cost Study

Iowa's cost analysis examines the costs of key elements of services received by children in the experimental group and compares these costs with those of usual services received by children in the control group. The cost analysis includes an examination of the use of key funding sources, including Federal sources such as titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, as well as State and local funds. In addition, Iowa is conducting a cost-effectiveness analysis where feasible to identify costs per successful outcome for the experimental and control groups. This analysis may be conducted using one or more key outcome measures for which statistically significant differences between the experimental and control groups are identified.

EVALUATION FINDINGS

Process Evaluation

As of February 1, 2008, 1,531 children have been assigned to the demonstration, with 1,065 children assigned to the experimental group and 466 children assigned to the control group.

Outcome Evaluation

As of February 2008, eight children in the experimental group have exited to subsidized guardianship. In addition, interviews conducted through February 19, 2008 with the case managers of 455 experimental group children indicate that 13 children (2.9 percent) were in the process of having guardianships established; 27 children (5.9 percent) were being considered for guardianship; and 16 children (3.5 percent) had already been adopted or exited to private guardianship or were in the process of exiting to these permanency options at the time of random assignment.

Additional evaluation findings will become available as implementation of Iowa's subsidized guardianship demonstration continues.

IOWA

DEMONSTRATION TYPE:	Performance-Based Payments/ Managed Care
APPROVAL DATE:	March 31, 2006
EXPECTED IMPLEMENTATION DATE:	Terminated Prior to Implementation on March 6, 2008

BACKGROUND

Iowa originally planned to implement its demonstration no later than July 1, 2007. However, the State first postponed and then terminated its waiver prior to implementation due to significant changes in its Medicaid payment and contracted service provider systems.

TARGET POPULATION

Iowa's performance-based payment demonstration, known as the *Safe at Home Program*, was intended to target title IV-E-eligible and non-IV-E-eligible children ages 11–16 who had been adjudicated as a "Child in Need of Assistance" and who were in or likely to enter placement in a congregate care setting.

INTERVENTION

The *Safe at Home Program* was to focus on the following managed care strategies:

1. Contracted Case Management Services: Intensive case management services would be provided by a contracted social service agency selected by the State.
2. Capped Case Rate: The contracted service provider would receive a capped rate for each child enrolled in the *Safe at Home* demonstration to directly provide or subcontract for services for each participating child and his/her family.
3. Performance-Based Payments: As part of the overall case rate, the contracted agency would receive incentive payments for achieving specific child welfare outcomes, such as increased exits to permanency, achievement of permanency within 14 months of entering foster care, and maintaining family stability as indicated by no placement re-entries for six months.
4. Expanded and Individualized Services and Supports: Funds available through the capped case rate would be used to provide an expanded array of in-home and out-of-home services and supports, including individual counseling; individual, family, or group therapy; supervised peer group outings; enhanced educational supports; crisis support; respite care; and recreational activities (e.g., sports camps, martial arts classes).

MAINE

DEMONSTRATION TYPE:	Adoption Services ¹
APPROVAL DATE:	September 17, 1998
IMPLEMENTATION DATE:	April 1, 1999 ²
COMPLETION DATE:	December 2004 ³
INTERIM EVALUATION REPORT DATE:	December 31, 2001
FINAL EVALUATION REPORT DATE:	December 31, 2004

TARGET POPULATION

Demonstration participants were recruited from the overall population of families who adopted children with special needs from the Maine foster care system. Enrollment was restricted to children who were title IV-E eligible.

JURISDICTION

Maine Department of Human Services implemented the demonstration project in all eight of the State's districts.

INTERVENTION

The intervention consisted of two parts: (1) an adoption competency training program that provided basic information about special needs adoption for mental health professionals who work with adopting families or adoptable children; and (2) provision of post-adoption support services, which the State calls "Guided Services," to families that choose to adopt.

In the initial phase of the demonstration, the State completed a two-part training program for clinical social workers, case managers, psychologists, and psychiatrists. These child welfare professionals then provided services to adoptive families. Eight training teams were formed, one for each of the State's districts. Each team was composed of an adoptive parent, a clinician/therapist, and a State adoption caseworker.

¹ Based on information submitted by the State as of December 2004.

² The training component operated from April 1, 1999 through November 30, 2000. The post-adoption services model began April 1, 2000.

³ Maine had originally requested a three-year extension of the project. However, the State withdrew its request in June 2004.

MAINE – ADOPTION SERVICES

The second phase of the demonstration consisted of training workshops conducted by the eight district teams. The workshops targeted community members and professionals (such as therapists, school staff, and respite providers) who could provide support to stabilize and strengthen adoptive families. Subsequent training workshops were designed to educate the community on the needs of adoptive families. Training topics included family systems, child development, open adoptions, the integration of adopted children into existing families, the effects of abuse and trauma on children, infant mental health, and adoption subsidies.

Beginning in the second year of the demonstration, trained mental health and other professionals offered post-adoption support services to families. A family-centered assessment was administered which covered child and parent factors, normal developmental milestones, history of trauma, capacity for attachment, parenting styles, and family culture. Based on the assessment, a social worker, the previous adoption caseworker, and the adoptive family developed an initial service plan.

Post-adoption support services (e.g., case management, parent education and support, information and referral services, respite care, therapy, and advocacy) were delivered by a partnership between the Maine Department of Health and Human Services (DHHS) and Casey Family Services (a non-profit child welfare agency), the agencies used a community-based delivery of service program designed to be child-centered and family focused. The adoptive parent(s) was viewed as the expert on their child. The adoption staff functioned as guides who consulted with the family as needed to help them deal with issues that are common in the life of an adoptive family.

The major hypothesis of the post-adoption support services study was that families and children who receive guided supportive services will be strengthened, have fewer dissolutions, and report higher levels of child and family well-being than families and children that receive standard services.

EVALUATION DESIGN

The evaluation included process and outcome components, as well as a cost analysis. Families were randomly assigned to experimental⁴ and control⁵ groups. Control group cases received the standard adoption subsidy from the State, along with the support services that are traditionally available in their community. Experimental group cases had access to all of the above services plus a Maine Adoption Guide social worker from Casey Family Services.

Sample Size

There were a total of 117 children assigned to the demonstration in year one, 128 children assigned in year two, 120 children assigned in year three, and 134 children assigned in year four, for a total sample size of 499 children. Children were assigned to experimental and control groups at a 1:1 ratio.

⁴ Also referred to as the “Guided Services” group.

⁵ Also referred to as the “Standard Services” group.

MAINE – ADOPTION SERVICES

A total of 76 families that were invited to participate in the project declined. A survey was given to eligible families that chose not to participate in the demonstration beginning in the second year of the project. Families were asked to give reasons for their decision. The most common reasons families gave were (1) “Enough contact with State agencies/want to be left alone”; (2) “Being contacted twice a year for questionnaires would be too time consuming”; and (3) “Participating in the project could make the adoption process more difficult.”

Outcome Study

The evaluation compared the experimental and control groups for statistically significant differences in the following outcome measures: number of displacement days, adoption dissolution rate, child to family attachment, parents’ trust in their child, use of family-centered case management practices, child well-being and functioning, and family well-being and functioning.

EVALUATION FINDINGS

Process Evaluation

1. Participant Characteristics: There were no significant differences between children in the experimental group and the control group with regard to age, gender, number of previous foster care placements, amount of time the child lived with his/her caregiver prior to entering the demonstration, and use of psychotropic medications.

In addition, there were no significant differences in ethnicity, adoption rates, special education services received, or the prevalence of clinically-diagnosed disabilities between experimental and control groups. Both groups were also similar in income, family structure (e.g., single or married), and in the relationship of the family to the adopted child (e.g., relatives or non-relative caregivers).

A total of 228 families over the life of the project (94 experimental group families and 134 control group families) either decided to drop out of the project or were asked to leave the demonstration.⁶ Anecdotal reports from the State child welfare agency indicated that three of the families that dropped out of the study left due to adoption dissolutions (one experimental group family and two control group families).

2. Service Availability and Utilization: The State noted some discrepancies between services caregivers wanted and those that they reported receiving. Caregivers sought out the following services in order of frequency: (1) individual counseling, (2) respite care, (3) behavioral specialists, (4) adoption support groups, and (5) “other” services.⁷ However, families reported that respite care was the most commonly received service, followed by other services, counseling for the adopted child, and services from behavioral specialists.

⁶ Families were asked to leave if they did not respond to surveys.

⁷ Other services included occupational therapy, speech therapy, physical therapy, caseworker consultation, psychiatrists, substance abuse treatments, neuropsychological evaluations, and homeopathic medicine.

MAINE – ADOPTION SERVICES

Parents were the most frequent recipients of services. Maine Adoption Guide social workers reported the most common service they provided was parent education and support. Other frequently provided services included relationship building, individual child therapy, and adult group therapy. Families were most frequently provided services over the phone or in their homes. Seventy-six percent of services did not require any travel time, seven percent of services involved 15 to 60 minutes of travel time, 12 percent of services required between one and two hours, and five percent of services required more than two hours of travel time.

Facilitated by therapists, Parent Support Groups offered adoptive parents an environment in which to discuss their problems and gave them the opportunity to connect with other adoptive parents. In general, the groups met once a week or every other week. Most groups met on an ongoing basis. According to surveys completed by parents every six months after entering the demonstration, more than half of participating caregivers surveyed said that their most important source of support was professional (e.g. caseworkers), while 45 percent stated that their most important source of support was “natural” (e.g. family, friends, and/or support group members).

Outcome Evaluation

The State reported that the Maine Adoption Guides model achieved the following successes:

- Children and families received the same or better services and supports than they would have received in the absence of the demonstration.
- Caregivers reported overall satisfaction with the adoption process, services received from State DHHS staff, and supports from the Guided Services caseworkers.
- The intervention model was designed and implemented to meet adoptive families’ needs.
- There were few statistically significant differences in child and family-level outcomes between the experimental and control groups, but any observed differences tended to favor the experimental group.
- The partnership between Casey Family Services and Maine DHHS functioned in support of the project.

Maine reported the following findings regarding its selected outcome measures (see *Evaluation Design* above):

- *Trust*: Parents were asked whether or not they trust their child every six months during the demonstration period. After 42 months, a significantly higher percentage of parents (73 percent) in the experimental group stated they trusted their child compared with 24 percent of parents in the control group.
- *Children’s Mental Health/Child Functioning*: The Child Behavior Checklist was used to compare differences across experimental and control groups in child behavior and functioning over time. There was a statistically significant difference between experimental and control groups on the Total Problems measure for all ages combined. The experimental group had lower average Total Problem scores for a 24-month period compared with the control group.

MAINE – ADOPTION SERVICES

- *Family-Centered Case Management:* Of those caregivers who reported receiving case management services, the majority reported that their caseworkers provided services in a family-centered manner. Parents in the experimental group reported a significantly higher level of assistance from their caseworkers than those in the control group. These parents reported that the caseworkers helped them get the information they wanted/needed; assisted parents in attaining help from their family, friends, and community; suggested things they could do for their child that fit into their family's daily life; and helped the family attain services from other agencies or programs.

No statistically significant differences were found between the experimental and control groups in the child-level outcomes of child's health and development; child's satisfaction with adoption; child's positive and negative behavioral traits; or child's positive behaviors toward the adoptive parent. In addition, no statistically significant differences were found between the experimental and control groups in the family-level outcomes of caregiver health and stress levels; caregiver satisfaction with adoption; parenting practices; family adaptability and cohesion; family attachment to child; parent and child communication; frequency of parent and child disagreements; or frequency of positive parent-to-child caregiving behaviors. Finally, no statistically significant differences were found between the experimental and control groups in the number of displacement days, adoption dissolutions, or level of child attachment over time.

Cost Study

The total amount spent on all children assigned to the demonstration during the project implementation period (four years) was \$38,481,334. However, the State found that a high percentage of these funds were spent on a few children during a short time period. The median cost per child (\$22,121) may therefore be a more accurate cost indicator.

The State's hypothesis was that Medicaid costs for those children in the experimental group would be equal or less than Medicaid costs for those children in the control group due to the fact that experimental group children and their families received effective services and support through the intervention, which would result in a reduced need for services over time. During the four-year study period, children in the experimental group had lower overall Medicaid costs than children in the control group. (Medicaid costs for children in the experimental group and those in the control group were similar before entering the demonstration).

WEB LINKS

Maine's December 2004 Final Report is available on the following Web site:
http://muskie.usm.maine.edu/Publications/ipsi/maine_adopt_guides_05.pdf

MARYLAND

DEMONSTRATION TYPE:	Assisted Guardianship/Kinship Permanence ¹
APPROVAL DATE:	April 17, 1997
IMPLEMENTATION DATE:	March 1, 1998
COMPLETION DATE:	September 30, 2004 ²
INTERIM EVALUATION REPORT DATE:	December 13, 2000
FINAL EVALUATION REPORT DATE:	October 2003

TARGET POPULATION

Maryland offered assisted guardianship to children for whom family reunification and adoption were not viable permanency options. To be eligible for the demonstration, children must have been living in the stable home of a relative or kinship caregiver for a minimum of six months. Maryland included in its demonstration both title IV-E-eligible and non-IV-E-eligible children.

Children enrolled in the State's Restricted Foster Care (RFC) program, a program for children living with relatives who meet the licensing requirements for foster parents and who were paid the foster care subsidy rate of \$600 per month, were eligible for the demonstration. In addition, children enrolled in Maryland's Kinship Care Program, which includes children living in unlicensed relative foster homes, were eligible for the demonstration.

JURISDICTION

The demonstration began in the City of Baltimore. Plans to expand the demonstration to other counties were not implemented.

INTERVENTION

Maryland offered kinship caregivers and relative foster parents the option of becoming legal guardians while continuing to receive financial assistance and support services, creating a new permanency option for eligible children. Modeled after the State's Adoption Assistance

¹ Based on information submitted by the State as of February 2004. Maryland had two waiver agreements. The first waiver agreement provided for an assisted guardianship program. On September 16, 1999, HHS granted the State a second waiver agreement to implement a component to provide Services to Substance-Abusing Caretakers and Managed Care/Capitated Payment System components.

² HHS approved bridge extensions through September 30, 2004.

MARYLAND – ASSISTED GUARDIANSHIP/KINSHIP PERMANENCE

Program, Maryland’s assisted guardianship demonstration was designed to convert long-term foster care and kinship care placements to permanent guardianship arrangements.

Under Maryland’s title IV-E waiver agreement, the guardianship subsidy was \$300 per child, per month. This amount was lower than the foster care rate and higher than the TANF child-only payments (noted above). In other words, kinship caregivers who became guardians received a \$122 increase to support the child in their care, while licensed relative foster parents who became guardians had their subsidy payment reduced by half (to \$300). The State's hypothesis was that relative foster parents would accept the reduced stipend in order to have the authority to make decisions on behalf of the child without State involvement.

In addition to the subsidy, guardians were granted priority to receive support services—including individual and family counseling, parent training, medical support and mental health assessment—from local social service offices.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. Children in both kinship care and RFC were randomly assigned to experimental and control groups during two data collection periods. In total 1,021 children were assigned to the experimental group and 737 children to the control group. However, caregivers for only 507, or 50 percent, of the children in the experimental group signed consent forms for participation in the demonstration.

EVALUATION FINDINGS

Process Evaluation

Fewer caregivers than expected agreed to participate in the demonstration, and still fewer cases in the experimental group were interested in seeking guardianship. Caregivers of only 200 children in the experimental group sought guardianship. This was approximately 20 percent of the experimental group or 39 percent of those who consented to participate in the demonstration.

The reason for the low response rate is unclear; however, staff in Maryland noted that fewer RFC caregivers than anticipated were interested in guardianship. Apparently, ending child welfare agency involvement with the family was not as great an incentive to pursue guardianship as anticipated, when it meant reducing the assistance they received from \$600 to \$300.

Outcome Evaluation

Maryland’s final evaluation report noted that children in kinship care in the experimental group exited foster care more rapidly than those in the control group. No such effect was observed for children in RFC. Of those children who exited care, children in the experimental group were more likely to exit care in the custody of a relative than those in the control group. This was true for all children in kinship care and for children in the second RFC cohort group.

MARYLAND – ASSISTED GUARDIANSHIP/KINSHIP PERMANENCE

There did not appear to be significant differences in the permanency rates of children in the experimental and control groups, calculated as the sum of the number of children who exited care as a result of reunification, adoption, or guardianship in the control and experimental groups divided by the number of children assigned to each group.⁴ By the end of the demonstration, 42 percent of the children in the experimental group achieved permanency, as compared to 43 percent of the children in the control group.

⁴ Permanency rates were calculated based on data provided in Maryland's final report

MARYLAND

DEMONSTRATION TYPE:	Managed Care Payment System ¹
APPROVAL DATE:	September 16, 1999
IMPLEMENTATION DATE:	January 1, 2000
COMPLETION DATE:	December 31, 2002 ²
INTERIM EVALUATION REPORT DATE:	October 31, 2002
FINAL EVALUATION REPORT DATE:	N/A Terminated early on December 31, 2002

TARGET POPULATION

Maryland targeted 1,000 children in State custody for its managed care demonstration. Three subgroups were included: 1) 340 children entering foster care placement directly from home following a dispositional hearing; 2) 160 children entering foster care from kinship care; and 3) 500 children already placed in foster care who are five years of age and under. The number in each subgroup includes siblings of these children who were already in out-of-home care.

JURISDICTION

Maryland implemented this component of the demonstration in the city of Baltimore.

INTERVENTION

The waiver agreement allowed Maryland to contract with up to two licensed child placement agencies to serve as lead agencies using a managed care payment system. Each lead agency was expected to provide case management, placement, permanency planning, and support services (including aftercare) to all referred children. The State expected the lead agencies to provide and/or subcontract for services as needed. The State contracted with one lead agency for a period of three years. The lead agency received a fixed sum (\$24.3 million)³ to provide services

¹ Based on information submitted by the State as of January 2004. Maryland had two waiver agreements. Under the first waiver agreement, the State implemented an Assisted Guardianship/Kinship Permanence demonstration project. The second waiver agreement had two project components—this Managed Care Payment System project, and a Services to Substance-Abusing Caretakers project.

² Originally, Maryland's Managed Care Payment System intervention was to end December 31, 2004. Given the State's decision not to extend a second contract, the intervention ended December 31, 2002.

³ The lead agency received an additional \$1.7 million through a contract modification to adjust for approved rate increases.

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to 500 children, regardless of the children’s actual placement status and service needs during the contract period. For children who left care under the demonstration, the lead agency was responsible for their care if they re-entered care during the contract period.

The State determined the contract amount by aggregating costs for a related set of services (including days in care, type of care, and selected permanency goals) for similar, previously served populations. The agreement called for the lead agency to redirect any cost savings, achieved through early discharge from care, to enhanced services to project participants. The lead agency risked financial loss if costs for the enrolled population exceeded the fixed rate. However, the agreement included a stop-loss provision to limit the lead agency’s financial losses.

The lead service agency was responsible for paying the entire cost of room, board, and treatment, up to \$3,500 per month. If, however, the lead agency determined that a child needed a placement setting where board care exceeded \$3,500, the lead agency agreed to pay 10 percent of the excess costs, and the State paid 90 percent. At the end of the contract period, children who continued to need care were transitioned back to traditional services within the public child welfare agency.

Initially, the State planned to pay the lead agency in equal monthly installments of \$675,680 throughout the contract period. Instead, shortly following implementation, the State and lead agency agreed to an alternative payment schedule which would give the lead agency a larger portion of the total contracted amount during the first year. In each of years two and three, the State paid the lead agency smaller portions of the total contracted amount. This was intended to give the lead agency the resources to provide the services needed up-front to reduce the length of stay in foster care.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. The State included random assignment in its evaluation design. At project implementation, the State planned to assign children randomly to the demonstration project at a 2:1 ratio, resulting in 1,000 children in the experimental group and 500 children in the control group. Children in the control group received traditional child welfare services through the public child welfare agency.

To determine the demonstration's success, Maryland used the following outcome measures: length of stay in out-of-home care, number of children who achieved their permanency plan, and number of children re-entering care. The State also examined measures related to child well-being, child safety, and caregiver satisfaction and well-being.

EVALUATION FINDINGS

Process Evaluation

State representatives entered into the waiver agreement expecting to contract with two lead agencies that would each serve 500 children. Instead, the State contracted with one lead agency. A second vendor withdrew from the demonstration project prior to signing an agreement with the

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State. This resulted in a total sample size of 501 children in the experimental group and 250 children in the control group.

Because of State budget constraints, Maryland elected not to renew the existing contract as allowed under the waiver agreement. Experimental group cases that still required care at the end of the contract period (December 31, 2002) were transitioned back to the public child welfare agency's care.

From August through December 2000, semi-structured interviews were conducted with 56 stakeholders who were directly or indirectly involved with the demonstration. Stakeholders included representatives from the State, the local child welfare agency, the lead agency and its primary subcontractor, the juvenile court, and others involved in the child welfare system. These interviews focused on planning and early implementation issues, descriptions of service delivery in the experimental and control groups, and perceived differences between these models. Selected findings from the process study follow.

The State's interim evaluation report (submitted October 2002) included descriptions of the service models implemented by the lead agency and its subcontractor. The lead agency assumed responsibility for leading clinical and family systems efforts, and the subcontractor was responsible for financial management, structured case decision making, and the daily operation of the experimental intervention.

The State's Interim Report reflects the results of interviews regarding project implementation conducted by the independent evaluator and the opinions are those of the interviewees.

- *Implementation schedule:* The State sought implementation six weeks following contract award. The State found that additional time from approval of the waiver agreement until the effective date of the contract would have allowed the lead agency and its subcontractor to clarify their approaches to staffing and service delivery, establish protocols, and address training needs.
- *Random assignment procedures and case transfer:* The State's independent evaluator initially conducted random assignment activities in December 1999. To facilitate rapid implementation, some cases were not transferred to the lead agency as assigned. Due to tracking problems, some previously unidentified siblings had not been assigned to the demonstration or had been mistakenly assigned to the control group. The State completed random assignment activities in July 2000.
- *Case transition to the lead agency:* The transition of cases from the public child welfare agency to the lead agency did not occur as planned with joint participation of workers from the child welfare and lead agencies. Workers from the public child welfare agency and the contracted agency did not always communicate and attend transition meetings with families. In addition, workers from the city and the lead agency sometimes did not appear at court hearings during the 30-day transition phase.
- *Role of the public agency and of the contractor:* Initially, the role of the lead agency was not clear to all parties. For example, confusion existed regarding responsibility for

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paying adoption subsidies and for recruiting and identifying foster homes for children entering care, as well as the lead agency’s obligations for child care and summer camp.

