

# **PROFILES OF THE CHILD WELFARE DEMONSTRATION PROJECTS**

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**Children's Bureau  
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**Profiles of the Child Welfare Waiver Demonstration Projects  
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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

<b>DEMONSTRATION TYPE:</b>	Expedited Reunification Services <sup>1</sup>
<b>APPROVED:</b>	June 30, 2005
<b>IMPLEMENTED:</b>	April 17, 2006
<b>EXPECTED COMPLETION DATE:</b>	March 31, 2011
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	November 30, 2008
<b>FINAL EVALUATION REPORT EXPECTED:</b>	October 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. Children who meet these eligibility criteria at the start of project implementation, or who enter placement in a congregate or licensed foster care setting during the effective dates of the waiver, may participate in the demonstration.

## **JURISDICTION**

Arizona's demonstration involves two project phases. Phase I is being 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. Depending in part on initial evaluation findings from Phase I, the State may expand the demonstration to other CPS offices in Maricopa and Pima Counties and to one or more rural Arizona counties.

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<sup>1</sup> Based on information submitted by the State as of September 2006.

## ARIZONA – EXPEDITED REUNIFICATION SERVICES

### **INTERVENTION**

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

- Home-Based Strategies and Interventions 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 management, communication and negotiation, parenting education and child behavior management, problem solving, stress management, home management, job readiness, and linkages to community-based resources.
- Child and Family Teams (CFTs) 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 people. These teams work together to support the family in the assessment, planning, intervention, and aftercare phases of the intervention.

CFT members work with the family’s child welfare case manager to complete a Strengths and Risk Assessment and develop a safety and family plan. The CFT identifies the core strengths and needs of the family and works with it to create an action plan for obtaining needed resources and overcoming barriers to the child’s reunification. The CFT meets as frequently as needed and monitors the family’s progress towards maintaining a stable and safe living environment after a child’s reunification and during an aftercare phase lasting up to six months.

- Flexible Funds 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; or 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 involves a modified comparison group design in which CPS units in three Maricopa County CPS offices – *Mesa*, *Thunderbird*, and *Tempe* – have been randomly selected to serve as experimental and control groups. In Arizona, each CPS office

## ARIZONA – EXPEDITED REUNIFICATION SERVICES

contains three investigation units and three case management units. 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" will be selected based on case and demographic characteristics that most closely match those of the existing experimental group cases. New child protection cases are then randomly assigned to CPS units in either the experimental or control group; cases assigned to the experimental group receive enhanced services, while cases assigned to the control group receive a standard set of traditional child welfare services. To the extent possible, the State assigns children to the experimental or control group at the time of the first court hearing, which usually occurs within five to seven working days of out-of-home placement.

### *Sample Size*

Arizona originally 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. Selection of matching cases for this cohort has been completed.

In addition, the State originally estimated that 36 new cases would be eligible for the demonstration each month, of which 18 would be assigned to the experimental group and 18 to the control group. As of March 31, 2007, 52 new cases had been assigned to the demonstration, with 24 cases assigned to the experimental condition and 28 cases assigned to the comparison condition. Altogether over 170 children and their parents in the 88 experimental group cases have received enhanced services. Given the success of placements with unlicensed relatives, the State is currently considering alternative strategies for increasing assignment rates to the demonstration.

### *Process Evaluation*

Arizona's evaluation includes interim and final process evaluations that describe how the demonstration was implemented and that identify 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?

## ARIZONA – EXPEDITED REUNIFICATION SERVICES

- 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?
- 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 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. To measure caregiver satisfaction with demonstration services, the State’s contracted intensive reunification service providers are also administering satisfaction surveys to all enrolled caregivers, which are then submitted to the State’s evaluation team for analysis.

### ***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
- The proportion of children and parents/caregivers who experience improvement in well-being and functioning as measured by the *North Carolina Family Assessment Scale*

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

## **ARIZONA – EXPEDITED REUNIFICATION SERVICES**

### ***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. The cost analysis includes 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. In addition, the State is conducting a cost-effectiveness analysis where feasible to identify costs per successful outcome for the experimental group versus the control group.

## **EVALUATION FINDINGS**

### ***Process Evaluation***

As of September 30, 2006, evaluation staff have conducted five site visits to participating CPS units and the offices of contracted service providers. Over 75 individuals, including both CPS and service provider staff, participated in focus group discussions or in one-on-one interviews with the evaluation team. Focus group and interview participants reported that the overall efficacy of the demonstration project is increasing over time, and that communication and collaboration continue to improve among CPS staff and contracted service providers. Information from the interviews has led to the identification of areas in need of continued attention, including (1) increased information for staff regarding the nature of the project; (2) greater clarification of the respective roles and responsibilities of CPS case managers and contracted provider staff; and (3) additional meetings between the IV-E Project Manager, CPS case managers, and contracted provider staff to address ongoing needs and issues related to the demonstration.

### ***Outcome Evaluation***

As of September 30, 2006, children in three of the 68 experimental group cases have been reunified. Length of time to reunification ranged from 39 to 157 days, and the median number of days from referral to reunification was 79 days.

Additional outcome findings will become available as implementation of the demonstration continues.



# CALIFORNIA

<b>DEMONSTRATION TYPE:</b>	Intensive Service Options
<b>APPROVED:</b>	August 19, 1997
<b>IMPLEMENTED:</b>	December 1, 1998
<b>COMPLETED:</b>	December 31, 2005 <sup>1</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	May 30, 2001
<b>FINAL EVALUATION REPORT DATE:</b>	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, Riverside, Los Angeles, 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 (KPC), an Extended Voluntary Component (EVC), and an Intensive Services Component (ISC). The State discontinued the Extended Voluntary Placement component in August 2000 due to slow implementation and

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

## **CALIFORNIA– INTENSIVE SERVICE OPTIONS**

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 (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, than 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.

## CALIFORNIA– INTENSIVE SERVICE OPTIONS

### *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.

## **EVALUATION FINDINGS**

### *Process Findings*

#### 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.

#### 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.

## CALIFORNIA– INTENSIVE SERVICE OPTIONS

- 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, child welfare-involved children, particularly those 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 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 receiving traditional child welfare services (67 percent). 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 Findings*

#### 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.

## CALIFORNIA– INTENSIVE SERVICE OPTIONS

- *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 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.

### Wraparound Service Model

The State’s outcome evaluation did not find statistically significant evidence of increased child safety, placement stability, or permanency 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 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 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

<b>DEMONSTRATION TYPE:</b>	Flexible Funding
<b>APPROVED:</b>	March 31, 2006
<b>EXPECTED IMPLEMENTATION DATE:</b>	July 1, 2007 <sup>1</sup>
<b>EXPECTED COMPLETION DATE:</b>	Last day of the 20 <sup>th</sup> quarter after implementation
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	(Date Pending)
<b>FINAL EVALUATION REPORT EXPECTED:</b>	(Date Pending)

## **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**

Two counties in California—Alameda and Los Angeles—are implementing the demonstration.

## **INTERVENTION**

Under its flexible funding demonstration, California will receive a capped allocation of title IV-E funds that it will then distribute among participating counties in annual allotments. Participating counties will utilize their annual allotments of title IV-E funds to expand and strengthen child welfare practice, programs, and system improvements. Specifically, counties may choose to implement expanded programs in such areas as early intervention services, crisis intervention services, intensive child welfare services, and services that expedite and support permanency.

In the county five-year implementation plan the participating counties identify specific programs and services that will be developed, improved, or expanded using their allotment of IV-E dollars. Under the demonstration, Alameda County proposes to redirect financial

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<sup>1</sup> California originally planned to implement its flexible funding demonstration by January 1, 2007. In late 2006, the State received approval to extend the implementation date to July 1, 2007.