- *Target population:* According to the lead agency, children referred to them were older than anticipated. It was also their opinion that referrals included a higher-than-expected number of children needing therapeutic foster care. The State noted that on January 1, 2000, 250 cases, consisting of children ages 0 to 5, were transferred to the lead agency.
- *Experience of the subcontractor:* The subcontractor’s first foster care contract in Maryland was through this demonstration project. The subcontractor did not have previous experience with the local foster care population and their needs.

Despite unanticipated needs relating in part to differences in age and level of need from the expected target population, the State reported that the lead agency addressed the service needs of the children as they arose. In addition, the State reported that the lead agency appeared to have been moderately successful in developing relationships with Baltimore City Department of Social Services staff, the court, the medical community, and other providers, in spite of the difficult start-up period.

The State found that the flexible use of IV-E funds, as implemented during the first year, did not result in the development of the expected service delivery system. Through the managed care arrangement, the State expected the lead agency to substitute lower cost services (including home- and community-based social, therapeutic, and other services) for higher cost out-of-home care services. In addition, the provision of aftercare services would be emphasized.

Through the managed care contract, the State expected the lead agency to develop a service delivery network that assured the availability of appropriate services for each client, without a waiting period. However, the State found that the lead agency had not determined the appropriate composition of the network and, therefore, had not yet developed the appropriate mix of services. In particular, the State concluded that during the first year, the lead agency had not used available funds to purchase in-home or supportive services to families to expedite or stabilize family reunification. The lead agency referred families to therapeutic services using the same vendors used by the public child welfare agency. The only services purchased through the lead agency were child care for foster parents and limited one-time emergency purchases. In addition, the State’s evaluators concluded that the lead agency focused on case management services for children to expedite adoption rather than reunification services for families.

In response to these findings, the lead agency indicated that the fixed rate available to families in the experimental group had been insufficient to meet the costs of care. On average, however, experimental group workers carried smaller caseloads than public agency workers (an average of 16 cases versus 20 to 28 foster care cases and 31 to 35 kinship care cases among public child welfare agency workers).

During the first year of implementation, the lead agency was developing, implementing, and refining the use of managed care tools. The lead agency reported using several managed care strategies related to quality control, quality enhancement, and service utilization:

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- Monthly quality management stakeholder committee meetings, consisting of representatives from the project evaluation, the State and local public agencies, the lead agency, its subcontractor, two provider representatives, and one child and family advocate;
- Clinical protocols to guide level of care reviews;
- Structured Decision Making Assessments and Service Tracking Forms as permanency planning guides;
- A service gap analysis tool;
- Utilization management and permanency reviews to monitor case progress;
- The use of a court liaison to facilitate increased communication with the courts;
- A site visit survey tool for use during an annual site visit to subcontractors; and
- Annual satisfaction surveys.

Outcome Evaluation

Preliminary data analyses of foster care exit rates through November 2002 indicate that rates did not differ significantly between the experimental (n=501) and control (n=250) groups. However, when looking at the type of exit from care, the experimental group had a significantly higher rate of exits from foster care to adoption (194 exits to adoption) than the control group (77 exits to adoption).

MARYLAND

DEMONSTRATION TYPE:	Services for Caregivers with Substance Use Disorders ¹
APPROVAL DATE:	September 16, 1999
IMPLEMENTATION DATE:	October 1, 2001
COMPLETION DATE:	December 31, 2002 ²
INTERIM EVALUATION REPORT DATE:	Expected March 31, 2004
FINAL EVALUATION REPORT DATE:	Expected June 30, 2005

TARGET POPULATION

Maryland's substance abuse demonstration targeted mothers (or other female primary caregivers) with a child placed in out-of-home care or who were at risk of having a child placed in out-of-home care due to substance abuse.

JURISDICTION

Maryland planned to implement this project in Baltimore City and Prince George's County. The project was later expanded to include all of Baltimore County.

INTERVENTION

The State planned to develop Family Support Services Teams (FSST) comprised of Chemical Addiction Counselors, local child welfare agency staff, treatment providers, parent aides, and parent mentors (parents in recovery). The teams would be responsible for providing comprehensive, coordinated services to eligible families. Upon referral and assessment, mothers were assigned to one of three treatment options: (1) inpatient treatment for parents and their children, (2) intermediate care (28 day residential care), or (3) intensive outpatient treatment. Local child welfare agencies were responsible for coordinating the teams. Other team members assumed the lead in their particular area of expertise.

¹ Based on information submitted by the State as of January 2004. Maryland had two waiver agreements. Under the first waiver agreement, the State implemented an assisted guardianship/kinship permanence program. The second waiver agreement had two project components this substance abuse services project and a managed care payment system.

² The original end date for the demonstration was December 2004. The demonstration ended two years early, however, due to a lower-than-expected number of eligible cases and other implementation problems.

MARYLAND – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

Treatment providers offered intensive case management and assisted in the provision of supportive services, including housing, employment, child care, and transportation. Core services included individual and group therapy and family therapy. In addition, treatment centers made available OB/GYN care and family planning clinics, HIV education and testing, relationship groups, parenting skills training, and groups for victims of domestic violence and sexual assault. Parent aides and mentors assisted with the transition to treatment and to a drug-free lifestyle while modeling appropriate behaviors.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. Initially, the State planned to randomly assign 200 eligible women from two jurisdictions to the demonstration project, with 100 women assigned to the experimental group and 100 to the control group. Only women who already had a child placed in foster care were eligible for enrollment. Due to smaller than expected referral numbers, the State modified its implementation plan in January 2000 to include an additional 60 women residing in another jurisdiction who had children at risk of placement.

Maryland planned to track the following outcome measures: (1) number of re-investigations for abuse/neglect, (2) number of children who remained in foster care after 6 and 12 months of participation in the demonstration, (3) length of stay in foster care, (4) number of parents who completed treatment, and (5) number of parents who became drug-free and assumed a healthy parenting role.

EVALUATION FINDINGS

Process Evaluation

Low enrollment was a significant barrier throughout the demonstration. As of September 2002 the sites had recruited 18 women to participate in the demonstration (nine women in the experimental group and nine women in the control group). Eight women in the experimental group were receiving inpatient or outpatient substance abuse treatment; one woman did not receive services due to incarceration.

As a result of the lower-than-anticipated referrals, the project evaluators conducted an intake study and facilitated focus groups with participating staff to identify problems and recommend strategies for increasing enrollment. The evaluators reviewed 913 cases that entered intake in the three participating jurisdictions between October 1, 2001 and December 31, 2002. They found that the percentage of intake cases with identified substance abuse either stated or implied in the referral was lower than expected³ Evaluators found substance abuse indicated in 31 percent of cases at intake. Additionally, a number of factors made most of these cases ineligible for the demonstration, including the following:

³ In its proposal for the waiver demonstration project, Maryland indicated that substance abuse was a factor in the removal of a child from home in 23 and 30 percent of cases in two of the project sites. Data on the percentage of intake cases with substance abuse indicated or implied were not available.

MARYLAND – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

- Nearly one-half (49 percent) of the intake cases with identified substance abuse (n=280) were ineligible for the demonstration because they were already participating in an intensive services pilot project (in two of the three jurisdictions) that served mothers whose babies were identified as drug addicted at the time of birth.
- An additional 11 percent of cases with identified substance abuse were potentially ineligible for study participation due to concerns about possible mental health problems.
- Of the remaining intake cases with substance abuse indicated, two percent of cases were deemed ineligible because of the presence of sexual abuse in the family.
- Thirteen percent of cases with substance abuse indicated showed “abandonment” as a reason for referral.
- There was confirmation that the mother or other caretaker was available in only 38 percent (27) of the remaining 71 cases.

The evaluators concluded that in only 10 percent of intake cases with identified substance abuse were the mothers eligible and likely to be available for the demonstration project. These 27 cases represented only 3 percent of all cases reviewed for eligibility for the demonstration.

In May 2002 (seven months following implementation), the evaluators conducted three focus groups with staff in various positions in each of the three jurisdictions involved in the demonstration. Altogether, 18 workers participated in the focus groups. The evaluators identified the following challenges:

- Focus group participants felt uninformed about the demonstration:
 - Participants were unclear about the distinctions between this project and other substance abuse initiatives;
 - Participants were unaware of the eligibility criteria and were unclear about which workers were responsible for presenting the study to clients; and
 - All but one case worker had never seen a consent form for participation in the study.
- Substance abuse was significantly underreported at intake:
 - Intake workers were not trained to conduct substance abuse screening and appeared uncomfortable identifying and addressing substance abuse issues, especially new workers; and
 - Participants noted that “functional substance abuse” can be difficult to identify at intake. Continuing unit care workers often identified substance abuse problems after cases had been transferred from the intake unit.
- Intake workers, already overburdened with child protection issues, did not have extra time and energy to attend to underlying problems such as substance abuse.

MARYLAND – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

- The randomization process used for purposes of evaluation complicated recruitment:
 - Some staff members felt they were denying services to women assigned to the control group;
 - Participants were unclear about who should obtain the women’s consent for the project; and
 - Intake workers with various levels of expertise and knowledge of the project were responsible for recruitment. Institutional Review Board requirements prohibited the evaluators from contacting potential study participants until workers obtained consent from the women.
- Workers had difficulty finding the mothers in order to recruit them, especially after their children were placed in care.

To address some of these barriers, the State modified the following procedures. The evaluators reported, however, that these changes did not have a significant effect on the demonstration:

- The addictions specialist in one site began playing a more active role in training intake workers in identifying and confronting substance abuse.
- One site extended the enrollment period;
- One site expanded eligibility criteria by targeting mothers who delivered drug-exposed newborn infants at hospitals that were not already participating in another initiative (which would make them ineligible to participate in the demonstration); and
- The State expanded eligibility criteria in all sites to include cases with suspicion of substance abuse (rather than only those with substance abuse indicated) as well as cases in which substance abuse was not the primary reason for referral to child protective services.

Although the evaluators offered additional recommendations, they were found to be too burdensome, especially in light of the small effects they were expected to achieve. In addition, some proposed changes to the research design would have required Institutional Review Board approval. As a result of continuing implementation problems, the demonstration ended a year early and no outcome findings were reported.

MICHIGAN

DEMONSTRATION TYPE:	Managed Care Payment System ¹
APPROVAL DATE:	December 19, 1997
IMPLEMENTATION DATE:	October 1, 1999
COMPLETION DATE:	September 30, 2003
FINAL EVALUATION REPORT DATE:	January 4, 2005

TARGET POPULATION

Michigan's demonstration initially targeted title IV-E-eligible children ages 0 to 18 who were in out-of-home care or who were determined to be at "imminent risk" of placement. A child was considered to be at imminent risk of placement if s/he had previously been placed out of the home, was determined to be at risk of placement on the basis of a standardized risk assessment instrument, and/or a court had ordered out-of-home placement for the child. In October 2001, the State formally excluded children at risk of out-of-home placement from the demonstration and focused on serving only children in out-of-home care.

JURISDICTION

Michigan's waiver authorized the State to implement its managed care demonstration in up to 15 counties; however, it only implemented the demonstration in six counties. The evaluation's random assignment requirement later led one of these six counties to withdraw from the demonstration project. In another county, enrollment into the demonstration was so limited (only six families over four years) that its data were not included in the State's final evaluation report.

INTERVENTION

Michigan's title IV-E Child Welfare Demonstration Project, known as *Michigan's Families*, was designed and implemented by the Michigan Family Independence Agency (FIA)² in collaboration with the Michigan Department of Community Health. *Michigan's Families* operated from October 1, 1999 to September 30, 2003 and included two major policy innovations: (1) the use of community-based "wraparound" services for IV-E-eligible families; and (2) a managed care model that replaced targeted fee-for-service funding for out-of-home placements and other services with case rate, or capitated, payments. The demonstration was,

¹ Based on information submitted by Michigan in its January 2004 final evaluation report.

² The name of this agency was changed to the Michigan Department of Human Services effective March 2005.

MICHIGAN – MANAGED CARE PAYMENT SYSTEM

first and foremost, a mechanism to test the effectiveness of more flexible funding for foster care services. In each of the demonstration sites, the county child welfare agency contracted with a Community Mental Health (CMH) agency to receive the case rate payments and manage title IV-E cases.

Wraparound services provided through the demonstration included counseling, in-home family services, parenting education and training, respite care, household management training, incidental parent support services, shelter care, foster family care, and residential group care.

Under the original terms of the waiver, contracted CMH agencies received a fixed monthly rate of \$1,500 (adjusted for increases in foster care rates) per child for service and administrative costs for as long as the child needed services. In October 2001, the State replaced the capitated monthly rate with a fixed case rate of \$14,274 payable in nine monthly installments. Because the local CMH agencies were not legally sanctioned placement agencies and therefore could not make placement decisions for enrolled children, they had less discretion in controlling placement-related costs within the capitated rate financing model.

EVALUATION DESIGN

Michigan's evaluation included process and outcome components, as well as a cost-effectiveness analysis. Using an experimental research design, eligible families were randomly assigned to an experimental group (provided waiver services through *Michigan's Families*) or to a control group (provided services normally received under Michigan's traditional IV-E program). A family underwent random assignment once it was deemed eligible and had agreed to participate in the demonstration.

Random assignment to experimental and control groups occurred at a 4:3 ratio and was performed centrally in Lansing, Michigan, using a computer program specially designed for the demonstration. The State initially projected a sample size of between 600 and 1,000 families for the experimental group and between 750 and 450 families for the control group. In the four active demonstration counties, a total of 148 families and 272 children entered the demonstration, with 83 families (171 children) assigned to the experimental group and 65 families (101 children) assigned to the control group. Enrollment ceased in December 2002 in order to provide at least nine months of service to all experimental group children prior to the project's September 2003 completion date.

The evaluation focused on the following outcome measures:

- Rates of out-of-home placement;
- Average length of time in out-of-home placement;
- Average number of placement episodes (i.e., placement stability);
- Rates of substantiated maltreatment; and
- Permanency rates (defined as exits to reunification, adoption, guardianship, or independent living).

MICHIGAN – MANAGED CARE PAYMENT SYSTEM

Study Limitations

The State’s evaluators noted that the lack of a clear distinction in the treatment model used for experimental versus control group families may have compromised the validity of evaluation findings. Specifically, the provision of wraparound services was already the prevailing service model in many Michigan counties at the time the demonstration was implemented. Because no clear differences may have existed in the case management service model to which experimental and control group families were exposed, the likelihood of observing different child welfare outcomes was reduced.

EVALUATION FINDINGS

Process Evaluation

1. Case Management and Service Planning: A CMH wraparound staff person generally provided case management and service planning for families in the experimental group. Wraparound facilitators reported averaging one weekly face-to-face meeting with each family. The assigned wraparound staff person was responsible for identifying and arranging services to meet the specified needs of the child and family. In contrast, a traditional child welfare agency worker oversaw case management and service planning for families in the control group. Caseloads were generally higher for control group workers (up to 30 families) than for experimental group workers (generally less than 10 families).
2. Services Provided to Children and Families: Wraparound staff reported a tendency to focus on the concrete needs of experimental group families (e.g., assistance with utilities, rent, and transportation) rather than trying to build community supports and helping families become self-sufficient. Several counties reported spending more than expected on concrete needs at the beginning of the demonstration and made a conscious effort mid-way to cut back on these kinds of services. Almost all of the services available to experimental group families were also available to control group families, with the requirement that they not be provided directly by wraparound program staff. In addition, experimental group workers had more flexibility than control group workers in the types of services they could provide (particularly in meeting concrete needs such as shelter, clothing, etc.).

Although control group families did not receive the same level of case manager attention or service flexibility given to experimental group families, wraparound care was the preferred service model for both groups. In fact, child welfare staff initially made available the wraparound process or similar services to both experimental and control group cases, referring control cases to the wraparound program and paying for their services with non-title IV-E funds. The State child welfare agency asked demonstration county agencies to discontinue this practice mid-way through the demonstration, although it was unclear from informant interviews or other available data to what extent this change occurred.

3. Staff Attitudes about the Demonstration: Local child welfare and CMH staff expressed both positive and negative attitudes about the demonstration. Staff were consistently positive about the philosophy behind *Michigan's Families*, but were negative about various aspects of

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its design and implementation. Many informants considered the demonstration design to be flawed in the following ways:

- *Random assignment:* Staff expressed dissatisfaction with random assignment because they wanted to use the funds to provide wraparound services to all appropriate cases.
- *Eligibility:* Staff did not like the narrowing of eligibility to families with children already placed outside of the home mid-way through the demonstration.
- *Case rate:* Some staff felt that the case rate formula was defective, although there was some disagreement over whether it was too high or too low.
- *Mixing wraparound and managed care:* Since a wraparound services model was already strongly in place in participating counties, tying managed care to wraparound service delivery was perceived as a serious flaw in the design of the demonstration by some staff.

Staff also reported frustration with certain aspects of the demonstration's implementation, including the following:

- *Reporting requirements:* Child welfare staff felt overburdened by the additional reporting and paperwork required for the demonstration.
- *Attitudes about wraparound services:* Although many workers were supportive of the wraparound process, some staff thought the demonstration fostered families' dependence on the additional financial assistance available through the title IV-E waiver.

Outcome Evaluation

Michigan completed its demonstration in September 2003. Outcome findings were limited. Findings summarized in its final evaluation report included the following:

- Overall, *Michigan's Families* delivered more services and cost more to operate than the normal title IV-E program. Specifically, families in the experimental group received support services (e.g., respite care, job training), concrete in-kind assistance (e.g., help with food, clothing, or housing), child education, and medical services at statistically higher levels than control group families. Experimental group families also received more funding to pay for non-traditional expenses – such as entertainment, clubs, sports, summer camp, and other extracurricular activities – than control group families.
- The availability of more services did not produce observable positive effects on targeted child welfare outcomes. Over the course of the demonstration, no statistically significant differences emerged between experimental and control group families in the likelihood of out-of-home placement, the average length of time in out-of-home placement, the average

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number of placement episodes (i.e., placement stability), rates of substantiated maltreatment, and exits to permanency.

- Children in the experimental group were statistically no more likely to enter placement in less restrictive settings, with similar proportions of experimental and control group children placed in non-relative foster care, kinship care, or residential facilities.

Cost Effectiveness Findings

Although *Michigan's Families* cost Federal, State, and local governments about \$2,000 per month per family more to operate than the standard title IV-E program, it produced few positive effects on child and family outcomes.

MICHIGAN

DEMONSTRATION TYPE:	Intensive Services
APPROVAL DATE:	March 31, 2006
EXPECTED IMPLEMENTATION DATE:	Terminated Prior to Implementation on June 29, 2007

BACKGROUND

Michigan originally planned to implement its intensive services demonstration no later than April 1, 2007. The State later postponed and eventually terminated its waiver prior to implementation due to delays in developing a final service model, combined with shortages of resources and staff needed to ensure effective implementation.

TARGET POPULATION

As originally approved, Michigan's intensive services demonstration targeted title IV-E-eligible and non-IV-E-eligible children who were in or at risk of entering out-of-home placement in a relative or non-relative foster home or congregate care setting, or whose adoption arrangements had been disrupted or were at risk of dissolution. The State later proposed to narrow the target population to title IV-E-eligible children placed in long-term, high-cost foster care.

INTERVENTION

Through its intensive services waiver, the State sought to implement a focused treatment system to ensure that children and families were assessed for and received needed services in a consistent and appropriate manner. The intervention involved delegating as much direct authority as possible to caseworkers to use flexible IV-E dollars to manage and provide services for long-term/high-cost foster care cases.

A second component was to involve the implementation of a "Model Integrity Management" (MIM) quality assurance system overseen by a team of child welfare supervisors and managers. Specific responsibilities of the MIM Team were to include (1) establishing clear practice guidelines for the delivery of enhanced waiver services; (2) reviewing case management and service delivery practices; and (3) implementing practice, procedural, or policy changes to maximize fidelity to the waiver's service model.

Finally, the State sought to create a "Data Model" to systematically target cases for enhanced waiver services. Through the use of structured, longitudinal, administrative data sets and established rules for targeting long-term/high-cost cases, the Data Model was to allow the MIM Team to identify eligible cases and delegate them to case managers in an efficient and effective manner.

MINNESOTA

DEMONSTRATION TYPE:	Continuous Benefit Program/ Assisted Guardianship ¹
APPROVAL DATE:	September 10, 2004
IMPLEMENTATION DATE:	November 17, 2005
EXPECTED COMPLETION DATE:	October 31, 2010
INTERIM EVALUATION REPORT EXPECTED:	June 30, 2008
FINAL EVALUATION REPORT EXPECTED:	April 30, 2011

TARGET POPULATION

The target population for Minnesota's demonstration includes title IV-E-eligible children ages 0–18 for whom reunification has been ruled out as a permanency option. In addition, children must have resided with the prospective guardian or adoptive family for at least six consecutive months before they may participate in the demonstration.² Minnesota's demonstration places particular emphasis on American Indian and African American children in long-term foster care and children with special needs. Special needs children include those who are older; part of a sibling group; or who have intense psychological, physical, and behavioral problems.

JURISDICTION

The State is operating its demonstration in five counties: Cass, Carlton, Dakota, Hennepin, and Ramsey. Dakota, Hennepin, and Ramsey are Minnesota's most populous counties. Cass and Carlton Counties have significant American Indian populations and are located in greater Minnesota.³ The demonstration may be extended to additional counties over time.

INTERVENTION

Minnesota's title IV-E waiver, known as the Minnesota Permanency Demonstration (MnPD), expands eligibility and services within the State's existing title IV-E foster care program by providing a continuous set of benefits to foster families who adopt or accept permanent legal and physical custody (i.e., guardianship) of children in their care. The overall goal of the

¹ Based on information provided by the State as of January 2008.

² In February 2006, Minnesota's Terms and Conditions were amended to allow participating counties to apply to the State for an exception, under limited circumstances, to the requirement of six months in placement with the prospective guardian for otherwise eligible children.

³ The County of Mille Lacs initially planned to participate but withdrew from the demonstration in February 2007.

MINNESOTA – CONTINUOUS BENEFIT PROGRAM/ASSISTED GUARDIANSHIP

demonstration is to increase the willingness of foster families to adopt or assume guardianship of children by eliminating financial barriers to these permanency options. Under the State's traditional subsidy programs, counties may negotiate guardianship and adoption subsidy payments with foster caregivers that are approximately 50 percent lower than foster care maintenance payments. In contrast, caregivers who adopt or assume guardianship of a child under the MnPD are offered a monthly payment equal to the child's existing monthly foster care maintenance payment. Participating caregivers must meet all State foster care licensing requirements and be committed to providing a permanent home for the child through either adoption or guardianship. Both "kin" and "non-kin" caregivers are eligible to participate in the demonstration⁴.

EVALUATION DESIGN

Minnesota's evaluation includes process and outcome components, as well as a cost analysis. The State's evaluation contractors are implementing a two-part research design to evaluate the demonstration: (1) an experimental design with random assignment to experimental and control groups in the larger metropolitan counties of Hennepin and Ramsey; and (2) a quasi-experimental, matched-case comparison design in the rural or suburban counties of Cass, Carlton, and Dakota. For this matched-case comparison component, the State's evaluators are matching experimental group children with comparison group children in non-participating counties using demographic (e.g., race, age, gender), geographic, and case-related variables (e.g., placement status, legal status).

Sample Size

In Hennepin and Ramsey Counties, the State randomly assigned eligible families in open child protective services cases to the experimental and control groups at a 1:1 ratio. Similarly, new cases are randomly assigned at a 1:1 ratio after reunification has been ruled out as a permanency option and the family has met all other eligibility requirements. Siblings are exempt from random assignment in order to keep sibling groups together to the fullest extent possible.

At the time of the waiver's approval in September 2004, the State estimated that approximately 665 children in Hennepin and Ramsey Counties and 102 children in the non-metropolitan counties of Cass, Carlton, Dakota, and Mille Lacs⁵ would be eligible to participate in the demonstration.

Process Evaluation

The State's process evaluation describes how the demonstration was implemented and identifies differences in the services received by experimental and control/comparison group cases. Using data available in the State's SACWIS database, supplemented by interviews with caregivers and youth, the process evaluation addresses the following research questions:

⁴ The State's definition of "kin" includes persons related to the child by blood, marriage, or adoption, or an individual who is an important family friend with whom the child has resided or has significant contact.

⁵ Mille Lacs County later withdrew from the demonstration.

MINNESOTA – CONTINUOUS BENEFIT PROGRAM/ASSISTED GUARDIANSHIP

- How were child welfare staff informed about the continuous benefit option, and what procedures were put into place for offering the continuous benefit to families?
- How many families met the eligibility criteria for the continuous benefit?
- How many eligible families were offered the continuous benefit? How many families were offered both the guardianship and adoption options under the continuous benefit project?
- How many caregivers accepted or declined the continuous benefit?
- What were caregivers' reasons for accepting or declining the continuous benefit? Among families that declined the benefit, what factors made traditional services more attractive?
- Of those families that accepted the continuous benefit, how many chose to pursue adoption and how many chose to pursue guardianship?
- Among families that chose guardianship, how many guardianships were finalized? Among families that chose adoption, how many adoptions were finalized?
- What is the average length of time for finalizing a guardianship and an adoption?
- Among caregivers who pursued guardianship, what were the barriers to establishing guardianship? Among caregivers who pursued adoption, what were the barriers to finalizing the adoption?
- What cultural considerations influenced foster parents' decision-making process?

Outcome Evaluation

The State's outcome evaluation compares the experimental and control/comparison groups for significant differences in the following outcome measures:

- Number and proportion of children who achieve permanency through adoption, guardianship, or reunification;
- Mean/median length of time in out-of-home placement;
- Mean/median length of time in the child welfare system;
- Number and proportion of children who move from non-relative foster care to relative placements;
- Number and proportion of children with a subsequent alleged and/or substantiated abuse or neglect report;

MINNESOTA – CONTINUOUS BENEFIT PROGRAM/ASSISTED GUARDIANSHIP

- Number of disrupted placements per child;
- Number of displacement days per child; and
- Client and family well-being, including educational and health status of participating children and overall family functioning.

Cost Study

The State's cost analysis compares the costs of major services received by cases in the experimental group with the costs of providing traditional services to cases in the control/comparison groups. The cost analysis examines the use of key funding sources, including all relevant Federal sources such as titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, as well as State and local funds. In addition, the State is conducting a cost-effectiveness analysis where feasible to identify costs per successful outcome for the experimental and control groups.

EVALUATION FINDINGS

Process Evaluation

As of October 31, 2007, 465 children have been assigned to the experimental group and 441 children have been assigned to the control/comparison group. The two largest metropolitan counties, Hennepin and Ramsey, account for 368 children assigned to the experimental group, with the remaining 97 children coming from Carlton, Cass, and Dakota Counties. Hennepin County temporarily suspended new assignments to the demonstration in June 2007 to address concerns regarding the financial implications of continued participation in the waiver. After resolving these concerns, Hennepin County resumed assigning new children in April 2008.

Over the first 24 months of the demonstration project, 327 experimental group children (70 percent) are living in a home in which the foster parent is known by evaluators to have been offered the MnPD benefit option.

Based on information from interviews with the foster caregivers of children assigned to the experimental group, 86 percent have accepted the MnPD benefit option, with 75 percent deciding to adopt the child in their care, 21 percent deciding to accept a transfer of permanent legal custody, and 4 percent who have not yet decided on one of the two permanency options. In addition, 58 percent of those foster parents that accepted the MnPD benefit reported that they could not have afforded to adopt or accept legal custody or would have been placed under greater financial stress without the continuous benefit.

Outcome Evaluation

As of October 2007, 53 percent of children in the experimental group moved to permanency through adoption or permanent legal custody compared with 37 percent of children in the control

MINNESOTA – CONTINUOUS BENEFIT PROGRAM/ASSISTED GUARDIANSHIP

group. For experimental cases in which it is known that the foster family was offered the MnPD benefit, the percentage of children who moved to permanency rises to 70 percent. Of these, 139 children have been adopted while the caregivers of 60 children have assumed permanent legal custody.

Among American Indian children in the experimental group, 64 percent have moved to permanency compared to 31 percent of American Indian children in the control group. Of the foster families caring for an American Indian child known to have been offered the MnPD benefit, the percentage of children who moved to permanency increases to 86 percent.

Across all participating counties, the mean number of days in foster care for children in the experimental group is 307 days compared to 380 days for children in the control group.

Additional findings will become available as implementation continues.

WEB LINKS

General information and progress reports for Minnesota's Permanency Demonstration are available at the following Web site: http://www.dhs.state.mn.us/main/dhs16_137480

MISSISSIPPI

DEMONSTRATION TYPE:	Intensive Service Options ¹
APPROVAL DATE:	September 17, 1998
IMPLEMENTATION DATE:	April 1, 2001
COMPLETION DATE:	September 30, 2004
INTERIM EVALUATION REPORT DATE:	N/A
FINAL EVALUATION REPORT DATE:	June 30, 2005

TARGET POPULATION

Mississippi's demonstration targeted title IV-E-eligible and non-IV-E-eligible children ages 0–18 involved in the child welfare system who met one of the following criteria: (1) in State custody (and, in most cases, in out-of-home placement), (2) not in State custody but who had been removed from the physical custody of their original caretaker and whose permanency plan was reunification, or (3) not in State custody but determined to be at risk of future maltreatment or out-of-home placement. In addition, waiver services were targeted at the parents, foster parents or potential foster parents, custodial relatives, siblings, and adoptive or potential adoptive parents of these eligible children.

JURISDICTION

The State's waiver demonstration was implemented in eight counties located within two child welfare districts in the State: Covington, Holmes, Jones, Lamar, Madison, Pearl River, Rankin, and Yazoo. The State selected these counties as representative of the State as a whole with respect to key demographic and socioeconomic variables.

INTERVENTION

The waiver project in Mississippi was designed in response to specific findings of the 1995 U.S. Department of Health and Human Services' assessment of the State's child protection system. Through its demonstration, the State sought to test the effectiveness of a family-centered practice model that gave participating counties broad latitude in using title IV-E funds to respond to the needs of families involved in the child protection system. Greater emphasis was placed on home-based services, prevention services, and enhanced supports for foster parents, especially relative caregivers. The State served families in the experimental group using an array of existing and newly created services to prevent out-of-home placement, expedite permanency,

¹ Based on information from Mississippi's June 2005 final evaluation report.

MISSISSIPPI – INTENSIVE SERVICE OPTIONS

reduce maltreatment risk, and improve the overall well-being of children and their adult caregivers. Services and supports provided to families included, but were not limited to, transportation, clothing, payments to foster care and independent living facilities, school supplies, medical care, rental assistance, and utility payments.

In addition to a broader array of intensive services, Mississippi planned to implement Family Team Meetings—facilitated by the waiver’s regional coordinators—as a major demonstration component. The goal of Family Team Meetings was to involve family members more directly in case planning and create a strong and permanent circle of support for them.

EVALUATION DESIGN

Mississippi’s evaluation included process and outcome components, as well as a cost analysis. The State’s evaluation plan stipulated an experimental research design with random assignment to experimental and control groups at a 1:1 ratio. Cases that met screening criteria were randomly selected for inclusion into one of the two study groups. A computer-based software program was developed by the evaluators for the random selection process, which was then downloaded onto laptop computers. Each waiver county received one of these laptop computers and workers received training in the use of the random assignment software.

The State’s evaluation plan estimated that approximately 1,174 families would be assigned to each study group, for a total study population of about 2,348 families. However, a combination of factors, including slow project startup, inadequate staff to screen and process new enrollments, and the early termination of the State’s waiver, substantially curtailed the number of families that actually enrolled in the demonstration. During the 42 months of the project’s operation, only 667 families met the project’s screening criteria and underwent random assignment, with 346 families assigned to the experimental group and 321 families entering the control group. These families included 1,549 children, 777 of whom were in the experimental group and 772 in the control group.

The process evaluation involved regular site visits to state and county child welfare offices and interviews with state and regional child welfare administrators, local child welfare supervisors, and social workers. The final site visits and interviews were completed in February 2005.

Through the outcome evaluation, the State sought to determine the effects of the intensive services demonstration on several child welfare outcomes, including maltreatment recurrence, placement avoidance, length of time in out-of-home placement, reunification with families of origin, and overall child well-being.

EVALUATION FINDINGS

Process Evaluation

The waiver demonstration did not begin simultaneously in all eight counties as originally planned, but was phased in over an eighteen-month period. Several factors led the State to phase in the waiver incrementally. These included the introduction of Mississippi’s new

MISSISSIPPI – INTENSIVE SERVICE OPTIONS

Automated Child Welfare Information Management System, and delays in obtaining approval for modifications to its cost allocation plan. Implementation began in April 2001 in Rankin and Jones Counties, was extended to Holmes and Lamar Counties in April 2002, and was completed by September 2002 in the final four counties of Madison, Yazoo, Pearl River, and Covington. In addition to a delayed startup, Mississippi's demonstration faced several other barriers during the course of its implementation, including the following:

- High staff turnover rates among key administrative and managerial staff. During the project's first year, one of the two State regional administrators who developed the waiver proposal left state employment and one of the two regional waiver coordinators resigned and was not replaced for two years. In addition, the State never hired a waiver business consultant to develop a business plan for the project and to ensure the cost neutrality of the demonstration.
- A statewide hiring freeze delayed the filling of key administrative positions involved in the waiver and limited the availability of front-line child welfare staff.

In response to these challenges, the demonstration's original service model changed substantially over the course of the demonstration. The de facto loss of one waiver coordinator led to the suspension of Family Team Conferences, as well as greatly reduced technical assistance and support for child welfare staff.

Mississippi suspended its intensive demonstration on September 30, 2004, 42 months after it began in the first two counties. The most significant reason for the waiver's early termination was an ongoing inability to remain cost neutral, specifically with respect to administrative cost overruns. Mississippi's low title IV-E-eligibility rate for children made it difficult to recoup the cost of intensive services provided to non-IV-E-eligible enrolled children and families. This situation played a major role in the State's failure to meet the Federal cost neutrality requirement.

Despite chronic implementation problems and its early termination, Mississippi's intensive services demonstration succeeded in providing more and a greater variety of services to experimental group families than to control group families:

- Overall, 74.6 percent of experimental group families received one or more purchased services compared with 67.0 percent of control group families.
- Across all eight counties, experimental group families received an average of 3.2 different services compared with 2.8 services for control group families.
- The waiver primarily made a difference in the provision of assistance in four service categories: school supplies for children, housing-related needs, food, and other unmet personal needs.

MISSISSIPPI – INTENSIVE SERVICE OPTIONS

Outcome Evaluation

In addition to providing more and a greater diversity of intensive services to experimental group families, Mississippi's waiver demonstration produced statistically significant positive results in two key child welfare outcomes.

1. Maltreatment Recurrence: Experimental group children were significantly less likely to have a new maltreatment report following assignment to the demonstration. At the end of the demonstration, 14.5 percent of experimental group children had a new maltreatment report compared with 19.7 percent of control group children, a statistically significant difference at $p = .004$. A reduction in reports of physical abuse accounted for most of this difference, with 3.7 percent of experimental group children having a new report of physical abuse compared with 6.0 percent of control group children. A survival analysis confirmed this finding by demonstrating that control group children experienced new reports sooner and, therefore, more reports during the follow-up period.
2. Placement Avoidance: Experimental group children who had not been removed from their homes prior to the start of the demonstration were less likely to be removed and placed in an out-of-home care setting than control group children. Overall, 9.1 percent of experimental group children without a prior placement were removed from their homes compared to 14.1 percent of control children, a statistically significant difference at $p = .005$. A subsequent survival analysis confirmed that children in the control group experienced out-of-home placement sooner and more often during the follow-up period, with the difference between their survival rates (i.e., time until first placement) statistically significant at $p = .025$.

Although not statistically significant, the evaluation revealed positive trends in favor of the experimental group in several other key child outcomes:

3. Recurrence of Substantiated Reports: Overall, 5.7 percent of experimental group children had a new substantiated report compared with 6.2 percent of control group children. This finding was consistent over time and was observed among both preexisting cases and new cases.
4. Reunification: Among all children who were in or entered out-of-home placement during the demonstration, 22.4 percent of experimental group children and 19.6 percent of control group children were reunified with their families of origin before the end of data collection in January 2005. This difference was in the hypothesized direction and represented a trend that may have reached statistical significance if the demonstration had continued.
5. Time in Out-Of-Home Placement: When examining all children enrolled in the demonstration, the mean number of days spent in non-emergency, out-of-home placement was nearly identical for experimental group children (147 days) and control group children (145 days). When this analysis was restricted only to children who entered foster care after assignment to the demonstration, however, the mean number of days in placement was less for experimental group children (41 days) than for control group children (56 days).

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No differences emerged between the experimental and control groups in other outcomes of interest, including the likelihood of placement with relatives, placement of siblings together, placement in geographic proximity to the child’s family of origin, and the frequency of moves between foster care providers. Due to the waiver’s early termination, no reliable data were available regarding the effects of the demonstration on several measures of family and child well-being, including householder wages, public assistance participation, school performance, and children’s emotional well-being.

6. Cost Analysis: Total dollars spent from all funding sources on experimental group families for non-placement services exceeded the total spent on non-placement services for the control group; however, the difference in service expenditures between the two groups was considerably less than what was accounted for by the outlay of waiver funds. The disparity resulted from greater average expenditures from other public, non-waiver sources to pay for services for control group families. This finding corroborated anecdotal evidence that the availability of the waiver allowed counties to spend more money from other sources on services for control group families, an unintended “contamination” effect that may have diminished observable differences in outcomes between the experimental and control groups.

By comparing initial program investment costs with the long-term costs incurred to serve families, the State’s evaluation team observed that average per child expenditures – including costs for both placement and non-placement services – were greater for experimental group children (\$3,737) than for control group children (\$3,200). However, when this analysis was restricted to children not in placement at the time of waiver assignment, average non-placement expenditures were greater for control group children (\$1,162) than for experimental group children (\$1,003). This analysis was heavily skewed by the truncated period available for cost and outcome data collection; however, the State’s evaluators hypothesized that given the demonstration’s success in reducing subsequent maltreatment reports, long-term costs for all experimental group children may have been lower if adequate follow-up had been conducted.

7. Cost-Effectiveness Analysis: To assess the cost-effectiveness of its waiver demonstration, the State’s evaluation team examined direct per child service costs in relation to child welfare outcomes. Through this analysis, the State’s evaluators determined that it cost an average of \$270 more per experimental group child than per control group child to produce a 5.2 percent overall reduction in subsequent maltreatment reports. However, the analysis also found that it cost an average of \$37 less per experimental group child than per control group child to realize a 5.0 overall percent reduction in out-of-home placements. Although this latter finding suggests that intensive services may have prevented more placements at lower cost, it remains uncertain whether these savings would have been sufficient in the long run to offset the administrative cost overruns incurred by the waiver demonstration. In light of the early termination of Mississippi’s demonstration and the subsequent truncation of data available for a more comprehensive cost analysis, these cost-effectiveness findings should be regarded as preliminary. The State’s evaluators recommend caution in interpreting the data.

MONTANA

DEMONSTRATION TYPE:	Assisted Guardianship ¹
APPROVAL DATE:	September 29, 1998
IMPLEMENTATION DATE:	June 21, 2001
EXPECTED COMPLETION DATE:	Short-term extension through June 30, 2008 ²
INTERIM EVALUATION REPORT DATES:	October 1, 2001 October 1, 2002 February 6, 2004 February 17, 2005 ³
FINAL EVALUATION REPORT DATE:	November 13, 2006

TARGET POPULATION

Montana's Assisted Guardianship/Kinship Permanence demonstration targets title IV-E eligible children in State or Tribal custody in out-of-home placement with a prospective guardian for at least six months. In addition, a child must be designated as a "child with special needs" to be eligible to participate in the demonstration. Initially, the Assisted Guardianship/Kinship Permanence demonstration was restricted to children ages 12 or older. In September 2002, the State's Terms and Conditions were amended to allow siblings of any age to participate in the demonstration, and during the third year of the project, age requirements were eliminated completely.

JURISDICTION

Montana has implemented its demonstration statewide and with seven Tribes.

INTERVENTION

Montana's assisted guardianship demonstration allows foster caregivers to assume legal custody of a child while retaining the child's title IV-E eligibility. In Montana, either the State or a Tribal court can approve guardianships. The guardianship subsidy paid to a foster caregiver may

¹ Based on information submitted by the State as of April 2008.

² Montana's original five-year waiver was scheduled to end on March 31, 2006. The State's demonstration is currently operating under a short-term extension pending approval of its request for a long-term waiver extension.

³ Montana has submitted annual evaluation reports in lieu of an interim evaluation report.

MONTANA – ASSISTED GUARDIANSHIP

not exceed the foster care payment in effect for the child at the time that guardianship is awarded. Additional social, financial, and medical services and supports are available to participating families that parallel those services and supports available to adoptive families.

EVALUATION DESIGN

The evaluation consisted of process and outcome components, as well as a cost analysis. Using an experimental research design with random assignment, the State planned to assign children in either State or Tribal custody to the experimental or control groups at a ratio of 3:1, respectively. To the extent possible, sibling groups were kept together during the random assignment process. Montana expected a total sample size of 240 children, with 180 children in the experimental group and 60 children in the control group.

Montana's evaluation tracked several dimensions of child well-being, including family stability, academic performance and attendance, safety and risk behaviors, access to services and supports, satisfaction with services and supports, and overall quality of life. Beginning in September 2002, Montana collected well-being data from child welfare workers using a survey instrument called the Youth Status Report (YSR). Separate surveys were utilized to collect data from caregivers and children aged 12 and older. The State administered these surveys to workers, youth, and caregivers on an annual basis. The response rates ranged from 30 percent for the youth and caregiver surveys to 40 percent for the worker-completed YSR.

In addition, Montana's evaluation was originally designed to track several permanency and safety-related outcome measures, including: (1) number of children that exit out-of-home placement to guardianship, reunification, or adoption; (2) number of disrupted guardianship placements; and (3) rate of subsequent reports of abuse and/or neglect. The final evaluation report, however, did not contain information on these variables.

EVALUATION FINDINGS

Process Findings

As of April 30, 2008, a total of 284 children were enrolled in the demonstration, with 232 assigned to the experimental group and 52 assigned to the control group. As such, the evaluation's random assignment ratio was closer to 4.5:1 rather than the 3:1 ratio originally intended. A total of 136 American Indian children were assigned to the demonstration, of which approximately two-thirds (93) lived on reservations. Random assignment was discontinued after September 30, 2007 in preparation for the proposed five-year extension and to allow time to resolve outstanding cost neutrality issues.

As part of the process evaluation, the State's evaluators conducted annual interviews with caregivers and youth regarding their impressions of, and experiences with, the Montana assisted guardianship demonstration. Major findings from these interviews are summarized below.

MONTANA – ASSISTED GUARDIANSHIP

1. Advantages of Guardianship:

- Guardians had an enhanced ability to make decisions regarding the child’s education, welfare, and health care.
- Youth had greater permanence and stability.
- Youth experienced enhanced well-being. Youth reported less stress due to fewer changes in placement settings. In addition, both youth and child welfare workers noted the psychological benefits of independence from the child welfare system and freedom from the stigma of being a “foster kid.”

2. Disadvantages of Guardianship:

- Losing the guardian subsidy when a youth turns 18 years old, even if he or she has is still in high school is a financial disadvantage to the guardianship. Other financial disincentives include a loss of funding for postsecondary education programs, independent living services, respite care, transportation, clothing and school allowances, and extra supports for children with special needs.
- Several child welfare workers expressed concerns about guardianship being a less stable permanency option than adoption. Some cited the possibility of biological parents attempting to regain legal custody of their child if parental rights have not been terminated, thereby increasing risk of disruption to the child’s guardianship arrangement.