## **CALIFORNIA – FLEXIBLE FUNDING**

resources from the existing congregate group home model to family-based resource homes and community-based services that more directly engage children and families with health, mental health, education, social, and self-sufficiency supports to achieve higher level of safety, permanency, and well-being.

Los Angeles County aims to improve community partnerships, improve service delivery and create new accountability structures. Their plan proposes the development, implementation, and expansion of a wide array of programs and supports to provide individualized services to children and families. The service array is strength-based, family-centered, child-focused, and community-based and will span the continuum across early intervention, crisis intervention, intensive services, and permanency services. The county has identified universal and specific needs and requirements for the dependent and delinquent foster care populations to be served under the demonstration.

### **EVALUATION DESIGN**

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

#### ***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

## CALIFORNIA – FLEXIBLE FUNDING

- 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
- 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 another post-secondary education program (e.g., vocational training), and (3) employment status or availability of other means of financial support

### *Cost Study*

California's cost study will examine the costs of key elements of child welfare services received under the demonstration and 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



## **CALIFORNIA – FLEXIBLE FUNDING**

- Whether, and the degree to which, the demonstration increases the variety of alternative services, supports, and programs for which title IV-E funds are utilized

## **EVALUATION FINDINGS**

Initial evaluation findings are pending implementation of California's demonstration.

# COLORADO

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVED:</b>	September 14, 1999
<b>IMPLEMENTED:</b>	October 26, 2001
<b>COMPLETED:</b>	June 30, 2003 <sup>2</sup>
<b>FINAL EVALUATION REPORT DATE:</b>	August 25, 2003

## **TARGET POPULATION**

For this managed care project, eligible children were those ages ten 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.<sup>3</sup>

## **INTERVENTION**

County child welfare agencies were to negotiate 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 to take responsibility for delivering intensive residential care, manage cases to move children to less restrictive levels of care, ensure that an array of prevention and intervention services were available, and otherwise arrange for all 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

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<sup>1</sup> Based on information submitted by the State as of August 2003.

<sup>2</sup> 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.

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

## **COLORADO – MANAGED CARE PAYMENT SYSTEM**

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.

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 a 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 attributes 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 Findings***

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.

## COLORADO – MANAGED CARE PAYMENT SYSTEM

- **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.

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 due to the fact that 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 had been 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 Findings***

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 having completed treatment were insufficient for

## **COLORADO – MANAGED CARE PAYMENT SYSTEM**

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 Colorado Care Management were pleased with the progress of the demonstration activities. They plan to continue the demonstration and evaluation without State involvement.

# CONNECTICUT

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVED:</b>	September 29, 1998
<b>IMPLEMENTED:</b>	July 9, 1999
<b>COMPLETED:</b>	October 2002 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	June 2002
<b>FINAL EVALUATION REPORT DATE:</b>	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. 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

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<sup>1</sup> Based on information submitted by the State as of July 2003.

<sup>2</sup> 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**

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).

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 an evaluation design based on random assignment. 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 Findings***

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

## CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

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 evaluation<sup>3</sup>, 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.

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 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.

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 northern region, the LSA was a multi-service agency that included residential treatment services. In the southern region, the LSA was a general community hospital.
- In the northern 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 southern region, the LSA used child-specific fee-for-service contracts with six service providers and individual therapists.
- The LSA in the northern region used a care coordinator who managed an average of 15 cases. In the southern 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

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<sup>3</sup> Two additional children participated in the program but did not consent to the evaluation.



## CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

included the diversity of children's and families' needs, the small number of families, and the geographic distribution of these families.

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 nine services as compared to control group children:

- Crisis stabilization
- Day treatment
- Family therapy
- Family preservation
- Family support services
- Behavioral aide
- Respite care
- Transportation services
- Flexible funds

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 at 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 services such as 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.

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 delineate 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

## CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

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.

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.

### *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.

### *Outcome Findings*

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. Interviews included the use of psychometric instruments to measure clinical symptoms and behavioral functioning, as well as questions to track children’s living arrangements, client satisfaction, and caregivers’ levels of strain. The State reported outcome findings on data from 109 of the interviews.

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, it was found that the experience for children served through the LSAs involved 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.

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.

## CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

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.

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.

The relationship between placement status and mental health. According to the State, the data suggests 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 affect on this relationship.

# DELAWARE

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship/Kinship Permanence <sup>1</sup>
<b>APPROVED:</b>	June 17, 1996
<b>IMPLEMENTED:</b>	July 1, 1996
<b>COMPLETED:</b>	December 31, 2002
<b>INTERIM EVALUATION REPORT DATE:</b>	June 30, 1999
<b>FINAL EVALUATION REPORT DATE:</b>	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.

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<sup>1</sup> Based on information submitted by the State as of March 2002. Delaware operated two separate projects under its IV-E waiver agreement: (1) an assisted guardianship program, and (2) a substance abuse services demonstration.

## **DELAWARE – ASSISTED GUARDIANSHIP**

### **EVALUATION DESIGN**

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 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 Findings***

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 ten 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 Findings***

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.

## **DELAWARE – ASSISTED GUARDIANSHIP**

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 out of the 27 guardians who were mailed surveys.

# DELAWARE

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders <sup>1</sup>
<b>APPROVED:</b>	June 17, 1996
<b>IMPLEMENTED:</b>	July 1, 1996
<b>COMPLETED:</b>	December 31, 2002
<b>INTERIM EVALUATION REPORT DATE:</b>	June 30, 1999
<b>FINAL EVALUATION REPORT DATE:</b>	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 substance abuse 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.

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<sup>1</sup> 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 – SUBSTANCE ABUSE SERVICES**

### **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 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.<sup>2</sup> In addition to tracking entry and number of days in foster care, the State planned to measure the following: the length of time between identification of a substance abuse problem and completion of an assessment and subsequent treatment plan; changes in parents' abilities to care for their child; access to substance abuse treatment services and community resources that help the family promote safety; and child and family well-being.

### **EVALUATION FINDINGS**

#### ***Process Findings***

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.

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.

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.)

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

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<sup>2</sup> 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 – SUBSTANCE ABUSE SERVICES**

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.

### ***Outcome Findings***

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

<b>DEMONSTRATION TYPE:</b>	Flexible Funding
<b>APPROVED:</b>	March 31, 2006
<b>IMPLEMENTED:</b>	October 1, 2006
<b>EXPECTED COMPLETION DATE:</b>	September 30, 2011
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	May 31, 2009
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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:

- **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 Lead Agencies. The Lead Agencies are responsible for providing and coordinating services, programs, and supports funded using waiver dollars in their respective service areas in the State.

## **FLORIDA – FLEXIBLE FUNDING**

- 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 programs available to eligible children and families. Examples of services and programs that may be expanded under the demonstration include (1) intensive early intervention services; (2) 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); (3) enhanced training for child welfare staff and supervisors in service delivery, case management, and supervisory practices; (4) improved needs assessment practices that take into account the unique circumstances and characteristics of children and families; and (5) 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 demonstration services were implemented and identify how these differed from services available prior to the demonstration. In particular, 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, permanency, and well-being outcomes. Major outcome measures of interest include the following indicators:

## **FLORIDA – FLEXIBLE FUNDING**

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

All data used in the outcome evaluation analyses will be abstracted from HomeSafenet (HSn), the State's child welfare information system. In addition, comparison data from national databases, such as The National Survey of Child and Adolescent Well-Being (NSCAW), 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 cost analysis examines the use of key funding sources, including 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. Where feasible, the State is conducting a cost-effectiveness analysis by examining the relationship between the demonstration's costs and outcomes.

## **EVALUATION FINDINGS**

Initial evaluation findings are pending continued implementation of Florida's demonstration.