3. Barriers to the Establishment of Guardianship:

- On occasion, the initial placement with the caregiver disrupted after the child’s assignment to the experimental group.
- Internal bureaucratic problems within the child welfare and judicial systems sometimes caused delays in completing paperwork or resulted in postponements of court hearings.
- Caregivers sometimes declined the guardianship offer due to concerns about assuming legal liability for children placed with them.
- During staff shortages, the child welfare system typically places more emphasis on families in crisis situations. When this occurred, children awaiting guardianship were no longer a priority for child welfare workers because these children tended to be in stable placement settings.
- Many caseworkers did not receive adequate training and education regarding the guardianship demonstration. It was noted that many caseworkers did not understand one or more of the basic components of the demonstration, such as the

MONTANA – ASSISTED GUARDIANSHIP

demonstration’s eligibility requirements, the title IV-E eligibility process, the assisted guardianship subsidy rate, and the evaluation’s random assignment process.

- Some families reported that the foster care arrangement was more attractive to them because it provided greater access to expensive services, supports, and financial subsidies.
- The needs of children with behavioral issues or special needs could sometimes be addressed more easily if they remained in foster care.
- Some children aged out of foster care before guardianship could be established.
- Ongoing concerns about random assignment led some workers to “opt out” of the evaluation by not submitting the names of otherwise eligible children for assignment to the experimental or control groups. Opposition to random assignment arose, in part, because some workers misunderstood the evaluation design.

Outcome Findings

Of the 232 children assigned to the experimental group as of April 2008, guardianships were established for 158 children (68 percent), including 82 guardianships for American Indian children. Of the 52 children assigned to the control group, guardianships were established for 12 children (23 percent), including 10 guardianships for American Indian children. Net permanency rates (combined exits to reunification, guardianship, and adoption) were 77 percent (179 children) for the experimental group and 54 percent (28 children) for the control group.

The analysis of data from surveys administered to youth, caregivers, and child welfare workers revealed no statistically significant differences between the experimental and control groups in perceptions of stability and well-being, school performance, safety, engagement in risky behaviors, access to and satisfaction with services and supports, and overall quality of life. In addition, no statistically significant differences were found across these domains when survey scores were compared longitudinally over the first, second, and third years of the demonstration. Although the survey data revealed few significant findings, caregivers and youth noted many positive outcomes from assisted guardianship during interviews with evaluation staff:

- Permanency: Both caregivers and youth reported that they felt more attached and better assured of the stability of the placement as soon as guardianship was established.
- Child Well-Being: Many youth reported enhanced well-being due to a greater sense of autonomy, permanence, and stability.
- Family Contact: Most caregivers expressed willingness to support the child’s desires to maintain contact with their parents. Almost universally and regardless of the type of placement (guardianship or foster care), youth expressed a desire for more contact with their birth families.

MONTANA – ASSISTED GUARDIANSHIP

- Community Involvement: Caregivers described their efforts to involve youth in social events in the community. Participation varied by location and the availability of activities, but youth in guardianships were generally more involved in community activities because of caregivers' enhanced authority to make decisions regarding the child's participation in recreational activities, sports, and religious or cultural events.
- School Performance: In most interviews, caregivers reported that youth had maintained school performance or had shown improvement during the past one or two years. Caregivers who reported the most academic improvement tended to be those who had assumed guardianship of children in their care.

NEW HAMPSHIRE

DEMONSTRATION TYPE:	Services for Caregivers with Substance Use Disorders ¹
APPROVAL DATE:	September 24, 1998
IMPLEMENTATION DATE:	November 15, 1999
COMPLETION DATE:	November 30, 2005 ²
INTERIM EVALUATION REPORT DATE:	September 12, 2003
FINAL EVALUATION REPORT DATE:	September 20, 2007

TARGET POPULATION

New Hampshire's waiver demonstration targeted families with an allegation of child abuse and/or neglect in which the caretaker's substance abuse was cited as a major factor in the maltreatment referral. All families that met these criteria could participate in the demonstration regardless of their children's age or title IV-E-eligibility status.

JURISDICTION

New Hampshire implemented the demonstration in two Child Protection Service (CPS) District Offices in the State, one in the City of Nashua and one in the City of Manchester. The demonstration was implemented in the Nashua District Office in November 1999 and in the Manchester District Office in November 2000. These two district offices serve the majority of Hillsborough County, the most populous county in New Hampshire.

INTERVENTION

Through New Hampshire's waiver demonstration, known as Project First Step, Licensed Alcohol and Drug Abuse Counselors (LADCs) worked with child protection workers in an advisory and supportive capacity by providing training, assessment, treatment, and case management services. LADCs conducted an initial drug and alcohol assessment concurrently with the CPS maltreatment investigation and were involved from the outset in the risk and safety assessment to facilitate better decisions regarding child safety and out-of-home placement. Depending on parents' level of cooperation, LADCs could provide direct outpatient treatment or facilitate

¹ Based on information submitted by the State as of September 2007.

² New Hampshire's demonstration was originally scheduled to end December 31, 2004. The State was granted one short-term extension to allow continuation of the demonstration through November 30, 2005.

NEW HAMPSHIRE – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

treatment access by removing resource barriers and engaging in outreach on the parents' behalf. LADCs could treat caregivers directly without regard to payment eligibility, thereby improving the timeliness of access to substance abuse treatment services and increasing the likelihood of positive treatment outcomes. In addition, LADCs had the option to continue working directly with caretakers for an additional two months following completion of the maltreatment assessment or CPS case opening.

Enrollment into Project First Step occurred immediately at the time of an initial CPS maltreatment report. Following receipt of this report, the State's evaluation contractor at the University of New Hampshire randomly assigned families to an experimental (i.e., Enhanced) group or a control (i.e., Standard) group. The caregivers' formal substance abuse assessment occurred after assignment to the demonstration and was conducted by the LADC using the Substance Abuse Subtle Screening Inventory (SASSI). Only caregivers assigned to the experimental group underwent a formal substance abuse assessment.

New Hampshire had originally planned to pursue a five-year extension of its waiver demonstration. However, after the State determined that the demonstration could not maintain cost neutrality with respect to the use of title IV-E funds, it withdrew its application for a long-term waiver extension in February 2005. Project First Step continues to operate using State and Federal financial resources other than title IV-E, such as title IV-B funds and CAPTA funds. New Hampshire has expanded Project First Step to include a third CPS District Office.

EVALUATION DESIGN

The evaluation of Project First Step consisted of process and outcome components, as well as a cost analysis that examined the utilization of title IV-E funds. Using an experimental research design, an independent evaluator randomly assigned families to either the experimental or control groups. Families assigned to the experimental group received enhanced prevention and intervention services through a LADC, whereas families assigned to the control group received standard child protection and substance abuse services.

Sample Size

New Hampshire originally planned to enroll 240 families into the demonstration at a 1:1 ratio (120 in the experimental group and 120 in the control group). To increase the likelihood of detecting significant outcomes, the State received approval in April 2001 to increase the evaluation's sample size. By July 2003, a total 437 families had enrolled in the demonstration, with 222 families in the experimental group and 215 in the control group. The State discontinued further enrollment into the demonstration to allow LADCs to manage their existing caseloads in an optimal manner. Small sample sizes relative to the demonstration's potentially eligible target population limited statistical power and therefore made it more difficult to detect statistically significant effects from the demonstration on child welfare outcomes of interest.

NEW HAMPSHIRE – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

Process Evaluation

New Hampshire's process evaluation focused on the following variables: substance abuse assessment rates; prevalence of drug and alcohol problems among participating families; service utilization; LADC and CPS worker contacts with families; substance abuse treatment access and participation rates; and organizational factors, such as staffing issues, that affected project implementation.

Outcome Evaluation

The State's outcome evaluation focused on the following child welfare outcomes: rates of entry into out-of-home placement, length of stay in foster care, reunification rates, rates of maltreatment recurrence, and child and caregiver well-being and functioning.

EVALUATION FINDINGS

Process Evaluation

1. Referral and Enrollment of Cases: The State described several challenges with respect to client enrollment and engagement in substance abuse treatment services. First, families were enrolled in Project First Step at the start of a maltreatment investigation, but prior to a substantiation of abuse or neglect. The decision to target families during one of the most adversarial points in the case management process, combined with the voluntary nature of the program, increased the challenge of enlisting the active and willing participation of caregivers in the demonstration. Participation in Project First Step could only be mandated by the court if a maltreatment investigation led to a substantiation of abuse or neglect. Moreover, the substance abuse assessment and offer of enhanced services occurred at a time when some caretakers had difficulty recognizing or acknowledging their substance abuse issues, a factor that may have had an additional negative impact on assessment completion and treatment participation rates. Nevertheless, LADCs remained available to CPS workers for ongoing consultation and support regardless of caretakers' level of participation in the demonstration.
2. Substance Abuse Assessment Rates: By the end of the demonstration, 132 experimental group caregivers (61 percent) had completed a substance abuse assessment. Reasons for lower-than-anticipated assessment rates included caregivers' refusal to give informed consent to participate in research, clients' unwillingness to acknowledge a substance abuse problem, parents' concerns about losing custody of their children if they shared information about their substance abuse, and staff turnover that led to a six-month gap without a LADC at one demonstration site.

The voluntary nature of the substance abuse assessment, combined with very low maltreatment substantiation rates and subsequent CPS case openings, meant that experimental group caregivers could decline to participate in the assessment or substance abuse treatment. According to New Hampshire's March 2004 progress report, 86 percent of maltreatment investigations in cases assigned to the experimental group were

NEW HAMPSHIRE – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

unsubstantiated, leading the State to close these cases without the ability to require further assessment or services. Although all families were identified at CPS intake as having substance abuse as a potential risk factor, experimental group families were considerably more likely than control group families to have substance abuse documented as a risk factor by the end of the maltreatment investigation. Specifically, 66 percent of experimental group families had substance abuse formally documented as a risk factor by the close of the maltreatment assessment compared with 47 percent of control group families, a statistically significant difference. The State surmised that the involvement of the LADC contributed substantially to the documentation of substance abuse by experimental group caregivers.

3. Treatment Access and Participation: The experimental and control group caregivers participated in substance abuse treatment at similar levels. According to data from client case records and LADC reports, 45.1 percent of experimental group caregivers received some type of substance abuse treatment compared to 44 percent of control group caregivers; this difference was not statistically significant. However, experimental group caregivers were significantly more likely to receive long-term inpatient substance abuse treatment (19.6 percent versus 6 percent, $p < .05$). In addition, baseline and follow-up interviews revealed that the proportion of experimental group caregivers who reported receiving help for a drinking problem within the past year doubled from 24 percent to 48 percent compared with a change from 33 percent to 43 percent for control group caregivers.
4. Differences in Program Fidelity: The State's evaluators observed that the Manchester CPS District Office implemented the demonstration in a manner that was more consistent with Project First Step's intended service model. In particular, staff turnover in the Nashua District Office undercut efforts by that site to maintain fidelity to the demonstration's original model, which required consistent and intensive connections with experimental group families. Over a six month period, Nashua had only part-time assistance from a LADC in another CPS office while it searched for a qualified applicant to fill the vacant, full-time position. In addition, CPS closed some cases without informing the substance abuse counselor, thus leaving little or no time to engage these experimental group families. Differences in implementation fidelity may explain the significant differences in some child welfare outcomes observed between these two sites.

Outcome Findings

1. Placement Rates: No statistically significant differences in placement rates emerged between families receiving enhanced substance abuse services and those receiving traditional services. Overall, 63 percent of experimental group families that ever had an open CPS case during the demonstration had at least one child enter placement compared to 62 percent of control group families. However, experimental group families were more likely to have children placed with kin (22 percent) than control group families (16 percent), a difference that approached statistical significance ($p < .10$). Furthermore, experimental group children experienced fewer foster care placements on average (1.78 placements per child) than control group children (2.72 placements per child), a difference that approached statistical significance at $p < .10$.

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2. Placement Duration: Average length of placement per child did not differ significantly for experimental and control group families. On average, experimental group children who had been removed from the home spent slightly more time in out-of-home placement (287 days) than control group children (260 days).
3. Reunification Rates: Among children who entered or began the demonstration in out-of-home placement, 44 percent of those in the experimental group had returned home compared to 39 percent in the control group; this difference was not statistically significant. Experimental group caregivers from the Manchester site tended to achieve reunification more often than control group caregivers from the Nashua site (50 percent versus 38.9 percent, respectively), although this difference was also not significant.
4. Maltreatment Recurrence: The availability of enhanced substance abuse services did not result in significantly lower rates of maltreatment recurrence. Across the duration of the study, 49 percent of experimental group families had a subsequent maltreatment referral compared to 46 percent of control group families, although this difference was not statistically significant. However, when maltreatment recurrence was examined in individual CPS offices, the State found that experimental group families served through the Manchester site were significantly less likely than those in the control group to have a subsequent substantiation (20 percent versus 48 percent, respectively, $p < .05$). In contrast, no significant differences were found between experimental and control group families served through the Nashua site (46 percent versus 44 percent, respectively).
5. Child and Family Well-Being: Interviews conducted using the Child Behavior Checklist (CBCL) indicated greater declines in problem behaviors in six out of eight categories for experimental group children, including incidents of anxiety, depression, sleep problems, attention deficits, and aggressive behavior. Although these findings pointed in a positive direction, none reached statistical significance. With respect to physical health, experimental group children had equivalent or slightly better status on four out of six health outcomes, although none of these differences was statistically significant. When school outcomes were examined, however, experimental group children were significantly less likely to repeat a grade than control group children (10 percent versus 29 percent, $p < .05$).

Among enrolled caregivers, those in the experimental group were significantly more likely to be employed full-time than control group caregivers (38 percent versus 24 percent, $p < .05$) and were more likely to be enrolled in vocational and educational programs (28 percent versus 17 percent).

Although many of these well-being findings lacked statistical significance, the pattern of somewhat improved outcomes for children and adults across several domains suggests a positive trend for families that received enhanced substance abuse services.

NEW MEXICO

DEMONSTRATION TYPE:	Tribal Administration of Title IV-E Funds ¹
APPROVAL DATE:	June 14, 1999
IMPLEMENTATION DATE:	July 1, 2000
COMPLETION DATE:	December 31, 2005
INTERIM EVALUATION REPORT DATE:	February 2003
FINAL EVALUATION REPORT DATE:	December 22, 2005 ²

TARGET POPULATION

New Mexico's Tribal Administration of title IV-E funds demonstration targeted Native American children in the custody of New Mexico Tribes that did not already have Joint Powers Agreements with the State. Joint Powers Agreements provide for greater Tribal involvement in child welfare cases but do not give Tribes the authority to administer title IV-E funds directly.

JURISDICTION

New Mexico had the option of entering into title IV-E agreements with as many as five Tribes in the State. During the course of the waiver, only the Tribal authority of Pueblo of Zuni chose to enter into a title IV-E agreement with the State. Navajo Nation, which had been negotiating a title IV-E agreement with New Mexico during the early years of the waiver, chose instead to enter into a Joint Powers Agreement.

INTERVENTION

Through this demonstration, the State of New Mexico sought to (1) improve efficiency and effectiveness in the delivery of child welfare services to Native American children; and (2) improve safety, permanency, and well-being outcomes for Native American children and their families. Under the terms of the waiver, the State was granted authority to enter into agreements with eligible New Mexico Tribes that delegated the administration of title IV-E programs to Tribal government authorities. These agreements gave Tribes the authority to develop foster care licensure standards; license foster homes; make title IV-E-eligibility determinations for

¹ This demonstration was operated under one of two waivers received by New Mexico. A separate waiver allowed the State to implement an assisted guardianship demonstration with two components: (1) a Tribal custody guardianship program, and (2) a State custody guardianship program.

² Based on information submitted by the State as of December 2005.

NEW MEXICO – TRIBAL ADMINISTRATION OF TITLE IV-E FUNDS

individual children; and receive reimbursement for foster care maintenance, adoption assistance, subsidized guardianship, independent living, and related administrative expenses directly from the Federal government. In addition, participating Tribes had the option of using title IV-E funds to provide enhanced training to child welfare staff and to foster and adoptive parents.

EVALUATION DESIGN

The evaluation consisted of process and outcome components, as well as a cost analysis. In its original evaluation plan, the State proposed using a comparison group design to compare child welfare outcomes for Tribes with title IV-E agreements against outcomes for Tribes with Joint Powers Agreements. However, only one Tribe (Pueblo of Zuni) established a title IV-E agreement with the State and was therefore available to serve in the evaluation's experimental group.

Of the eight Tribes and Pueblos with Joint Powers Agreements (Cochiti Pueblo, Jicarilla Apache Nation, Nambe Pueblo, Navajo Nation, Picuris Pueblo, Santa Ana Pueblo, Taos Pueblo, and Santa Clara Pueblo), the State's evaluators only collected evaluation data from Navajo Nation. Therefore, only limited comparative data were available regarding child welfare outcomes.

For the outcome component of the evaluation, the State's evaluators identified all children in Pueblo of Zuni and Navajo Nation who entered or were in title IV-E-funded out-of-home placements between December 2004 and May 2005. Using these criteria, the evaluators identified 17 Zuni youth and 33 Navajo youth on whom they collected data on placement setting, permanency, and well-being outcomes.

Process Evaluation

For the process component of the evaluation, the State developed a *Demonstration Implementation Review Form* to assess administrative functions such as financing, relationships with service providers, and management information systems. In addition, fidelity scales were used to study the extent to which Pueblo of Zuni implemented title IV-E administrative activities and improved the delivery of child welfare services. Finally, caretaker interviews and chart reviews were used to determine the quality of services provided through the demonstration.

Variables studied as part of the State's process evaluation included the following:

- Organizational changes, including modifications to agency policies, payment procedures, staffing structures, case management practices, staff training, and monitoring and reporting practices;
- Quantity and quality of services delivered;
- Development of culturally appropriate services and interventions; and
- Contextual factors affecting project implementation.

Outcomes Evaluation

For the outcome evaluation, the State and its evaluators designed a case-specific data collection tool called the *Individual Case Outcome Form (ICOD)*, a 30-item questionnaire that tracked information on each child's placement setting, permanency plan, and permanency outcomes. Outcome data from this form were supplemented using the *North Carolina Family Assessment Scale (NCFAS)*, a 36-item tool that examines the child and biological family's safety and well-being.

Specific outcome measures tracked for the State's evaluation included permanency rates, overall child well-being, family functioning, and safety of the home environment. The State's evaluators caution against direct comparisons of findings between the experimental group (Zuni) and comparison group (Navajo) because of significant differences in the size, population, geographic isolation, and availability of child welfare resources in these Tribal communities.

EVALUATION FINDINGS

Process Evaluation

The State reported various descriptive findings regarding changes in child welfare policies and practices in the Pueblo of Zuni during the course of the demonstration. Some major developments are summarized below:

1. Organizational Changes: New policies outside of Bureau of Indian Affairs' requirements were implemented with respect to child protection intake, maltreatment investigations, and case management procedures and practices. In addition, Zuni social services staff actively reviewed existing child welfare policies and procedures in an effort to increase the efficiency and effectiveness of services.
2. Changes in Staffing Structures: The Pueblo restructured its approach to social service delivery by dividing the responsibilities of child protective services (CPS) workers into separate intake, investigational, foster care support, and case management components
3. Changes in Case Planning and Management: Case management practices were refined to ensure that a regular, formal review of title IV-E eligibility occurs for every child in out-of-home placement.
4. Improvements in Staff Training and Education: The Pueblo implemented a cross-training program for staff from various social service agencies that serve the Tribal community.
5. Development of Multidisciplinary and Interagency Relationships: The Pueblo worked with Tribal courts to ensure that child welfare court orders incorporated appropriate title IV-E language. These changes were expected to increase access for otherwise eligible children to title IV-E funds. In addition, the Pueblo began a formal collaboration with the local police

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department to facilitate a rapid and efficient response to domestic violence incidents that required the involvement of the Tribal social services department.

6. Monitoring, Reporting, and Data Collection: A monitoring system was developed to track court review hearings to ensure that children maintain their title IV-E eligibility.
7. Implementation Barriers: New Mexico noted several administrative, financial, regulatory, and cultural barriers to fuller Tribal participation in the demonstration. Common challenges included the following:
 - The lack of administrative processes to provide matching funds to Tribes;
 - New Mexico’s eligibility guidelines for title IV-E, which made it difficult for Tribal children to qualify for IV-E funds;
 - Lags in obtaining reimbursement from the State for foster care maintenance payments; and
 - The lack of expertise in the development of cost allocation plans.

In addition, the State noted conflicts between Federal child welfare policies and Tribal cultural practices and preferences. For example, many Tribes preferred to use “Peacemaking Courts” and Family Group Conferencing to facilitate custody and placement decisions for families. These methods, however, do not meet Federal requirements for official judicial reviews.

Outcome Evaluation

New Mexico reported some limited findings on placement setting, permanency, and child well-being outcomes for this waiver demonstration. Overall, it appears that children in the experimental group did not experience better child welfare outcomes than children in the control group and, in some instances, appeared to have worse outcomes. However, given the extremely small sample size available for the evaluation (17 experimental group cases versus 33 comparison group cases), it was not possible to interpret these findings or determine whether these apparent differences were statistically significant.

1. Placement Setting: Different patterns in placement settings emerged between children in the experimental group (Zuni) and those in the comparison group (Navajo). For example, more Zuni youth were placed in non-Native American foster homes or in institutional settings, with four (26.7 percent) Zuni children living in residential treatment centers (RTCs) and another four (26.7 percent) living in non-Native American foster homes as of May 2005. In contrast, no Navajo children were living in RTCs or non-Native American foster homes by this date. Furthermore, more Navajo children were placed in relative foster care or entered assisted guardianship. By May 2005, nine (28 percent) Navajo children were in relative foster homes, and 17 (53 percent) had entered guardianship. In contrast, only three (20

NEW MEXICO – TRIBAL ADMINISTRATION OF TITLE IV-E FUNDS

percent) Zuni children were placed in relative foster homes by this date, and none had entered guardianship.

2. Permanency: A greater proportion of children in the comparison group (Navajo) achieved permanency during the demonstration than in the experimental group (Zuni). By May 2005, no Zuni children had exited foster care to a permanent placement, compared with 17 Navajo children (53 percent). Permanency plans for Zuni youth who remained in foster care focused on reunification (20 percent) or guardianship (73 percent), whereas assisted guardianship was the primary permanency objective for Navajo children (84 percent).
3. Child Well-Being: No statistically significant differences emerged between Zuni and Navajo youth in overall child well-being, safety of the home environment, parental capabilities, child safety, and quality of family interactions as measured by the *NCFAS*.