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship – Phase I <sup>1</sup>
<b>APPROVED:</b>	September 18, 1996
<b>IMPLEMENTED:</b>	May 1, 1997
<b>COMPLETED:</b>	December 31, 2003 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	February 2000
<b>FINAL EVALUATION REPORT DATE:</b>	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 year<sup>3</sup> 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

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<sup>1</sup> 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.

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

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

## **ILLINOIS – ASSISTED GUARDIANSHIP – PHASE I**

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

Key questions addressed by the evaluations are 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 examines 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 Findings***

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.

#### ***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

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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 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.

### *Outcome Findings*

Does the demonstration result in fewer children remaining in long-term foster care with ongoing administration oversight? Comparing the permanency rate for the control group<sup>4</sup> 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 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.

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

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<sup>4</sup> Illinois refers to its control group as the “cost neutrality group.”

## ILLINOIS – ASSISTED GUARDIANSHIP – PHASE I

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 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 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.

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.



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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.

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship – Phase II <sup>1</sup>
<b>APPROVED:</b>	January 1, 2004 <sup>2</sup>
<b>IMPLEMENTED:</b>	June 30, 2005
<b>EXPECTED COMPLETION DATE:</b>	December 31, 2008
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	December 31, 2007
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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. This enhanced program makes available to former wards the same services that are available to youth who "age out" of foster care without achieving permanency.

## **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.

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<sup>1</sup> This profile is based on information submitted by the State as of August 2006. This is one of two Illinois Child Welfare Demonstration Projects.

<sup>2</sup> Illinois completed Phase I of this demonstration on December 31, 2003.

## **ILLINOIS – ASSISTED GUARDIANSHIP – PHASE II**

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 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 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 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.

#### **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.

#### **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

## **ILLINOIS – ASSISTED GUARDIANSHIP – PHASE II**

documented in the guardianship subsidy agreement include adoption preservation services and respite care.

### ***Enhanced Permanency Program***

Under the Enhanced Permanency 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:

- Education and Training Vouchers provide up to \$5,000 each fiscal year to cover tuition payments for post-secondary educational or vocational programs.
- 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.
- Housing Cash Assistance covers the cost of housing security deposits, provides rent when the youth cannot make the payment, and offers a partial housing subsidy for up to one year following a youth’s emancipation.
- Life Skills Training consists of group or individual instruction designed to teach independent living skills.
- 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.

An additional service developed to support the long-term viability of guardianships is the Subsidized Guardianship Specialist (SGS) Program. SGSs are employees of the Children and Family Research Center at the University of Illinois who work with guardianship cases at risk of disruption or dissolution, including cases in which the guardian or the Illinois Department of Children and Family Services (DCFS) has filed a motion to vacate the guardianship.

## **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 permanency services while control group youth remain enrolled in or eligible for the standard guardianship program.

Random assignment for the enhanced program was originally limited to the sub-regions of 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

## ILLINOIS – ASSISTED GUARDIANSHIP – PHASE II

statewide. As of April 2007, 3,206 youth have been assigned to the demonstration's enhanced program component, with 1,609 assigned to the experimental group and 1,597 assigned to the control group.

### *Outcome Evaluation*

The key research hypotheses addressed by the State's evaluation 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 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 as specified by the State in the evaluation plan.
- 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 other youth 14 years of age or older who are in foster care.
- The demonstration will result in fewer children remaining in long-term foster care with ongoing administrative oversight.
- The demonstration will result in fewer disrupted placements.
- The demonstration will not result in a higher rate of subsequent substantiated reports of abuse or neglect.

### *Data Collection*

To address outcomes specific to the enhanced permanency component, the State's evaluators are conducting interviews with 750 eligible youth and their caregivers. As of June 2006, the evaluation team had completed 358 caregiver interviews and 318 youth interviews.