NEW MEXICO

DEMONSTRATION TYPE:	State and Tribal Assisted Guardianship ¹
APPROVAL DATE:	June 14, 1999
IMPLEMENTATION DATE:	Tribal Component: July 1, 2000 State Component: April 2001
COMPLETION DATE:	December 31, 2005 ²
INTERIM EVALUATION REPORT DATE:	February 2003
FINAL EVALUATION REPORT DATE:	December 22, 2005

TARGET POPULATION

The State's assisted guardianship demonstration included two components: (1) a Tribal custody component for children in the legal custody of New Mexico Tribes and Pueblos, and (2) a State Custody Component for Native American and non-Native American children in State custody. Participation in the Tribal custody component was open to title IV-E-eligible Native American children ages 0–18 in the legal custody of Tribes or Pueblos for whom reunification and adoption were ruled out as permanency options. The State custody component was available to title IV-E-eligible Native American and non-Native American children ages 0–18 in the legal custody of the State for whom reunification and adoption were ruled out.

JURISDICTION

Participation in the Tribal custody component was open to nine Tribes and Pueblos in New Mexico, including eight with Joint Powers Agreements (Cochiti Pueblo, Jicarilla Apache Nation, Nambe Pueblo, Navajo Nation, Picuris Pueblo, Santa Clara, Taos, and Santa Ana Pueblo) and one with a title IV-E waiver agreement (Pueblo of Zuni).³ By December 2004, only two tribal communities – Navajo Nation and the Santa Ana Pueblo – had chosen to participate in the Tribal custody component. In contrast, the State custody component was implemented statewide.

INTERVENTION

Both guardianship components offered a monthly financial subsidy to foster caregivers who assumed legal custody of a child in out-of-home placement. In addition, both components

¹ Based on information submitted by the State as of December 2005.

² New Mexico's demonstration was originally scheduled to end June 30, 2005. The State received one short-term extension that allowed implementation to continue through December 31, 2005.

³ See separate profile describing New Mexico's Administration of title IV-E funds waiver demonstration.

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sought to improve safety, permanency, and well-being outcomes for Native American and non-Native American children in out-of-home placement for whom adoption or reunification were not viable permanency options. In both components, assisted guardianship payments were similar to, but could not exceed, the State's adoption assistance payment rate.

EVALUATION DESIGN

The evaluation consisted of process and outcome components, as well as a cost analysis. To ensure the implementation of a culturally appropriate and sensitive evaluation, the State's evaluators worked with an Evaluation Advisory Council comprised of 10 members representing both the State of New Mexico and several Tribes and Pueblos.

As described below, New Mexico implemented separate evaluation designs for the Tribal and State custody components of this waiver demonstration:

- Tribal Assisted Guardianship Component: The evaluation of the Tribal guardianship component involved a comparison group design in which outcomes for Native American children in Tribal custody who entered assisted guardianship (experimental group) were compared with outcomes for Native American children in State custody (comparison group).
- State Custody Component: The evaluation of the State custody component utilized an experimental research design in which children were randomly assigned to experimental and control groups. Children in the experimental group were eligible for and could be offered assisted guardianship, whereas children in the control group were not eligible for the guardianship subsidy. All children were assigned to either the experimental or control group immediately upon entering the State's child welfare system.

Outcome measures of interest for both the Tribal and State custody components included number of placements per child; length of time in out-of-home placement; number and proportion of children exiting out-of-home placement to adoption, guardianship, or reunification; number of homes available for guardianship or adoption; proximity of the child's current or permanent placement to the child's family of origin; number and proportion of cases with a re-allegation of maltreatment; number and proportion of children who re-enter foster care; child well-being; family functioning; and caregiver and child satisfaction with demonstration services.

EVALUATION FINDINGS

Process Evaluation

1. Tribal Custody Component:

- As of September 2005, a total of 40 children entered guardianship through the Tribal custody component.

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- Native American children in Tribal custody who entered assisted guardianship had somewhat different demographic characteristics than Native American children in State custody. For example, Native American children in Tribal custody tended to be younger at the time of their first out-of-home placement than Native American children in State custody (5.1 years on average compared with 6.9 years) and were more likely to be male (52.3 percent compared with 42.5 percent). In terms of Tribal affiliation, children in Tribal custody who entered assisted guardianship were almost entirely Navajo (90 percent), compared with only 56.3 percent of children in State custody.

2. State Custody Component:

- As of October 2005, 6,339 children were randomly assigned to the experimental group and 6,150 children to the control group. No major differences emerged between the two groups in terms of age, gender, or race.
- A total of 1,650 Native American children were enrolled in the State custody component as of October 2005. Of these, 811 (49 percent) were assigned to the experimental group and 839 (51 percent) were assigned to the control group.
- Altogether, 194 children entered assisted guardianship through the State custody component, including 185 non-Native American children and 9 Native American children.

Outcome Evaluation

1. Tribal Assisted Guardianship Component: Few outcome findings are available regarding the Tribal assisted guardianship component. However, some potentially positive findings emerged regarding children in Tribal custody who entered assisted guardianship:

- Compared with adopted youth, a higher proportion of children in assisted guardianship were placed in close proximity to their families of origin (65 percent versus 51 percent).
- Youth in assisted guardianship appeared to achieve permanency more quickly than adopted children, spending on average of 720 days in out-of-home placement prior to exiting foster care compared with 1,090 days for adopted children.

2. State Custody Component: As with the Tribal custody component, few outcome findings are available regarding the State custody component. The available data indicate no major differences between the experimental and control groups with respect to placement duration or exits to permanency:

- As of October 2005, net permanence (defined as exits to reunification, adoption, or guardianship) was somewhat higher in the experimental group (63.8 percent) than in the control group (59.2 percent), a difference of 4.6 percent. The State did not indicate whether this difference in net permanence was statistically significant. No differences emerged between the experimental group and the control group in reunification rates

NEW MEXICO – STATE AND TRIBAL ASSISTED GUARDIANSHIP

(45.5 percent versus 45.8 percent, respectively), while adoption rates were slightly higher in the experimental group (14.6 percent) than in the control group (13.4 percent).

- By the end of the demonstration, experimental group children had spent more time in out-of-home placement on average than children in the control group (670 days versus 622.5 days). The State did not indicate in its final evaluation report whether this difference in placement duration was statistically significant

NORTH CAROLINA

DEMONSTRATION TYPE:	Flexible Funding/ Assisted Guardianship – Phase I ¹
APPROVAL DATE:	November 14, 1996
IMPLEMENTATION DATE:	July 1, 1997
COMPLETION DATE:	June 30, 2004 ²
INTERIM EVALUATION REPORT DATE:	June 30, 2002
FINAL EVALUATION REPORT DATE:	November 2002

TARGET POPULATION

The eligible population consisted of children residing in experimental group counties who were at imminent risk of placement or who were already in placement. Each participating county, however, could choose to implement initiatives that affected some or all of these children.

JURISDICTION

Nineteen of the 100 counties in the State participated in the demonstration.

INTERVENTION

Each county was able to develop its own initiatives with approval of the State. Counties differed in both the number and type of initiatives developed for the demonstration:

- 13 counties used flexible funds to meet needs on a case-by-case basis;
- 11 counties engaged in various collaborative activities;
- 17 counties used funds to support organizational changes;
- 15 counties used funds to support court reform activities;
- 16 counties developed contracts for new services;
- 9 counties developed new services in-house;
- 8 counties provided enhanced support for resource families; and
- 8 counties provided an assisted guardianship option.

¹ Based on information submitted by the State as of November 2002.

² North Carolina's original completion date was June 30, 2002. The State received four short-term bridge extensions.

NORTH CAROLINA – FLEXIBLE FUNDING/ASSISTED GUARDIANSHIP – PHASE I

The number of activities or services implemented ranged from two new service areas (in two counties) to seven new service areas (in five counties). Further, as summarized below, some counties chose to enter into contracts with private providers for services, while others chose to develop service delivery capabilities in-house.

Type of Service	Number of Counties	
	Entered Contracts	Developing In-House Services
Family Support	10	7
Assessment	9	5
Adoption	3	4
Post Adoption Placement, Post Finalization Services	4	4
Substance Abuse Services	6	3
Mental Health Services	9	4
Family Reunification	5	4
Legal Services for TPR/Adoption	9	5

Financial Structure

The demonstration would be deemed cost-neutral if the rate of growth in expenditures of title IV-E foster care and title IV-E administrative funds by the experimental group was equal to or less than the rate of growth over the baseline of those same expenditures by the comparison group. (Local agencies in the experimental group were given broad flexibility in using IV-E funds to prevent children from entering care, to help children exit care sooner, and to prevent children from re-entering care.)

In addition, the State established local trust accounts for each of the 19 counties that volunteered to participate in the demonstration. Unexpended State funds, which were budgeted for the cost of care for non-IV-E-eligible children, were placed in those trust funds for use by the individual demonstration counties. These were 100 percent State dollars, and demonstration counties could use these funds, matched with IV-E administrative dollars, for innovative efforts that targeted one or more of the three goals of the demonstration. Individual counties could access these funds if they had achieved cost neutrality and had a reinvestment plan approved by the State. In the final year of the demonstration, counties that had not been cost neutral were also allowed to use the funds in their trust accounts.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. To evaluate the demonstration, the State used a comparison group design. The 19 comparison counties were selected based on size, demographics, the number of title IV-E-eligible children, and socioeconomic status of families. The State compared the experiences of successive cohorts of children reported as abused or neglected and/or who entered out-of-home care. The final report

NORTH CAROLINA – FLEXIBLE FUNDING/ASSISTED GUARDIANSHIP – PHASE I

divided these cohorts into four groups for comparative analysis: (1) active waiver counties³, (2) less active waiver counties, (3) comparison counties, and (4) other counties in the State. North Carolina analyzed data for the following outcomes: rate of initial entry into foster care, time spent in out-of-home care, and rate of re-entry.

EVALUATION FINDINGS - CAPPED IV-E ALLOCATIONS AND FLEXIBILITY TO LOCAL AGENCIES

Process Evaluation

The State reported that the necessity to include local and county fiscal staff in the planning and procedural implementation of the demonstration was a key lesson learned. Although the demonstration began operations in 1997, and experimental counties had the ability to access funds in local trust accounts since 1998, counties initially appeared reluctant to use these funds. Counties increased their use of flexible funds over time as they became more familiar with the demonstration, procedures for accessing flexible funds, and cost neutrality requirements.

Outcome Evaluation

To assess the impact of the demonstration, it was necessary to control for several factors: (1) the presence of other child welfare reform initiatives in both experimental and comparison counties, (2) changes in population characteristics in experimental and comparison counties that could affect children's degree of risk for maltreatment and subsequent foster care placement, and (3) differences in the level and types of initiatives instituted in the waiver counties. Multivariate analyses incorporating measures of these factors provided the basis for findings presented in the final evaluation report.

1. Probability of out-of-home placement: The probability of placement for 175,190 children who experienced an initial substantiated incident of abuse and/or neglect between State Fiscal Year 1994 (SFY94) and SFY01 was calculated using data in the State Child Abuse and Neglect Registry. Findings indicated that among children with a substantiated report of abuse or neglect from 1997 to 2001, the probability of placement for children in experimental counties declined more than for children in the comparison counties, or for children in other counties in the State. No significant differences were found between more active and less active experimental counties.⁴
2. Length of stay in foster care: The State's evaluators developed a longitudinal database to track the experiences of 41,585 children who initially entered placement from SFY94 through SFY01. Two indicators of length of stay were used: (1) the likelihood of exiting placement, and (2) the likelihood of exiting placement for children who remained in care two years after initial entry. Findings indicated that children entering placement during the demonstration were more likely to exit placement than those who entered in pre-waiver years. This trend was true for all groups of counties.

³ The State uses the term "waiver counties" to refer to experimental group counties.

⁴ Thirteen of 19 experimental counties were identified as active. Active counties were those that initiated 4 or more new services or began accessing available resources in the trust fund prior to June 30, 2002.

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However, an analysis of vital statistical data indicated that the risk profile for children entering care in the experimental counties became more serious over the term of the demonstration.

Therefore, the evaluation concluded that the experimental counties were able to reduce lengths of stay even though the seriousness of risks for children entering placement increased after the demonstration was implemented. Also, more active experimental counties showed greater rates of decline in length of stay in foster care. However, when exit rates for children who remained in foster care two years after initial entry were examined, no significant differences were found among children in experimental counties, comparison counties, or other counties in the State.

3. Re-entry into foster care: The probability of re-entry among children who achieved permanency at the end of their first out-of-home placement was examined across all county groups. Two subgroups were defined in order to test the impact of the intervention: (1) active waiver counties were those that initiated four or more new services or began accessing trust fund resources prior to June 30, 2000, and (2) other waiver counties were those that did not.

Analysis showed a consistently lower rate of re-entry in waiver counties compared to baseline SFY93. The decrease in re-entry is somewhat larger in the active waiver counties in the early waiver years. Only in the most recent two years for which data were available did other waiver counties surpass active experimental counties in improvements to re-entry rates. Re-entry rates for children exiting placement in comparison counties were stable in the years immediately preceding waiver implementation. These rates increased until SFY00, when the likelihood of re-entry was about 10 percent less than seen in the baseline year.

EVALUATION FINDINGS - ASSISTED GUARDIANSHIP

The 19 experimental counties also had the option of developing assisted guardianship; however, only eight counties utilized this option. A total of 38 assisted guardianships were established, with one county having established 17.

Initially, the assisted guardianship payment was \$250 per month, which was less than the standard foster care payment of \$315 to \$415 per month (based on the age of the child). During the first three years of demonstration, none of the counties used the guardianship option. In October 2000, the payment was increased so that it was equal to the foster care maintenance payment.

Although the assisted guardianship option was intended for children for whom efforts at reunification or adoption were unsuccessful, counties did not appear to use the option to achieve permanency in backlogged cases. Only 12 of the children with assisted guardianships were initially placed in foster care between SFY95 and SFY96; 22 had been placed between SFY97 and SFY99; and 10 had not entered foster care until SFY00.

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Evaluators and county staff discussed reasons why so few assisted guardianships were established early in the demonstration. In addition, they conducted a survey of 16 counties that never or rarely used assisted guardianship in order to determine the barriers to guardianship. The most frequently reported reason was the financial risk to the counties of continuing guardianship payments after the end of the demonstration period. Another frequently cited issue concerned the agency staff's beliefs about the appropriateness of guardianship arrangements. In initial discussions, and later in the 16-county survey, several staff noted that their primary goal was to place children in adoptive homes.

During site visits in SFY99 and SFY00, staff in seven counties also expressed “confusion about specific assisted guardianship rules.” Even in counties that had established guardianships, staff noted that they had been confused about State support for assisted guardianship, waiver rules, and regulations for guardianship, including Medicaid eligibility and receipt of Supplemental Security Income (SSI) payments.

Based on a focus group that included the staff of the county agency that had established the most assisted guardianships (n=17), the Final Evaluation Report noted that, “assisted guardianship met the needs of some African-American adolescents who resisted the idea of Termination of Parental Rights.” They also noted that “...DSS (Department of Social Services) staff experience with assisted guardianship led to a change in agency norms for the use of guardianship in general. Staff began to value guardianship, subsidized or not, as a way of expediting permanency without eliminating future options for reunification or adoption.”⁵

⁵ It is important to note that the rationale for guardianship was quite different from other States where assisted guardianship is used only when adoption and reunification are not viable options.

NORTH CAROLINA

DEMONSTRATION TYPE:	Flexible Funding /Assisted Guardianship – Phase II ¹
APPROVAL DATE:	June 18, 2004
IMPLEMENTATION DATE:	January 1, 2005
COMPLETION DATE:	Terminated early on February 28, 2008
INTERIM EVALUATION REPORT RECEIVED:	July 2, 2007
TERMINATION SUMMARY RECEIVED:	April 23, 2008

BACKGROUND

On June 18, 2004, the Children’s Bureau approved a five-year extension (Phase II) of North Carolina’s Child Welfare Demonstration Project. Although the five-year extension officially began on July 1, 2004, although implementation did not occur until January 1, 2005 following approval of the State’s updated evaluation plan in October 2004. Due to problems maintaining cost neutrality, North Carolina terminated its waiver demonstration in May 2007 retroactive to December 2006 for claiming purposes. The State considered reactivating its waiver later in 2007, but withdrew its request to the Children’s Bureau for reactivation on February 28, 2008 due to a lack of interest among counties to restart waiver activity.

TARGET POPULATION

Eligible children included both title IV-E-eligible and non-IV-E eligible children residing in experimental group counties who were at imminent risk of foster care placement or who were already in placement. Each participating county could choose to implement initiatives aimed at improving child welfare outcomes for eligible children.

JURISDICTION

Nineteen of 100 counties in the State participated in Phase I of the demonstration. For Phase II, the State expanded demonstration services to 38 counties, including 17 original Phase I counties and 21 new counties. Two of the original Phase I counties elected not to participate in the Phase II demonstration.

¹ Based on information submitted by the State as of April 2008.

NORTH CAROLINA – FLEXIBLE FUNDING/ASSISTED GUARDIANSHIP – PHASE II

INTERVENTION

Phase II of North Carolina’s demonstration enabled participating counties to use Federal title IV-E foster care funds to develop and implement strategies to reduce costs for out-of-home placement while improving or maintaining safety, permanency, and well-being outcomes for children. Each participating county developed a unique set of services and interventions that were outlined in a detailed proposal and approved by the State prior to implementation. All participating counties sought to use title IV-E funds flexibly to institute new contracted services that ranged from substance abuse and mental health services to respite care, intensive family preservation services, and parenting classes. In addition, experimental group counties could use flexible IV-E funds to pay for assisted guardianship, make one-time payments for services to children and families (e.g., payments for rent deposits, utility bills, day care fees), and to facilitate child and family team meetings.

EVALUATION DESIGN

The evaluation included process and outcome components, as well as a cost analysis. The State utilized a comparison group evaluation design in which changes in child welfare outcomes for 34 selected “comparison counties” that did not receive flexible IV-E funds were compared with changes in outcomes for the 38 “experimental counties” that received flexible IV-E dollars. Factors used to select comparison group counties included (1) total title IV-E maintenance expenditures, (2) total administrative expenditures, and (3) number of children initially entering out-of-home placement during the past three State Fiscal Years (SFY).

Sampling Plan

The State’s evaluators used two samples of cases selected from large and medium-sized counties to assess changes in service utilization and child welfare outcomes. To study placement prevention outcomes, the State’s evaluators randomly selected 840 children from 24 large and medium-sized experimental counties who had experienced a first substantiated report of abuse or neglect during the baseline year (SFY 2002-2003). They then matched these children to 840 children from 23 large and medium-sized comparison counties using propensity score matching. This sample is referred to as the “prevention sample.” For the second sample (referred to as the “permanency” sample), the State randomly selected 400 children from the 24 large and medium-sized experimental counties who initially entered placement during the baseline year and matched these children to 400 children from the 23 large and medium-sized comparison counties using propensity score matching.

Process Evaluation

The foundation of the State’s process evaluation rested on the 38 logic models submitted by individual experimental group counties. The logic models identified changes in service availability and utilization that were expected to occur as a result of the waiver. These expected changes were then evaluated using two web-based surveys administered to county child welfare managers in 2005 and 2006, as well as through data submitted by participating counties in

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quarterly reports from 2005 through 2006. Baseline data on service utilization and availability were obtained through an analysis of case records during the summer of 2005.

Outcome Evaluation

The outcome evaluation compared experimental and comparison group counties for significant differences in the following measures: rate of entry into out-of-home care; length of stay in out-of-home care; exits to permanency; rate of re-entry into out-of-home placement; and maltreatment recurrence rates.

One challenge faced by the State in tracking maltreatment recurrence involved North Carolina's adoption of the Multiple Response System (MRS) for Child Protection Services (CPS). Through MRS, most reports of maltreatment are addressed through a family needs assessment and do not result in a formal determination of abuse or neglect. To accommodate this change, the State's evaluation team modified its definition of maltreatment to include the MRS family assessment category of "services needed." This change allowed the evaluators to track children who received or were recommended for services and follow their interactions with CPS.

Cox non-proportional hazard modeling and time series analyses were used to test for differences between children in experimental and comparison counties entering the child welfare system before and after waiver implementation. Survival analyses modeled waiver outcomes to control for differences in the demographic characteristics of children (age, gender, race, etc.), child welfare agency characteristics (e.g., level of participation in the waiver), and community characteristics (e.g., urbanicity and region).

Cost Analysis

The cost analysis focused on assessing how child welfare spending patterns changed as a result of the demonstration. Baseline cost indicators were compared with child welfare expenditures over time to identify changes in spending patterns across experimental and comparison counties.

EVALUATION FINDINGS

Process Evaluation

1. Availability and Utilization of Child Welfare Services:

- The State's evaluation team developed a model to explore three dimensions of service provision: population focus (i.e., county-wide or child-specific services), service focus (e.g., child welfare services, treatment services, or basic needs), and level of service (low, medium, or high). Overall, a majority of experimental group counties focused on providing child welfare services (e.g., respite care, family team meetings) on a county-wide basis.
- During the first two and a half years of the demonstration, 2,587 children in 28 experimental group counties benefited from some form of targeted, child-specific

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spending. The top six categories for targeted expenditures included housing, household utilities, child care, furniture purchases, legal expenses, and transportation.

- In terms of service level (defined as the ratio of service episodes to the total number of children with an initial report of maltreatment or placement during the demonstration), 7 experimental counties (18 percent) were categorized as “high level” (37-148 episodes per 100 children), 24 counties (63 percent) were categorized as “mid level” (3-25 episodes per 100 children), and the remaining 7 counties were defined as “low level” (no waiver activity or fewer than 3 episodes per 100 children).
 - Overall, families in experimental group counties utilized child welfare and related services at higher levels than comparison group counties. In experimental group counties, 77 percent of families in the client-level “prevention sample” and 95 percent of families in the “permanency sample” used at least one service at a baseline measurement compared with 64 percent and 86 percent of families in comparison counties, respectively. In addition, 9 percent of clients in the prevention sample and 40 percent of clients in the permanency sample in experimental counties utilized six or more services compared with 1 percent and 10 percent of clients in comparison counties, respectively.
 - On average, families in experimental group counties accessed services more quickly than comparison group families. According to client-level baseline data, 67 percent of child-caregiver dyads in the experimental group prevention sample received services within one year of a maltreatment substantiation or prior to placement compared with 56 percent of dyads in the comparison group prevention sample. Moreover, 86 percent of child-caregiver dyads in the experimental group permanency sample received services within two years of placement or prior to placement exit compared with 78 percent of dyads in the comparison group permanency sample.
2. Use of Assisted Guardianship: A total of 209 children were identified as candidates for assisted guardianship in the first 10 quarters of the State’s waiver extension. Of these, 105 children (54 percent) had exited to assisted guardianship by December 2006. Mecklenburg and New Hanover Counties accounted for 77 percent of children who exited to assisted guardianship. In addition, 55 percent of guardian placements were relatives, with grandparents accounting for 29 percent of exits, aunts/uncles for 16 percent, and other kin for 10 percent of exits.