Additional data on youth assigned to the enhanced program are being collected from the State's Automated Child Welfare Information System (SACWIS) to address questions regarding permanency rates, the quantity and types of services received, subsequent maltreatment reports, and placement disruptions. DCFS is seeking approval from other government agencies, including the Illinois Department of Economic Security, the Illinois Criminal Justice Information Authority, and the Chicago Department of Education, to access their respective administrative databases. Through these sources, the State hopes to address additional outcomes following discharge from State custody, including housing status, educational attainment, employment status, and receipt of public assistance.

## **ILLINOIS – ASSISTED GUARDIANSHIP – PHASE II**

### **EVALUATION FINDINGS**

#### ***Process Evaluation***

Illinois began training on the enhanced program for child welfare staff in Cook County in July 2005. By January 2006, 518 staff in the Cook County, East St. Louis, and Peoria Sub-regions had attended training on the enhanced program, less than half the anticipated number of participants. Additional trainings were held throughout March 2006 in Cook County, Peoria, and Springfield. The State has continued to develop strategies to increase participation in future trainings, including the development of a Web-based training curriculum and the appointment of regional “ambassadors” responsible for disseminating information and providing technical assistance regarding the enhanced permanency program.

#### ***Outcome Evaluation***

More detailed outcome findings await further implementation of the demonstration.

### **WEB LINKS**

Evaluation reports associated with Illinois’ three demonstrations are available on the following Web page: <http://cfcwww.social.uiuc.edu/cfrcdescrip/ActivitiesMainProjectsEVAL.htm>

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

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders – Phase I <sup>1</sup>
<b>APPROVED:</b>	September 29, 1999
<b>IMPLEMENTED:</b>	April 28, 2000
<b>COMPLETED:</b>	December 31, 2006 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	May 16, 2003
<b>FINAL EVALUATION REPORT DATE:</b>	January 2006

## **TARGET POPULATION**

Illinois' substance abuse demonstration targeted parents assessed as having problems with drug or alcohol abuse and whose children have been 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

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<sup>1</sup> 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.

<sup>2</sup> 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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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 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.



## **ILLINOIS – SUBSTANCE ABUSE SERVICES – PHASE I**

- 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 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) have been randomly assigned to the control group and 1,386 (73 percent) have been 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.<sup>3</sup> Additional

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<sup>3</sup> 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.

## ILLINOIS – SUBSTANCE ABUSE SERVICES – PHASE I

service data came from the Department’s Automated Reporting and Tracking System (DARTS), which provided service dates and levels of care.<sup>4</sup>

### EVALUATION FINDINGS

#### *Process Findings*

##### 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 refer 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.

##### 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 differences were 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

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<sup>4</sup> 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.

## ILLINOIS – SUBSTANCE ABUSE SERVICES – PHASE I

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 Findings*

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:

- **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 SEI<sup>5</sup> 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).
- **Permanency Rates:** Children in the experimental group were slightly more likely to achieve reunification compared to 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.
- **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.

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<sup>5</sup> Substance-exposed infant.

## ILLINOIS – SUBSTANCE ABUSE SERVICES – PHASE I

### **WEB LINKS**

Evaluation reports associated with all three of Illinois' demonstrations are available at <http://cfrcwww.social.uiuc.edu/cfrcdescrip/ActivitiesMainProjectsEVAL.htm>.

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

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders – Phase II <sup>1</sup>
<b>APPROVED:</b>	January 1, 2007
<b>IMPLEMENTED:</b>	January 1, 2007
<b>EXPECTED COMPLETION DATE:</b>	December 31, 2011
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	August 31, 2009
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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 custodial parents who deliver infants testing positive for substance exposure. To qualify for assignment to the demonstration, a custodial parent 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. In addition, the long-term extension is expanding the scope of the demonstration to eligible caregivers and children residing in the downstate rural counties of Madison and St. Clair.