Outcome Evaluation

The State’s evaluation revealed differences in several outcomes that favored comparison counties:

- The number of children with a first report of abuse or neglect increased steadily in experimental group counties between SFY 2000-2001 and SFY 2004-2005. In comparison counties, this number decreased in SFY 2002-2003 and remained relatively unchanged afterwards.

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- In general, experimental group counties had higher levels of entry into placement than comparison group counties, and children in experimental counties tended to enter placement more quickly. The State noted that these findings are not surprising given the presence of several large counties (e.g., Mecklenburg) in the experimental group.
- Median length of stay in out-of-home placement was generally longer for children in experimental group counties than in comparison counties, averaging 471 days between SFY 2003 and SFY 2006 compared with 357 days in comparison counties during the same period. In addition, Cox proportional hazard modeling revealed that children in experimental group counties were significantly more likely to exit placement after two years than children in comparison counties.
- Reunification was the most likely permanency outcome across all entry cohorts for children in both experimental and comparison group counties. Children in comparison group counties tended to achieve reunification more quickly (i.e., within one year) than children in experimental group counties. Exits to permanency via guardianship or another court-appointed custodial arrangement were slightly higher in comparison counties than experimental group counties, while adoption was more likely in experimental counties.

However, some positive trends in favor of the experimental group were discussed in the State's Termination Summary:

- Although total entries into placement were higher in experimental group counties, the probability of placement in experimental group counties decreased between SFY 2005 and 2006 while remaining unchanged in comparison counties. This trend was most pronounced among high level counties that made the most extensive use of IV-E funds. The State hypothesized that given the steady increase in maltreatment reports in experimental counties over time, it is likely that more children would have entered placement in experimental counties without the waiver.
- Although repeat maltreatment within six months of an initial incident of abuse or neglect decreased in both groups of counties through SFY 2005, the rate of maltreatment recurrence in experimental group counties continued to decline between SFY 2005 and SFY 2006 while it increased in comparison counties during the same period.
- In general, children in comparison group counties re-entered care at faster rates than children in experimental group counties, although not at statistically significant levels.

Lessons learned from the IV-E waiver demonstration have informed North Carolina's decision to pursue funding for statewide subsidized guardianship with the North Carolina General Assembly. This goal is outlined in North Carolina's 2007 Program Improvement Plan.

OHIO

DEMONSTRATION TYPE:	Flexible Funding – Phase I ¹
APPROVAL DATE:	February 14, 1997
IMPLEMENTATION DATE:	October 1, 1997
COMPLETION DATE:	September 30, 2004 ²
INTERIM EVALUATION REPORT DATE:	November 5, 2000
FINAL EVALUATION REPORT DATE:	June 19, 2003

TARGET POPULATION

All children in the State's experimental counties who are at risk of entering placement or who have already been placed were eligible to participate in Ohio's title IV-E waiver demonstration.

JURISDICTION

Fourteen counties were given flexibility under the demonstration to develop managed care strategies with the goal of improving outcomes for children and families and controlling foster care expenditures.

INTERVENTION

The State granted 14 counties flexible use of capped allocations of title IV-E funds. The underlying theory behind the demonstration was that, by employing managed care strategies, counties would be more efficient and effective in serving children and families. The 14 counties were responsible for achieving desired safety, permanency, and well-being outcomes with a fixed amount of funds. Counties were obligated to make available all services necessary to meet established outcomes, either directly or through contracts with community-based service providers. Each county developed and implemented a variety of managed care strategies to suit its objectives.

At the beginning of the demonstration, counties focused on retraining staff and supervisors. In the initial years of the demonstration, the State provided support and assistance to the

¹ Based on information submitted by the State as of June 2003.

² The demonstration was originally expected to end (after one bridge extension) in October 2003. HHS has granted the State a second bridge extension through March 2004 and a third bridge extension through September 30, 2004. The State has requested a long-term extension, during which they may implement the demonstration statewide.

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experimental counties via conferences and training on managed care techniques and financing models. Counties developed one or more strategies to improve services and control costs. Common strategies included expanding the array of services, creating capitated contracts for services, improving case management and coordination, increasing competition among providers, establishing utilization review mechanisms, and developing quality assurance systems. Throughout the project, experimental counties received ongoing support and assistance from the State through bimonthly meetings and monthly comprehensive data reports.

The State paid participating counties a capped allocation based on historical and projected numbers of days in foster care, costs of care, and the percentage of children in care who were title IV-E eligible. Counties, in turn, negotiated financial and risk-sharing agreements with private providers. Counties that achieved title IV-E savings could reinvest the funds in other child welfare services.

EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. All Ohio counties had the option to participate in the demonstration. After 14 counties volunteered, 14 other counties with similar characteristics were selected to serve as a comparison group.

Ohio examined the following measures: changes in county child welfare agency operations, use of managed care strategies, shifts in expenditure patterns, changes in caseload size and composition, changes in patterns of first placement into out-of-home care, changes in destination for children leaving their first placement episode, and changes in length of time for children to exit from care to different destinations.

The evaluation of the five-year project consisted of four related studies, which assessed the demonstration's hypothesis from different perspectives:

1. A Process Implementation Study used site visits and other primary data collection methods (e.g., telephone interviews and surveys) to document the waiver's effects. In year five of the evaluation, this study analyzed prevention initiatives, mental health services, the relationship between the child welfare agency and the juvenile court, and interagency collaboration.
2. A Community Impact Study observed how changes over time in demonstration and comparison counties affected the infrastructure and dynamics of the larger community.
3. A Fiscal Outcomes Study examined whether spending patterns were changed under the demonstration and, if so, how spending changed. It included an analysis of State and county-level child welfare expenditures in demonstration and comparison counties from two years prior to the demonstration (1996) through the final year of the demonstration (2002).
4. A Participant Outcomes Study compared outcomes for participants over the five-year demonstration period by county group and county size. In year four, all active caseworkers were surveyed about their backgrounds, attitudes, and one randomly selected open case. In year five, survival analysis was used to determine how child and family outcomes would

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have differed in the absence of the title IV-E waiver. The focus was on differences in the length of first placement by specific exit outcomes.

EVALUATION FINDINGS

Process Evaluation

The State's Fourth Semi-Annual Report (July 2002-December 2002) provided a summary of initial implementation issues through December 2002. The changes observed in each of the managed care areas (service array, financing methods/capitation and risk, case management/care coordination, provider competition, utilization review, and quality assurance) reveal a pattern. Both experimental and comparison counties increased their overall use of managed care strategies from year two to year four. Experimental counties continued to increase their overall involvement in these managed care activities beyond year four, while comparison counties made significant changes in the way they offered services by increasing their use of managed care strategies.

Ohio's final report explains that experimental counties differed from comparison counties in five areas: service array, targeting of services, quality assurance and data management, overall use of managed care strategies, and interagency collaboration. Specifically, the demonstration appears to have led to several changes in experimental counties that were not matched by comparison counties:

- New prevention activities were targeted to service areas that had been identified as insufficient.
- More targeting of new initiatives to particular populations occurred.
- Outcome information was more often systematically gathered, shared with staff, and used in management decisions.
- In both year two and year four of the demonstration, managed care strategies were used more often. In year two, the differences between experimental and comparison counties were statistically significant.
- Some differences in aspects of interagency collaboration were evident. Specifically, the evaluation revealed a moderate difference between experimental and comparison counties in pooling or sharing funds, with experimental counties somewhat more likely to adopt joint funding mechanisms.

However, the process study component identified six areas in which systematic differences between experimental and comparison counties were not observed:

- *Case management:* No significant differences emerged between experimental and comparison counties in terms of family involvement in case decision-making, team conferencing, and screening processes.
- *Financing:* Although some demonstration counties made greater use of managed care contracting mechanisms, too few counties participated in managed care to identify a systematic effect across all experimental counties.

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- *Competition*: Both experimental and comparison counties sought to increase competition by expanding agency foster homes through increased per diem payments and other methods.
- *Utilization review and quality assurance*: Experimental counties were only slightly more likely to conduct formal reviews of children entering placement or already in placement.
- *Services array*: Few differences emerged between the two groups in terms of improved service availability, the nature of new services, or timely access to services.
- *Interagency collaboration*: Both experimental and comparison counties have developed strong relations with child welfare organizations, juvenile courts, and mental health agencies.

Study Limitations

In its final report, the State identified several key factors that diminished measurable effects of the waiver:

- Attempts to analyze the effects of initiatives at the county level involved too small a sample (14 experimental sites and 14 comparison sites) to produce significant findings.
- Many of the counties involved in the demonstration had small populations and small foster care caseloads, which led to a limited data set available for analysis.
- Many counties submitted imprecise or incomplete data for the fiscal study.
- County fiscal administrators operated separately from program administrators and were therefore unable to track progress toward desired outcomes throughout the demonstration and change course as necessary. In addition, fiscal staff did not necessarily connect the title IV-E funding available through the waiver with any particular outcomes.
- Evaluators for each of the four studies used somewhat different standards; therefore, in some cases, findings between studies were not comparable.
- In the context of public funding for child welfare services in Ohio, title IV-E is only one of several major funding streams. Local tax levies, which account for more than half of the budgets of local child welfare agencies, could be used flexibly for new programs and services in comparison counties. Further diminishing the effects of the title IV-E changes were substantial cutbacks in State support in the later years of the demonstration.
- Finally, although the waiver created a fiscal incentive to reduce foster care expenditures, the financial risk to counties for not reducing foster care spending was limited.

Cost Neutrality Findings

Overall, no significant differences in child welfare spending were found between experimental and comparison counties. Growth in paid placement days and in the average daily cost of foster care was experienced by both experimental and comparison counties, and neither group significantly changed the percentage of placement days in residential settings. However, variances were noted in growth in foster care spending, which suggests that experimental counties were able to contain foster care growth more than comparison sites. Differences were also found in growth in non-foster care expenditures, which suggests that experimental counties took advantage of the waiver's flexibility to expand activities into new areas. These observed patterns of change were close to achieving statistical significance.

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Outcome Evaluation

Overall, Ohio’s final report presented mixed results. Although some changes were noted as a result of the demonstration, they were not strong enough to reform the State’s child welfare system fundamentally. In addition, observed changes were neither large nor targeted enough to create statistically significant differences in foster care expenditures or child and family outcomes. In addition, the waiver did not significantly affect the following:

- *Permanency*: The waiver had no significant effects on reunification rates, adoption rates, or median length of stay prior to reunification or adoption.³
- *Placement stability*: Both experimental and comparison counties increased the percentage of children who made no moves during their first placement and decreased the percentage who made five or more moves. Experimental counties were no more successful than comparison counties in moving children to less restrictive settings.
- *Use of relatives for placements*: Only four experimental counties significantly increased the use of relatives for first placements, whereas three experimental counties significantly decreased relative placements.
- *Proportion of children served in-home*: Both experimental and comparison counties maintained a pattern of serving approximately three-fourths of cases in-home.
- *Safety of children returned home*: Results indicate that the safety of children in experimental counties who were returned home was maintained at the same level as that experienced in comparison counties.⁴

In addition to the outcomes study, the Ohio evaluation integrated findings from 6 of the 14 demonstration counties⁵ into a *Case Study Findings* section in the State’s final report. Two of the six case study counties (Lorain and Muskingum) experienced the most positive effects of the waiver. Both were able to reduce placement, increase the number of children served in-home or referred to community agencies, and reduce payment utilization during the demonstration. These two counties had in common an early and ongoing commitment to expand resources for child welfare activities, along with clearly defined programmatic reform efforts which were supported by spending shifts.

The other four case study counties (Fairfield, Franklin, Stark, and Clark) experienced mixed results. All of the sites were able to leverage funds from other sources to expand non-foster care activities, and they succeeded in changing common patterns of intervention with new cases. However, these counties continued to struggle with the challenge of serving the population of children already in foster care at the start of the demonstration.

³ Adoptions increased substantially in both experimental and comparison counties during the demonstration; however, it cannot be ascertained whether this increase was associated with the effects of the waiver.

⁴ This finding may alleviate concerns that the waiver could result in children returning home too soon. However, the State recommended in its final evaluation that further research on child safety outcomes be completed, as its findings were constrained by data limitations.

⁵ The subset represents those counties that experienced the most significant changes regarding children exiting their first out-of-home placements.

OHIO

DEMONSTRATION TYPE:	Flexible Funding – Phase II ¹
APPROVAL DATE:	October 1, 2004
IMPLEMENTATION DATE:	October 1, 2004
EXPECTED COMPLETION DATE:	September 30, 2009
INTERIM EVALUATION REPORT RECEIVED:	August 20, 2007
FINAL EVALUATION REPORT EXPECTED:	March 30, 2010

TARGET POPULATION

The target population for Ohio’s Phase II waiver demonstration (referred to as ProtectOhio) includes children ages 0–17 who are at risk of or in out-of-home placement, and their parents or caregivers. Both title IV-E-eligible and non-IV-E-eligible children may participate in the demonstration.

JURISDICTION

Phase II of the demonstration is operating in the 14 counties that participated in Ohio’s initial five-year waiver demonstration: Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Lorain, Medina, Muskingum, Portage, Richland, and Stark. Hamilton County began Phase II but temporarily discontinued its participation from October 2005 to October 2007. In October 2006, four additional counties joined the waiver demonstration: Coshocton, Hardin, Highland, and Vinton.

INTERVENTION

Participating counties continue to use title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children in out-of-home placement. For Phase II, the State selected five distinct “intervention strategies” that are the focus of waiver activities. As their core intervention strategy, all 18 participating counties are implementing Family Team Meetings (FTMs), which bring together immediate family members, social service professionals, and other important support resources (e.g., family, friends, extended family) to jointly plan for and make crucial decisions regarding a child in or at risk of placement. An independent, trained facilitator in each county arranges and supports the FTM process. In addition to FTMs, each participating county is implementing at least one of the following core intervention strategies/supports:

¹ Based on information submitted by the State as of November 2007.

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- *Structured visitations* between parents/caregivers and children in out-of-home placement to promote reunification (eleven counties);
- *Kinship support* services to facilitate and maintain kinship placements (six counties);
- *Managed care* strategies, especially related to case rate contracting (one county); and
- *Enhanced mental health/substance abuse* (MH/SA) assessments and services (five counties).

EVALUATION DESIGN

Ohio's evaluation includes process and outcome components, as well as a cost analysis. The State's evaluation is testing the hypothesis that the flexible use of title IV-E funds to provide individualized services to children and families will decrease the frequency and duration of out-of-home placements, increase reunification rates for children in out-of-home care, and decrease rates of re-entry into foster care, while keeping children at least as safe as they would have been without the waiver.

As during the original demonstration, the Phase II evaluation employs a comparison group design with counties serving as the unit of analysis. The same 14 counties that formed the comparison group during Phase I of the demonstration are being used in Phase II: Allen, Butler, Clermont, Columbiana, Hancock, Hocking, Mahoning, Miami, Montgomery, Scioto, Summit, Trumbull, Warren, and Wood Counties. In addition, Guernsey, Morrow, and Perry Counties were added to the comparison group to balance the new counties in the experimental group. In selecting comparison counties, the State considered several relevant demographic and child welfare variables to ensure comparability with experimental group counties, including population size and density, percent of county designated as rural, poverty rates, child abuse and neglect rates, out-of-home placements rates, and median number of placement days.

PROCESS EVALUATION FINDINGS

As mentioned above, Phase II of the ProtectOhio waiver demonstration has focused on five distinct intervention strategies that were selected by the State and the participating experimental counties. As such, the Process Implementation Study consists of five distinct research studies, all addressing structural or service delivery changes being implemented systematically in all or some of the experimental counties. The State's Interim Evaluation Report (June 2007) describes findings from the Process Implementation Study on each of the five intervention strategies, as summarized below:

1. Family Team Meetings (FTMs): Beginning in early 2005, all 18 experimental counties started to implement the ProtectOhio FTM model. As of September 2006, the ProtectOhio counties had conducted over 5,440 FTMs, involving over 2,900 children. While the individual experimental counties had fairly low fidelity to the ProtectOhio FTM model²

² ProtectOhio FTM model components include: (1) all FTMs will be facilitated by independent trained facilitators; (2) an initial FTM will be held within 30 days of case opening, at least quarterly thereafter, and at all other critical points in the life of the case; and (3) FTM participants will include family members, foster caregivers, social service professionals, and other support persons important to the family.

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overall, they appear to do better in adhering to certain model components than others. In particular, 75 percent of children in the experimental counties had a first meeting within 35 days and in four counties, well over 90 percent of children have had a second meeting within 100 days of the first one.

2. Kinship Supports: Six counties implemented the enhanced kinship strategy which focused on increasing the identification and recruitment of kinship caregivers, as well as increasing the services and supports available to these caregivers. In general, kinship counties utilized some components of the kinship model more frequently than other experimental or comparison counties. For example, all six kinship counties utilized genograms or another specific form to identify potential kin, compared with only three of seven other experimental counties and seven of fourteen comparison counties. In addition, four of six kinship counties offered either a one-time or per diem cash payment compared to two of seven other experimental counties and one of fourteen comparison counties. Overall, experimental counties appear to be using kinship caregivers in higher proportions than comparison counties; this pattern emerges when looking at children placed with relatives while in public child-serving agency (PCSA) custody and unpaid placement days (an indication of the use of kinship caregivers).
3. Supervised Visitation: Overall, the eight original experimental counties participating in supervised visitation have implemented a visitation program which appears to be an enhancement to the regular visitation program occurring in most other counties. As a group, these eight counties held over 5,000 visits, serving nearly 500 children, during the first year of data collection. However, the eight visitation counties have had varying degrees of success adhering to the ProtectOhio model for supervised visitation. For the components of duration and attendance, all counties have easily met the model standard, with 97 percent of all visits lasting at least one hour and attended by at least one parent. However, counties are performing less well on the components of planned activities and weekly visits. Only 65 percent of visits were recorded as having activities which were planned and at least partially completed, while the average amount of time between visits was 15 days for visits one and two, and 9 days for visits 2–10, exceeding the model standard of seven days.
4. Mental Health/Substance Abuse (MH/SA) Services: The five counties participating in this strategy are seeking to improve the process of obtaining MH/SA evaluations and services for child welfare clients. The study team has completed the evaluation of Lorain County’s MH/SA enhancements; it reveals some encouraging patterns. Collection and analysis of case record and outcome data from 93 families suggest that since the implementation of enhanced MH/SA services:
 - More children received assessments;
 - More clients had evidence in their case record of treatment completion;
 - Cases closed more quickly;
 - The time between assessment and case closing was shortened;
 - The time between the start of services and case closing was shortened;
 - More children experienced a substantiated or indicated CAN report while their cases were open or within one year after closing; and

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- Cases opened after implementation of MH/SA services had fewer placement days.

Many of these results may simply reflect an overall agency trend toward closing cases more quickly. However, evaluation evidence suggests that the efforts of the Lorain PCSA's Alcohol & Drug and Extended Casework Services units have expedited services for families and are making practical differences in case resolution.

5. Managed Care: The managed care study in Franklin County examined the impact of a managed care model on outcomes for children. The Franklin County Children Services agency employed case rate contracting on a sample of cases, with the goal of more effectively and efficiently using limited service resources. The evaluation tested the hypothesis that the use of case rate financing leads to no worsening of outcomes for children. In order to do this, the study team used administrative data to build a hierarchy of case histories and examine the quality of long-term child outcomes. The analysis found no evidence of any significant differences in the quality of child outcomes between cases assigned to private contractors and those assigned to the public agency. However, a high rate of "hold-backs," in which nearly half of the children assigned to private agencies were actually served by the public agency, makes it difficult to detect effects. In analyzing the hold-backs, the team found that among the children assigned to a private agency, those who were recent victims of child maltreatment were more likely to actually be served by the public agency (i.e., never transferred to the private agency) than were children who were not recent victims. The evaluation team notes that this variation does not compromise the validity of the estimates on child outcomes; however, it is an indication of systematic differences between the public and private agency caseloads.

OUTCOME EVALUATION FINDINGS

Utilizing data from Phase I of the ProtectOhio waiver the State's Interim Evaluation Report describes two major analyses of child outcomes: (1) child safety, through examination of case trajectories; and (2) permanency outcomes for children who were in placement at the start of the waiver and movement to less restrictive placement.

1. Child Safety Analysis: The waiver demonstration is designed to shift services away from placement by changing the fiscal mechanisms that support in-home and out-of-home services. In effect, the goal is to level the playing field so that service investments that lower the demand for out-of-home care draw Federal financial participation in the same way that out-of-home care would have. A key assumption underlying the waiver is that services provided in the home offer at least as much protection for the child as placement (i.e., supporting children in the home will not increase the likelihood of a subsequent maltreatment report).

The study team assembled child-level data to examine the initial sequence of events in a case (referred to as a trajectory), and is assessing whether the basic patterns of events have changed over time as a result of the waiver. At this stage the study team is not able to draw definitive conclusions about safety outcomes; however, the results *do* point in some clear directions. Over time in the experimental counties, children appeared to be more likely to

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have their cases opened and somewhat less likely to be placed. With respect to safety, the evidence also suggests that over time, children in experimental counties were less likely to have a subsequent report of maltreatment. However, the data show that subsequent reports of maltreatment *also* declined in the comparison counties and that the rate of change sometimes favored the comparison counties.