## **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 will continue to include clinical assessment and identification, recovery plan development, intensive outreach and engagement to facilitate parents' treatment participation and recovery, random urinalyses, and ongoing follow-up with reunified families to promote and sustain parents' recovery and ensure child safety.

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<sup>1</sup> This is one of two Illinois child welfare demonstration projects currently in operation.

## ILLINOIS – SUBSTANCE ABUSE SERVICES – PHASE II

In addition to these original services, Illinois is expanding the scope of its long-term waiver extension to include several new service components. The impetus behind the expansion of Illinois' waiver arose in part from findings from the evaluation of the State's original substance abuse demonstration.<sup>2</sup> 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 had resolved 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." New core service components include the following:

- **Housing Resources:** The enhanced RCP model promotes increased access to housing-related resources. Recovery Coaches assist enrolled families in determining whether they qualify for housing assistance through DCFS and help custodial caregivers complete any necessary paperwork. In addition, Recovery Coaches work with enrolled families to identify and procure housing resources through local government programs.
- **Mental Health Services:** In addition to standard Recovery Coach services, the State's enhanced RCP model employs specialized "Mental Health Recovery Coaches" with experience serving parents with dual diagnoses of mental illness and a substance use disorder. Mental Health Recovery Coaches focus on the special needs of this population by providing initial screenings and referrals, assisting parents in accessing services through the State's mental health service system, and through direct communication 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 and increased domestic violence training for Recovery Coaches. Training topics include recognizing the risk factors of domestic violence, appropriate responses to domestic violence, and the identification of services for both victims and perpetrators.

### **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

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<sup>2</sup> See the profile for Illinois' Phase I waiver for a detailed review of evaluation findings from its original substance abuse demonstration.

## **ILLINOIS – SUBSTANCE ABUSE SERVICES – PHASE II**

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 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 has proposed 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) in each county. In Cook County, the State has proposed a 5:2 assignment ratio with a total estimated sample size of 1500 cases (1,070 experimental and 430 control).

### ***Data Collection***

Illinois' evaluation utilizes data from multiple sources, including the State's SACWIS, the Treatment Record and Continuing Care System (TRACCS), the Division of Alcoholism and Substance Abuse (DASA), Departmental Automated Reporting and Tracking System (DARTS), and child welfare agency case records.

### ***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; barriers encountered during implementation and strategies to address these challenges; and contextual factors, such as social, economic and political forces, that affect the implementation and effectiveness of the demonstration.

### ***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

## **ILLINOIS – SUBSTANCE ABUSE SERVICES – PHASE II**

- 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
- 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**

Evaluation findings are pending continued implementation of Illinois' Phase II substance abuse waiver demonstration.



# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Enhanced Child Welfare Training <sup>1</sup>
<b>APPROVED:</b>	August 2, 2001
<b>IMPLEMENTED:</b>	January 1, 2003
<b>COMPLETED:</b>	Terminated early on June 30, 2005
<b>INTERIM EVALUATION REPORT DATE:</b>	N/A <sup>2</sup>
<b>FINAL EVALUATION REPORT DATE:</b>	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 enrollments, 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 (Lake, McHenry, DuPage, Kendall, Grundy, Will, and Kankakee) 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 outcomes-focused child welfare environment. The primary topics covered in the training curriculum included the following: assessing safety and risk within families; Family Group Decision

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<sup>1</sup> 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.

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

## **ILLINOIS – ENHANCED CHILD WELFARE TRAINING**

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.

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 (NIU) 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

## ILLINOIS – ENHANCED CHILD WELFARE TRAINING

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 group, 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 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 demonstration 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***

##### **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.

##### **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,

## ILLINOIS – ENHANCED CHILD WELFARE TRAINING

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.