2. Analysis of Children in Long-Term Placement: Using data from the first waiver period (Phase I), the evaluation team examined permanency and placement changes to less restrictive environments (step-downs) for children in long-term, out-of-home care. The study team found that:
 - During the first waiver, experimental counties were able to use waiver funds to move children languishing in long-term placements into stable, permanent living arrangements. Without the waiver, fewer of these children would be in permanent settings.
 - There was some evidence that the waiver contributed to stable step-downs for children in congregate care. Without the waiver, fewer children in experimental counties would have been placed into less restrictive settings.

COST ANALYSIS FINDINGS

The State's cost study compares the experimental and comparison counties for significant differences in foster care maintenance expenditures and non-placement-related expenditures, including the costs of specific child welfare services and interventions. This study uses data from Phase II of the waiver and examines changes in spending patterns over time. The distribution of changes in foster care board and maintenance expenditures during the interim period between the first and second waiver (2003-2004) reflected a somewhat different pattern than those observed during the first waiver (1998-2002). In the first waiver, comparison counties occupied positions at both the low and high end of expenditure change distribution, although they were more clustered at the high end. During the interim period, three experimental counties reduced foster care expenditures significantly while comparison counties continued to dominate in the higher end of the distribution. The pattern suggests that experimental counties were beginning to control expenditures more than comparison counties. When considering the first year of Phase II of the waiver relative to the average of the two interim years, it again appears that expenditure changes in the experimental counties are beginning to diverge from those in comparison counties. Specifically, experimental counties as a group appear to be controlling foster care expenditures more than comparison counties. These findings suggest that the waiver incentive may be beginning to operate as it was intended in experimental counties.

WEB LINKS

All evaluation reports associated with Ohio's demonstration are available at the following Web site: <http://jfs.ohio.gov/ocf/pohio.stm>

OREGON

DEMONSTRATION TYPE:	Flexible Funding/ Assisted Guardianship – Phase I ¹
APPROVAL DATE:	October 31, 1996
IMPLEMENTATION DATE:	July 1, 1997
COMPLETION DATE:	March 31, 2004 ²
INTERIM EVALUATION REPORT DATE:	July 2000
FINAL EVALUATION REPORT DATE:	March 2003

TARGET POPULATION

Children ages 0 to 18 who are at risk of out-of-home placement or who are in out-of-home placement were eligible to participate in the demonstration.

The target population for the assisted guardianship component was children between the ages of 4 and 17 who were in substitute care for more than 12 months and who lived continuously in a safe and stable home with a prospective guardian for at least 6 months. For the Family Decision Making (FDM) Service Coordination study in Phase II of the waiver demonstration, the target population was families newly entering the State's child welfare system, usually through child protective services.

JURISDICTION

Oregon implemented its project statewide across four regions: Metropolitan Portland (Metro), Western, Southern, and Eastern.

INTERVENTION

Through its demonstration, Oregon provided financial flexibility to regions to help preserve families, provide permanency for children in care, and improve safety outcomes. The State designed its demonstration to encourage local collaborations among community stakeholders in order to promote the development of more effective, efficient, and innovative child welfare

¹ Based on information submitted by the State as of March 2003.

² Oregon's demonstration project, originally scheduled to end in June 2002, received several bridge extensions before being approved for a five-year extension by the U. S. Department of Health and Human Services.

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practices. During the initial implementation years, the demonstration was also part of the State's strategy to enhance its existing System of Care (SOC)³ initiative.

From the start of the demonstration and throughout the course of the project, each region was given the ability to utilize flexible funds for Innovative Services and/or Family Decision Meetings. In June 1999, the U.S. Department of Health and Human Services approved an assisted guardianship component of the demonstration, providing a third option (beginning in year three) for regions' use of title IV-E funds.

1. Innovative Services: Innovative service plans represented nearly half (44 percent) of the total number of waiver plans that were implemented during the demonstration. Most of these services were contracted out by agencies in the service regions to their local community service providers.

Enhanced visitation was the most prevalent innovative service provided during the demonstration. Other services in this category included facilitator services (e.g., drug and alcohol services or housing), in-home parenting services, and early assessment.

2. Assisted Guardianship: Oregon implemented its assisted guardianship program in year three of the demonstration. In order to be eligible for the assisted guardianship program, children must have been in substitute care for more than 12 months, lived continuously in a safe and stable home with a prospective guardian for at least 6 months, and must have been at least 12 years old if the prospective guardian was not a relative.

The State calculated the IV-E allocation each branch office could receive based on projected utilization of IV-E dollars for foster care. A portion of the branch foster care budget was redirected for flexible funding based on a locally prepared plan for alternative services. If the branch spent less of their flexible funds than budgeted, the difference was "banked" and available for future local waiver proposals. If additional foster care funds were needed, the State made up the difference with realized savings through the first quarter after the shortfall occurred. If the foster care growth rate did not fall below the control, the waiver activities were discontinued in that county.

EVALUATION DESIGN

Oregon's evaluation consisted of process, outcome, and cost-effectiveness components and used a quasi-experimental research design (no random assignment). Children were divided into non-equivalent comparison groups, according to the availability of waiver and/or flexible SOC funds during the child's one-year observation period. The four groups included the following:

- Waiver/System of Care (SOC): children originating from branches that were waiver and SOC-active during the study period;

³ System of Care is a needs-based approach to working with children and families. It focuses on family strengths, and utilizes extended family and community to minimize the need for placing children outside their home in order to expedite children's placement in permanent homes.

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- Waiver/non-SOC: children from branches that were waiver but not SOC-active;
- Non-Waiver/SOC: children from branches that were SOC but not waiver-active; and
- Non-Waiver/non-SOC: children from branches that were neither waiver nor SOC-active.

Oregon used the following outcome measures to test the overall effects of the demonstration: (1) maintenance of children in their homes, (2) return home, (3) relative placement, (4) placement stability, and (5) subsequent maltreatment.

For the assisted guardianship component, Oregon examined (1) assisted guardianship placements, (2) factors related to caretakers' decisions to pursue guardianship, and (3) access to community services. During the five-year waiver extension, the State measured outcomes in several other areas, including (1) permanency outcomes, (2) length of time in placement, (3) child demographics and relationship to caregivers, (4) maltreatment recidivism, (5) guardianship displacement, and (6) re-entry into care.

EVALUATION FINDINGS

Process Evaluation

A total of 7,700 children and 3,000 families were served under Oregon's demonstration. A total of 62 plans were implemented, 22 within the Metro region. Innovative services were provided to 1,614 children (some children received more than one service).

The State compared demographic data for children who received enhanced services under the demonstration with the universe of children served by the State's child welfare system during the period of July 1, 1997 through September 30, 2001. The population that received enhanced services was slightly younger, included a higher proportion of African American children, and a lower proportion of Hispanic children than the overall group. Gender divisions were equal for both groups.

Study Limitations

The following issues limited the State's ability to measure the impacts of its demonstration:

- Comparisons were made at the aggregate level; for example, the waiver/SOC group included children who did not receive enhanced services along with those who did.
- The demonstration occurred during a period of major human services reform by the State, which reduced the ability to isolate outcomes associated with the demonstration.
- A dramatic downturn in the State economy, which forced deep cuts to human services programs, occurred during the course of the demonstration.

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- Services were implemented later than expected due to the time involved in developing the infrastructure and mechanisms to operate the demonstration statewide.
- The State’s broad systems change approach made in-depth examination of specific direct services impossible.

The following factors limited the State’s ability to meet the goals of its demonstration:

- Difficulties with recruitment and retention of qualified service providers;
- Length of time necessary to establish contracts;
- Inability of local contractors to work with families;
- Cost neutrality requirements;
- Problems generating caseworker buy-in; and
- Lack of training for caseworkers on how and when to refer families for FDMs.

1. Innovative Services:

Analysis of interviews with state and local administrators showed that the cost neutrality requirement was one of the greatest challenges to implementation and continuation of innovative services. Because of their failure to maintain cost neutrality, many innovative services implemented early in the waiver demonstration were curtailed, discontinued completely, or shifted to other funding sources. However, the State notes in its final report that nearly all innovative service efforts that remained cost neutral continued throughout the demonstration.

The innovative services component of the project produced favorable results, including a reduction in caseworker workload by shifting the responsibilities for service provision to in-house or contracted staff. In addition, the State found that the implementation of innovative service plans improved overall service delivery within local child welfare agencies. The involvement of direct service providers was crucial to the development and implementation of successful innovative services projects.

2. Use of Assisted Guardianship:

The State suggests in its final report that the availability of the guardianship subsidy appeared to be an effective means of establishing legal permanency for children who already had long-term relationships with relative or non-relative caregivers.

The State opened 133 assisted guardianships between July 1, 1999 and December 31, 2001, more than doubling its goal of 60 guardianships. Approximately 70 percent of these guardianships were relatives of the children. More than half of local child welfare agencies

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statewide utilized this permanency option. In addition, nearly all placements remained stable one year after agreements were established. However, the State is concerned that many guardianship families lack the necessary information to access resources and services to meet the specific needs of their child.

Outcome Evaluation

The State maintains that its demonstration resulted in an increase in partnerships between local child welfare agencies and their community partners. Access to flexible title IV-E and State SOC funding contributed to increased numbers of children being maintained in their homes, reducing removal rates.⁴ In addition, the State reports that changes in funding during the demonstration had no negative impact on children or families.

As reported in the State's March 2003 Final Report, findings regarding Oregon's overall impact measures include the following:

- *Maintenance of children in their homes:* Access to title IV-E and/or SOC funding increased the likelihood that children remained in their homes within one year of the maltreatment incident.
- *Return home:* No association was found between increased flexibility of title IV-E or SOC funding and the likelihood of children returning home one year after out-of-home placement.
- *Relative placement:* Access to title IV-E funding was not related to the establishment of permanent placements with relatives within one year of the maltreatment incident.
- *Placement stability:* Access to SOC or title IV-E funds was associated with an increased likelihood of children changing out-of-home placements within one year. However, it is not possible to determine whether this finding reflected positive or negative outcomes since data regarding the reason for placement changes were not collected.
- *Subsequent maltreatment:* SOC and title IV-E funds were not associated with re-abuse or neglect of children by their original caretakers within one year of the original incident.

Cost Analysis

Overall, patterns of child welfare expenditures (including foster care, TANF, title XIX, State General Fund, and title IV-E) changed significantly during the demonstration period. The effects of the title IV-E waiver on these changes were minimal, however, as waiver-related expenditures represented less than one percent of total child welfare spending.

⁴ The State notes in its March 2003 Final Report that this finding should be interpreted with caution because the study did not measure impacts of specific services on child or family outcomes.

OREGON

DEMONSTRATION TYPE:	Flexible Funding /Assisted Guardianship – Phase II ¹
APPROVAL DATE:	March 24, 2004
IMPLEMENTATION DATE:	April 1, 2004
EXPECTED COMPLETION DATE:	March 31, 2009
INTERIM EVALUATION REPORT DATE:	October 31, 2006
FINAL EVALUATION REPORT EXPECTED:	September 30, 2009

BACKGROUND

During its five-year waiver extension (Phase II), Oregon is continuing its demonstration of the flexible use of title IV-E funds and continues to make assisted guardianship available as a permanency option. Changes to the demonstration since its approval include the termination of the special study of Family Decision Meeting Service Coordination (FDM-SC), an expansion in the scope and intensity of its current evaluation of assisted guardianship, and the initiation of an evaluation component to study enhanced visitation services (EVS) in more detail.

TARGET POPULATION

Children ages 0–18 who are at risk of or currently in out-of-home placement are eligible to participate in the flexible funding component of the demonstration. The target population for the assisted guardianship component includes children between the ages of 4 and 17, who have been in placement for more than 12 months, and who have lived continuously with a prospective guardian for at least six months. The EVS component targets cases in which at least one child in the family has been in substitute care for more than 30 days.

JURISDICTION

1. Flexible Use of Funds: During Phase II of the demonstration, almost all counties in the State (referred to in Oregon as child welfare “branches”), along with Native American Tribes that have a formalized title IV-E agreement with the State, may receive flexible title IV-E funds for innovative child welfare services. The exceptions are the child welfare branches in Jackson and Clackamas Counties, which are serving as a comparison group for evaluation purposes.

¹ Based on information submitted by the State as of April 2008.

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2. Family Decision Meeting Service Coordination (FDM-SC): The child welfare branches in Multnomah, Josephine, and Yamhill Counties served as experimental sites for the special study of FDM-SC, while the child welfare branches in Clackamas and Lane Counties served as comparisons sites.
3. Assisted Guardianship: Assisted guardianship is available to all eligible families statewide during the Phase II waiver extension.
4. Enhanced Visitation Services: Child welfare branches in four counties—Linn, Josephine, Clatsop, and Tillamook—are currently using title IV-E funds to provide enhanced visitation services.

INTERVENTION

1. Flexible Use of Funds: During Phase II, experimental group branches and participating Tribes may use title IV-E funds for a variety of child welfare services, including post-permanency, maltreatment prevention, crisis intervention, and reunification services. Services provided through flexible title IV-E funds are specifically tailored to the unique needs of children and families in participating child welfare branches.
2. Family Decision Meeting Service Coordination (FDM-SC): During the Phase II waiver extension, the State initiated a special study of FDMs. Interest in an expanded FDM project arose after the evaluation of the State’s original demonstration concluded that FDMs accounted for nearly half of all expenditures of flexible IV-E funds. This enhanced study of FDM-SC sought to define the role and functions of FDM facilitators, formalize the structure and tools for developing and monitoring family service plans, and develop measures for ensuring fidelity to the FDM model. Due to serious challenges related to implementation, sample recruitment, and contamination of the comparison sample, the State terminated FDM-SC as a separate waiver component in 2006.
3. Assisted Guardianship: Oregon continues to offer assisted guardianship to all eligible children in foster care under its Phase II waiver extension. Assisted guardianship is offered to caregivers only when reunification and adoption have been ruled out as permanency options. Through the program, guardians receive a monthly subsidy equal to the State’s basic monthly foster care payment and have access to the same post-permanency support services as adoptive parents.
4. Enhanced Visitation Services: In December 2006, the State submitted a proposal to evaluate EVS during the remainder of its long-term extension. Compared to traditional visitation programs, EVS typically incorporate the following features: (1) visits occur more frequently and last longer; (2) visits take place in a more “natural” setting outside of the DHS office; (3) visitation staff provide parent coaching or skill building during the visits; (4) expanded visitation hours provide greater flexibility for scheduling visits, with evening and weekend options; and (5) visitation staff perform more extensive documentation of visits.

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EVALUATION DESIGN

The evaluation of the Phase II demonstration includes process and outcome components, as well as a cost analysis. Each demonstration component is being evaluated separately.

1. Flexible Use of Funds: The process evaluation for the flexible funding demonstration component involves semi-structured telephone interviews with key State and local child welfare administrators and a review of planning, policy, and other relevant documents. Descriptive and qualitative data are synthesized to explore the types and duration of services provided under the demonstration, the extent of community engagement in the provision of services, the methods employed by the State for monitoring and resolving problems with the use of flexible funds, and the strategies used by child welfare branches to maintain cost neutrality.

The outcome evaluation for this waiver component involves monitoring the progress of branches on pre-selected Child and Family Services Review (CFSR) outcomes, including foster care re-entries, maltreatment recurrence, length of time to achieve reunification and adoption, and stability of foster care placements. Progress is measured by comparing a child welfare branch's baseline score on each CFSR outcome with its score at the mid-point of the demonstration and again at the end of the demonstration. When multiple branches are implementing similar types of services and/or tracking the same CFSR outcomes, cross-site analyses and syntheses are being conducted to the extent possible.

2. Assisted Guardianship: The process evaluation for the assisted guardianship demonstration component examines the age, race, and other demographic characteristics of children who exit to guardianship, reunification, or adoption, as well as the relationship of guardians to children who exit to guardianship (e.g., a grandparent, other relative, unrelated foster parent). In addition, the State seeks to examine the factors that affect caseworkers' decisions whether to offer assisted guardianship and identify the reasons caregivers give for accepting or declining the subsidized guardianship offer. The State is also identifying reasons for dissolutions and seeking to understand the use of assisted guardianship by Native Americans. The State is obtaining this information through administrative data, case file reviews, and interviews with caseworkers and caregivers.

For the outcome component of the enhanced guardianship evaluation, the State is measuring changes over time in several child welfare indicators, including the number and proportion of children exiting to guardianship, reunification, or adoption; length of time in out-of-home placement; the number and proportion of children with a subsequent substantiated report of abuse or neglect; and the number and proportion of guardianships that are dissolved.

3. Enhanced Visitation Services: The process evaluation for EVS examines differences in the implementation of enhanced visitation programs among the child welfare branches that provide this service, while the outcome study examines differences in safety and permanency outcomes between children who have or have not received EVS. Using a matched-case comparison research design, children who participate in EVS are matched with a group of

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children residing in a comparison child welfare branch based on selected demographic and case characteristics. The State estimates a total study sample of 160 to 200 children, resulting in between 80 and 100 children in both the experimental and comparison groups.

EVALUATION FINDINGS

The following section summarizes findings and the status of evaluation activities as of April 2008 for the three active waiver demonstration components:

1. Flexible Use of Funds: Cumulatively through December 31, 2007, 9 of 22 active waiver plans (41 percent) showed improvement in at least one CFSR outcome measure, with 7 of 26 CFSR outcomes (27 percent) measured across all plans showing improvement.² These numbers reflect a marked decline in performance over the prior reporting period ending June 30, 2007, when 21 of 33 active plans (63.6 percent) improved on at least one CFSR outcome and 19 of 34 CFSR outcomes (56 percent) measured across all plans showed improvement. The State's overall performance on five key CFSR outcomes (time to reunification, placement stability, maltreatment recurrence, foster care re-entry, and length of time to adoption) remained flat or declined slightly. The State continued to perform poorly on the CFSR outcome of reunification within 12 months of placement; as of December 2007 it had fallen to 59.5 percent, or 4.8 percent below its baseline performance of 64.3 percent.
2. Assisted Guardianship: The State is in the process of generating a sample of caseworkers for its supplemental study of assisted guardianship process measures (i.e., the "offered, accepted, refused" study). The next steps for this study component involve sending sampled workers a chart to report on the offer, acceptance, refusal, and establishment of assisted guardianship for their eligible cases. As part of both the process and outcome evaluations, the State evaluation team will also review case files from dissolved guardianship placements in an effort to understand both the factors that led to the dissolution as well as the impact the dissolution had on youth and families. The State is also developing and approving a protocol to interview between 50 and 75 caregivers beginning in May 2008 regarding their experiences with assisted guardianship. Moreover, the evaluation team will conduct site visits to Oregon tribes, and perform an in-depth analysis of Department of Human Services (DHS) administrative data to investigate the utilization of assisted guardianship by Native Americans. Preliminary findings suggest that Native Americans utilize assisted guardianship at higher rates than other racial/ethnic groups.

The State recently completed a series of interviews with 25 DHS caseworkers to explore barriers to establishing and maintaining guardianships, as well as the advantages and disadvantages of guardianship compared with other permanency options. Key challenges identified by caseworkers to the establishment of assisted guardianships included:

- Inadequate training, combined with a general lack of knowledge and expertise at the local level regarding the process for establishing guardianships;

² Each of the 22 active waiver plans may include one or more CFSR outcome measures. Therefore, the cumulative number of outcome measures across all waiver plans presented above reflects some degree of duplication (i.e., the same CFSR outcome measure may be counted more than once).

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- Bias toward adoption over guardianship by caseworkers and supervisors, combined with general resistance to changing current casework practices;
- Paperwork and the bureaucratic complexity of the guardianship process; and
- Heavy caseloads that limit caseworkers' time to pursue guardianship.

Perceived benefits of assisted guardianship included:

- The potential to achieve permanency more quickly than through adoption;
- Great acceptability to certain ethnic/cultural groups, particularly Native Americans;
- Avoidance of the adversarial process of terminating parental rights (TPR); and
- Ending involvement of the child welfare system in families' lives.

Limitations or disadvantages of guardianship identified by caseworkers included:

- A perception that it is not as legally and psychologically permanent as adoption;
- Loss of child welfare agency and financial support, particularly the adjustable personal care rates available through foster care and adoption assistance; and
- Concerns about child safety following case closure.

Since the start of Oregon's Phase I waiver in July 1997, 1,199 children have exited to assisted guardianship statewide; of these, 858 children (72 percent) have active guardianships, 148 children (12 percent) have aged out, while the guardianships of the remaining 193 children (16 percent) have closed for a variety of reasons that will be explored as part of the State's review of case files and DHS administrative data.

3. Enhanced Visitation Services: Recruitment of children for this evaluation component occurred between May and October 2007. The sample includes 254 children, of which 128 have been assigned to the control group and 126 to the experimental group.

As of December 2007, approximately 37 children (29 percent) in the experimental group were documented as having received EVS. Initial case record reviews were completed in November 2007, and will continue every six months to monitor maltreatment recurrence, child welfare service case re-openings, and re-entry into foster care. An ongoing challenge to accurately tracking the effects of EVS is the prevalence of undocumented visits to children, particularly by relative caregivers or biological parents visiting their children under the supervision of a foster caregiver. As of June 2007, the State estimated that approximately 14 percent of children in the experimental group and 21 percent of children in the control group had received undocumented visits.

Beginning in April 2008, the State began focus groups with child welfare caseworkers and contracted service providers regarding the implementation of EVS, the criteria and process for selecting participants, relationships between child welfare agencies and contacted providers, and the perceived impacts of EVS on targeted children.

Additional findings will become available as implementation continues.

TENNESSEE

DEMONSTRATION TYPE:	Assisted Guardianship ¹
APPROVAL DATE:	October 14, 2005
IMPLEMENTATION DATE:	December 7, 2006
EXPECTED COMPLETION DATE:	November 30, 2011
INTERIM EVALUATION REPORT EXPECTED:	July 31, 2009
FINAL EVALUATION REPORT EXPECTED:	May 31, 2012

TARGET POPULATION

Tennessee's assisted guardianship demonstration targets title IV-E-eligible and non-IV-E-eligible children ages 0–17.5 years in the legal custody of the State for whom reunification and adoption are no longer viable permanency options, who have been in foster care for at least nine months, and who have been in continuous out-of-home-placement with the same caregiver for a minimum of six months.

The State may make exceptions to the six-month requirement for children for whom reasonable efforts at reunification are not required, for whom reunification has been ruled out as a permanency option, and for siblings of children already in subsidized guardianship. When placing children into assisted guardianship, the State keeps sibling groups together to the fullest extent possible and considers the reasonable preferences of children ages 12 and older in awarding guardianship to relative and kin foster caregivers.

Both relative and non-relative adults who have a significant relationship with a child in out-of-home placement (e.g., a godparent or family friend) may participate in the demonstration. To be eligible to participate in the demonstration, a prospective guardian must satisfy the following criteria:

- The prospective guardian must have a significant relationship with the child and demonstrate a willingness to make a long-term commitment to the child's care.
- Any safety factors that prompted involvement with Child Protection Services must be resolved and the placement must not require continued oversight from a child welfare agency

¹ Based on information submitted by the State as of December 2007.

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- An assessment—including a home study, a criminal background check, and an abuse/neglect registry search—must yield results that support the decision to place the child in the legal custody of the foster caregiver.
- The prospective guardian must be a foster care provider approved through the Tennessee Department of Children’s Services.

JURISDICTION

Tennessee is implementing its guardianship demonstration in 16 counties (Cannon, Clay, Cumberland, Dekalb, Davidson, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Shelby, Smith, Van Buren, Warren, and White Counties). In addition, children statewide who have a goal of Planned Permanent Living Arrangement (PPLA) are eligible to participate in the demonstration as long as they meet the demonstration’s other eligibility requirements. Based on preliminary findings and pursuant to the State’s Terms and Conditions, the Children’s Bureau has approved expansion of the State’s waiver demonstration statewide.

INTERVENTION

Tennessee’s waiver demonstration provides a financial subsidy and post-permanency support services to foster caregivers who assume permanent guardianship of children in the legal custody of the State. Specific services and supports include the following:

1. Guardianship Subsidy Payment: Caregivers awarded guardianship under the demonstration receive a monthly guardianship subsidy equal to the State’s base monthly foster care subsidy.
2. Post-permanency Supports and Services: Post-permanency supports and services are offered to participating caregivers and children. These supports and services include information and referral services, family advocacy, children’s activity groups, respite care, and recreational activities.
3. Financial Assistance to Finalize Guardianship: Participating caregivers receive financial assistance of up to \$1,000 to cover legal fees and other non-recurring costs associated with finalizing the guardianship.
4. Education and Training Vouchers: Under the State’s demonstration, children who enter subsidized guardianship after reaching 15 years of age are eligible to receive education and training vouchers funded through the Chafee Foster Care Independence Program (CFCIP). The State is making CFCIP-funded education and training vouchers available to all eligible children statewide who enter into either subsidized guardianship or adoption.

EVALUATION DESIGN

The evaluation of the State’s guardianship demonstration includes process and outcome components, as well as a cost analysis. Tennessee is utilizing an experimental research design to

TENNESSEE – ASSISTED GUARDIANSHIP

evaluate the guardianship demonstration in the State's 16 participating counties. Using a random assignment ratio of 1:1, the caregivers of children assigned to the experimental condition are offered the assisted guardianship option while caregivers of children assigned to the control group receive the traditional placement subsidies. In addition, children with a permanency goal of PPLA who became eligible for the demonstration before October 1, 2007 have been assigned to a special non-experimental study group that is being tracked separately from children assigned to the experimental and control groups. Children with a permanency goal of PPLA who became eligible for the demonstration on or after October 1, 2007 are part of the primary experimental research design and are subject to random assignment.

Sample Size

As of November 2007, 305 children have been assigned to the control group and 331 children have been assigned to the experimental group. In addition, 363 children have received a PPLA designation. The State anticipates assigning an additional 196 children per year to either the experimental or control group over the five years of the demonstration, for a total sample of approximately 1,540 children.

Process Evaluation

Tennessee's evaluation includes a process analysis that describes how services were implemented for experimental cases and how these services differed from those provided to children in the control group. As part of this process analysis, Tennessee and its evaluation contractor are tracking several measures on the establishment of guardianships:

- The proportion of cases eligible for guardianship;
- The proportion of eligible caregivers offered guardianship;
- The proportion of eligible caregivers who accept or decline guardianship;
- Caregivers' reasons for accepting or declining guardianship;
- For children of caregivers who decline guardianship, the proportions that are adopted, reunified, or remain in foster care;
- Of caregivers who accept a guardianship offer, the proportion who are awarded guardianship;
- The average length of time between acceptance of an offer and establishment of guardianship; and
- Barriers to the establishment of guardianship.

TENNESSEE – ASSISTED GUARDIANSHIP

Outcome Evaluation

Tennessee’s outcome evaluation compares the experimental and control groups for significant differences in child safety, permanency, and placement stability. Specifically, the outcome evaluation assesses the experimental and control groups for statistically significant differences in the following outcome measures:

- Mean/median length of time in out-of-home placement;
- Number and proportion of children who achieve permanency through adoption, guardianship, or reunification;
- Number and proportion of children who enter a permanent placement arrangement with a relative or a non-relative, respectively;
- Number and proportion of children with a subsequent alleged and/or substantiated abuse/neglect report;
- Number and proportion of children who re-enter out-of-home placement; and
- Number and proportion of guardianships that are dissolved and the reasons for any dissolutions.

The State’s evaluation is tracking these outcomes in relation to gender, age, and race.

Cost Study

The State’s cost analysis compares the costs of key services received by children in the experimental group with the costs of traditional services received by children in the control group. The cost analysis includes an examination of the use of major funding sources, including all relevant Federal sources such as titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, as well as State and local funds. In addition, the State is conducting a cost-effectiveness analysis where feasible to identify costs per successful outcome for the experimental and control groups.

EVALUATION FINDINGS

As of December 2007, the net permanency rate (combined exits to guardianship, adoption, reunification with parents, and living with relatives/kin) was 59 percent for the experimental group compared with 46.2 percent for the control group, a statistically significant difference of almost 13 percent. These figures do not include children with a goal of PPLA, for whom data are not yet available.

Additional findings will become available as implementation continues.

VIRGINIA

DEMONSTRATION TYPE:	Subsidized Relative Custody
APPROVAL DATE:	March 31, 2006
EXPECTED IMPLEMENTATION DATE:	Terminated Prior to Implementation on September 14, 2007

BACKGROUND

Virginia originally planned to implement its subsidized relative custody waiver no later than January 1, 2007. The State later postponed and then terminated its waiver prior to implementation due to a number of implementation barriers, including the need for State legislation to authorize subsidized relative custody as a permanency option; the need for modifications to the State's SACWIS to track data on children assigned to the demonstration; and budget constraints.

TARGET POPULATION

Virginia's demonstration, known as the Subsidized Custody Program, planned to target title IV-E-eligible and non-IV-E-eligible children ages 0–18 for whom reunification and adoption had been ruled out as permanency options. Prospective legal custodians were to be relatives (e.g., a grandparent, uncle, aunt, older sibling, older cousin) with a significant personal relationship with the child and a demonstrated willingness to make a long-term commitment to the child's care.

INTERVENTION

Specific service components of the demonstration were to include the following:

1. Subsidized Custody Payment: Relative caregivers would receive a monthly subsidy equal to the child's monthly foster care maintenance payment adjusted according to any special needs (e.g., physical, dental, mental health, developmental) of the child.
2. Payment for Non-Recurring Expenses: Relative custodians would receive a one-time payment to cover miscellaneous costs and legal fees necessary to establish the relative custody arrangement.
3. Pre- and Post-Permanency Supports and Services: Participating children and custodians would have access to a variety of pre- and post-permanency services, including counseling, crisis intervention, tutoring, and physical therapy as needed on a case-by-case basis.
4. Education and Training Vouchers: Children age 16 and older would be eligible for education and training vouchers funded through the Chafee Foster Care Independence Program.

WASHINGTON

DEMONSTRATION TYPE:	Managed Care Payment System ¹
APPROVAL DATE:	September 29, 1998
IMPLEMENTATION DATE:	March 27, 2002
COMPLETION DATE:	June 30, 2003 ²
FINAL EVALUATION REPORT DATE:	March 12, 2004 ³

TARGET POPULATION

Children eligible for Washington's managed care payment system demonstration were those ages 6 to 17 who were in need of mental health or special education services and either at risk of entering or already placed in high-cost group care or high-cost family foster care.

JURISDICTION

Washington had the option under the title IV-E waiver to test alternative financing mechanisms in as many as six sites (each site could contain one or more counties). However, the demonstration was only implemented in two sites: Clark and Spokane Counties.

INTERVENTION

Washington's waiver agreement allowed the State to test different managed care strategies. Washington's Department of Social and Health Services, Children's Administration (CA), proposed to use blended, flexible funds to provide comprehensive services designed to serve eligible children at home or in the least restrictive setting in their communities. Services for children included placement maintenance and direct social services, such as supervision, in-home treatment services to prevent out-of-home placement; crisis foster care; 24-hour crisis intervention services and support; respite care; therapeutic care; and group care. In Spokane County, Washington piloted the flexible funding concept by developing an Interlocal Agreement with a Regional Support Network (RSN) designed to provide a complete array of

¹ Based on information submitted by the State as of March 2004.

² The demonstration was terminated early due to lower-than-expected numbers of referrals and problems contracting with service providers.

³ In lieu of interim and final evaluation reports, Washington submitted a termination summary in which it outlined issues and challenges faced during the demonstration and lessons learned.

WASHINGTON – MANAGED CARE PAYMENT SYSTEM

residential, in-home, and follow-up services. The RSN provided Individualized and Tailored Care (ITC) services adapted to the needs of individual children. Eligible children included those ages 8 to 17 who were involved in the child welfare system, had mental health and/or special education needs and a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis, and were at risk of entering high-cost care.

The Spokane pilot project involved a case rate financing methodology tied to foster home bed days. The State paid Spokane County a rate of \$2,400 per month per child. Spokane County then contracted with the RSN contractor, a licensed foster care agency, to take responsibility for referrals and placements; the RSN contractor in turn subcontracted with another agency to provide wraparound services and to facilitate ITC services. Spokane County terminated its pilot demonstration in November 2000 after the RSN contractor reported it was unable to continue providing services at the contracted case rate.

Clark County implemented its demonstration in March 2002 using a wraparound service model featuring Care Coordinators. Care Coordinators trained in ITC principles convened and facilitated monthly child and family team meetings to determine the strengths, needs, and appropriate services for each child and family. Through a fiscal partnership between the local CA office and the Clark County RSN, these services were purchased from a network of community-based providers. The Clark County demonstration targeted CA clients who were either at risk of need for high-cost residential care or at risk of requiring high-cost foster care services. The CA and the Clark County RSN set rates of \$4,668 and \$1,556 per month per child, respectively, for these target populations. Each agency contributed a specified proportion to these caps. Clark County's demonstration was terminated by mutual consent on June 30, 2003 with the expiration of the Clark County RSN's contract.

EVALUATION DESIGN

Washington's evaluation consisted of process, outcome, and cost-effectiveness components. Washington randomly assigned children to experimental and control groups in both the Spokane and Clark County demonstrations. Children in the experimental groups received services using flexible funding and wraparound services, whereas children in the control groups received traditional services. The State originally expected to assign as many as 90 children in Clark County, with 45 children in the experimental group and 45 children in the control group, and to assign 300 to 400 total children over a five-year period.

The State proposed the following outcomes:

- Decrease in the proportion of children placed in facility-based care settings;
- Reduction in length of stay in facility-based care;
- Use of less restrictive family settings;
- Decreased rates of re-entry into more restrictive care settings;

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- Shorter time frames for achieving permanency goals; and
- Increased levels of child safety, client satisfaction, and family and child well-being.

For the Clark County demonstration, Washington used the North Carolina Family Assessment Scale (NCFAS) to measure changes in child and family functioning and well-being, and the Restrictiveness of Living Situation Scales (ROLSS) to assess living situation outcomes at intake and following discharge from care.

EVALUATION FINDINGS

Process Evaluation

Enrollment in both of the demonstration projects was lower than expected. At the termination of the Spokane pilot project, the County had assigned eight children to the experimental group and three children to the control group. In Clark County, 15 children (eight in the experimental group and seven in the control group) were enrolled at the time of termination. Limited bed capacity hindered higher enrollment in the Spokane pilot demonstration, in part due to the contractor's inability to recruit a sufficient number of licensed foster homes. Disagreements over eligibility criteria limited enrollment in the Clark County demonstration. For example, confusion arose across partner agencies as to whether the project could serve all children who were eligible for mental health services or only those already receiving mental health services. In addition, whereas the Clark County RSN targeted children who incurred high costs for the local mental health system, the local CA office placed more emphasis on children who were high cost to the child welfare system.

In response to lessons learned from the Spokane pilot project, the State expanded the eligibility criteria for participating in the demonstration by allowing children ages 6 and 7 to be served and by removing the requirement for a DSM diagnosis. With the exception of Clark County, however, mental health authorities and community service partners in other localities were unwilling to designate local funds to a managed care initiative and did not commit to the demonstration.

Washington's evaluation identified several financial, service-related, and contextual challenges to successful implementation:

- Inadequate payment rates and failure among stakeholders to agree on new rates;
- In Spokane County, the absence of a truly blended funding model;
- In Clark County, the RSN's inability to develop a network of placement providers, in part because the RSN was not a licensed child placement agency, which led to complicated, inefficient payment mechanisms for placement services;

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- The local child welfare agency’s retention of control over payment for placement services in Clark County, conveying an impression of disproportionate influence over case planning and decision making;
- In Spokane County, confusion over the roles and responsibilities of CA case managers and contracted service providers;
- In Spokane County, conflicts between individualized/flexible case planning, the regulatory parameters of the courts, and State licensing requirements;
- In Clark County, philosophical differences between the local CA office and community service providers regarding the definition and goals of wraparound services; and
- Changes in local government leadership.

Despite these challenges, Washington’s evaluation highlighted the strong commitment among stakeholders at both sites to the concepts of flexible funding and tailored, wraparound services.

In response to lessons learned in the Spokane and Clark County projects, Washington’s evaluation made several recommendations for future flexible funding initiatives, including the following:

- Assess provider readiness to implement a flexible funding demonstration;
- Clarify the roles and responsibilities of participants;
- Clarify eligibility guidelines and discharge protocols;
- Enhance cross-agency training related to project implementation and the roles of participating organizations;
- Establish consensus regarding adequate payments rates and funding decisions;
- Clarify billing and payment procedures and responsibilities;
- Ensure accountability through the specification of clear performance indicators; and
- Consider the establishment of performance incentives to facilitate quality improvement and strengthen commitment to positive youth outcomes.

Outcome Evaluation

Low enrollment and early project termination limited the collection and reporting of outcomes data for both the Spokane and Clark County demonstrations. In Spokane County, termination occurred too early to draw conclusions about program outcomes. Evaluators in Clark County collected limited data regarding children’s functioning and living arrangements, with results

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from the NCFAS suggesting some beneficial changes in relationships between experimental group children and caregivers, siblings, and peers. ROLSS data suggested improved outcomes for both experimental and control group children in their living situations following service discharge. Structured interviews with the caregivers of children enrolled in the demonstration generally indicated enthusiasm for and satisfaction with the wraparound services model.

Evaluation results indicated different service utilization rates and costs between experimental and control group participants. Average monthly case management contacts per participant were considerably higher for the experimental group (14 contacts per month) compared with the control group (5 contacts per month); costs in the experimental group were also higher, averaging \$3,000 per participant per month compared with \$1,870 per participant per month in the control group.

Small sample sizes in the Clark County demonstration necessitate extreme caution in interpreting evaluation results and preclude drawing clear conclusions about youth outcomes, client satisfaction, service utilization, and costs.

WISCONSIN

DEMONSTRATION TYPE:	Assisted Guardianship ¹
APPROVAL DATE:	September 10, 2004
IMPLEMENTATION DATE:	October 14, 2005
EXPECTED COMPLETION DATE:	August 30, 2010
INTERIM EVALUATION REPORT EXPECTED:	May 31, 2008
FINAL EVALUATION REPORT EXPECTED:	March 31, 2011

TARGET POPULATION

The target population for Wisconsin's Guardianship Permanency Initiative consists of title IV-E-eligible and non-IV-E-eligible children ages 0–18 who have been in licensed relative foster care for a minimum of 12 months. A small number of children placed with non-relatives may also participate in the demonstration. Exceptions to the 12-month placement minimum may be made in the case of children for whom reasonable efforts to achieve reunification are not required, children for whom reunification has been ruled out as a permanency option, and for siblings of children already in assisted guardianship.

In addition, children in Milwaukee County for whom guardianship was previously awarded under State law, but whose cases had remained open in foster care for payment purposes, are being transferred to the assisted guardianship demonstration.

JURISDICTION

The Guardianship Permanency Initiative is currently being implemented in Milwaukee County by the Bureau of Milwaukee Child Welfare (BMCW). In the future, the State may consider expanding the demonstration to other counties in Wisconsin as well as to Wisconsin Tribes for cases involving the Indian Child Welfare Act.

INTERVENTION

Wisconsin's Guardianship Permanency Initiative seeks to improve permanency outcomes for children in out-of-home care by promoting guardianship as a permanency option, using relatives as permanency resources, and encouraging family-based permanency planning for children. The State's demonstration includes the following components:

¹ Based on information submitted by the State as of March 2008.

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- State guardianship statutes have been revised to clarify the nature of guardianship as a permanency outcome and to allow for the payment of guardianship subsidies.
- Guardianship subsidy payments are based on the foster care payment amount in effect for a child at the time that guardianship is awarded. Guardianship payments may continue until a child turns 18 years old or until age 19 to facilitate a child’s completion of high school or an equivalent degree.
- Licensing activity has been increased to recruit relatives as permanency resources and to assist them in meeting foster care licensure requirements.
- Support services before and during the transition to guardianship parallel those offered to adoptive families. Examples of support services include preliminary screenings for guardianship, assessment of the home, assistance in applying for subsidies, referrals to community services, access to post-guardianship resource centers, and post-permanency support services.
- Training for case managers, court staff, and attorneys is provided to promote an understanding of guardianship as a permanency option. Case managers receive training in presenting guardianship to families and involving families in the identification of appropriate permanency goals for children.
- Prospective guardians have access to educational resources, including printed materials, information sessions, and educational home visits by child welfare case managers.

EVALUATION DESIGN

The State’s evaluation includes both process and outcome components, as well as a cost analysis. Using an experimental research design, the State’s evaluation contractor randomly assigns children from the demonstration’s target population to an experimental group (eligible to receive a guardianship subsidy) or to a control group (ineligible for the guardianship subsidy) at a 1:1 ratio.

Children in Milwaukee County for whom guardianship was previously awarded under State law, but whose cases had remained open in foster care for payment purposes, are automatically converted to the assisted guardianship program and are exempt from random assignment. These cases comprise a “special experimental group” for which key evaluation outcomes are tracked longitudinally but not compared against outcomes for the control group.

Sample Size

Phase I of the State’s guardianship demonstration began in October 2005 with the conversion of the special experimental group to assisted guardianship. The State originally estimated that up to 400 cases would be included in the special experimental group. Due to natural attrition as children aged out of foster care, along with other reasons, only 185 special experimental cases were identified for immediate conversion to guardianship. In addition, during Phase 2, a number

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of additional cases were discovered with a guardianship order in place prior to January 1, 2006 and were added to the Phase I population.

Phase II of the guardianship demonstration began on January 1, 2006, with the assignment of 275 children. The State expects approximately 8 to 9 children will be randomly assigned on a monthly basis throughout the duration of the waiver.

Process Evaluation

The State's process evaluation describes how the demonstration is being implemented and identifies differences between services received by children in the experimental group and those received by children in the control group. The State's evaluation contractor will use focus groups and interviews with foster caregivers and caseworkers to address the following questions:

- How were caseworkers and foster caregivers informed about the guardianship option, and what procedures were put into place for pursuing guardianships?
- What were caregivers' reasons for accepting or declining guardianship?
- Among caregivers that pursued guardianship, what were the barriers to establishing guardianship?
- What were additional reasons that guardianships were not finalized?

Outcome Evaluation

The State's outcome evaluation compares the experimental and control groups for statistically significant differences in the following outcome measures:

- Length of time in out-of-home placement;
- Net permanency rates, defined as the total number of children who exit to reunification, guardianship, or adoption;
- Number of children who enter guardianship with relatives;
- Number and proportion of children with a subsequent report of abuse or neglect, and the number of such reports that are substantiated;
- Number and proportion of guardianships that are disrupted, and the reasons for any disruptions;
- Number and proportion of children who re-enter foster care; and
- Child well-being and family functioning.

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In addition, major outcomes to be examined for children in the special experimental group include the following:

- Number of guardianships that are disrupted and the reasons for any disruptions;
- Number of children in guardianship arrangements who re-enter foster care, as well as the number and types of these foster care placement settings; and
- Number of reports and substantiated findings of abuse or neglect for children living in an assisted guardianship arrangement and the relationship of the perpetrator to the child.

Cost Analysis

The State's cost analysis examines the costs of key services received by children in the experimental group and compares these with the costs of providing traditional services to children in the control group. The cost analysis also involves an examination of the use of key funding sources, including all relevant Federal sources such as titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, as well as State and local funds.

EVALUATION FINDINGS

Phase I of the demonstration (October 2005 to January 2006) focused on children in the special experimental group. As of March 2008, a total of 212 children have been assigned to the exempt group. Of these, 131 (61 percent) were converted to assisted guardianship. The child welfare cases of 57 (29 percent) remain open with BMCW.

Phase II of the demonstration began in January 2006 by assigning children who met the eligibility requirements for assisted guardianship to the experimental and control groups. As of November 30, 2007, 320 children had been assigned to the demonstration, with 157 children assigned to the experimental group and 163 children assigned to the control group.

Outcome analyses indicate that the availability of assisted guardianship to children in the experimental group resulted in statistically significant differences in all three key permanency outcomes tracked for the Wisconsin waiver demonstration. Specifically, children assigned to the experimental group (1) were less likely to remain in long-term foster care (% difference = 19.5 percentage points, $p = .005$); (2) stayed in foster care for shorter durations (mean difference = 76 days, $p = .01$); and (3) were more likely to exit to a permanent home through reunification, adoption, guardianship, and relative custody (% difference = 19.9 percentage points, $p = .005$). In addition, adoption rates were statistically similar for the experimental and control groups, suggesting that assisted guardianship does not supplant adoption as a viable permanency option for relative foster caregivers.

Additional outcome findings will become available as implementation of the State's assisted guardianship demonstration continues.