### 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 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.

### 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 Foundations 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
- Length of time in out-of-home placement

## ILLINOIS – ENHANCED CHILD WELFARE TRAINING

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.
- 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**

Evaluation reports associated with all three Illinois demonstrations are available on the following Web page:

<http://cfcwww.social.uiuc.edu/cfrcdescrip/ActivitiesMainProjectsEVAL.htm>

The Illinois Training Demonstration March 2004 report is available at:

<http://cfcwww.social.uiuc.edu/pubs/Pdf.files/IVETrainingWaiver.pdf>

# INDIANA

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase I <sup>1</sup>
<b>APPROVED:</b>	July 18, 1997
<b>IMPLEMENTED:</b>	January 1, 1998
<b>COMPLETED:</b>	A short-term bridge extension was granted until September 30, 2004. <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	February 22, 2001
<b>FINAL EVALUATION REPORT DATE:</b>	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.

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<sup>1</sup> Based on information submitted by the State as of September 2003.

<sup>2</sup> A three year extension is being considered by the Children's Bureau.

## **INDIANA – FLEXIBLE FUNDING – PHASE I**

### **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.

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, including 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. It was the State’s goal 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 Findings***

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

## INDIANA – FLEXIBLE FUNDING – PHASE I

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 not eligible 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 use 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 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 Findings*

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:

**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 experimental group children in program counties who were never placed while assigned to the experimental group was 45.6 percent, compared to 38 percent of control group children, a statistically significant difference.

**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 to 3.3 percent of control group children.

**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



## INDIANA – FLEXIBLE FUNDING – PHASE I

of the control group (22.2 miles for experimental cases vs. 26.3 miles for control children). However, this difference was not statistically significant.

**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 to 316 days for matched control group children ( $p=.083$ ). The relative reduction in length of placement of experimental group children compared to their control group counterparts was 8.2 percent.

### **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. Nearly 77 percent of experimental group children were reunified, either with the original caretaker or a non-custodial parent, compared to 66 percent of control group children.
- **Termination of Parental Rights:** 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.<sup>3</sup>
- **Adoption:** As noted above, a greater percentage of children in the experimental group were reunified. However, for those who weren't, 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 group cases (763 days) than control (798 days).

**Subsequent Placement:** Subsequent placement refers to any new removal of a child after the end of the target case. No differences were found between experimental and control group children.

**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.

**School Performance:** To assess child well-being, the school performance of children in the experimental group was compared to 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 control group children (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 to 71.6 percent of their control group counterparts.

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

## **INDIANA – FLEXIBLE FUNDING – PHASE I**

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.

# INDIANA

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase II
<b>APPROVED:</b>	June 30, 2005
<b>IMPLEMENTED:</b>	July 1, 2005
<b>EXPECTED COMPLETION DATE:</b>	June 30, 2010
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	March 1, 2008
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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 adopted modified criteria for referring cases to the waiver demonstration, with the new referral protocol more narrowly defining cases that belong to the demonstration’s target population. Specifically, “service cases” (i.e., families with a substantiated maltreatment report but no previous CPS history and no recommendation for CPS involvement) are being phased out beginning September 1, 2006, and will not be eligible for waiver assignment after April 2007.

## **JURISDICTION**

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

## **INDIANA – FLEXIBLE FUNDING – PHASE II**

### **INTERVENTION**

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

Prior to the start of the waiver extension, the State re-established Interagency Agreements governing implementation of the waiver among all participating counties. The Agreements are signed by the local juvenile court judge and the local child welfare agency and establish the criteria for the coordination and provision of child welfare services under the demonstration.

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. As of June 2006, 50 champions have been identified, trained, and are providing local field support regarding the waiver.

### **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 matches that of the comparison child (e.g., delinquency, CHINS). Other matching variables may 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.

## INDIANA – FLEXIBLE FUNDING – PHASE II

### *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 matched comparison cases. Specific research questions that are being 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 the planning and implementation of the waiver?

### *Outcome Evaluation*

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

## INDIANA – FLEXIBLE FUNDING – PHASE II

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

### **EVALUATION FINDINGS**

#### ***Process Findings***

Between July 2005 and June 2006, approximately 600 new cases have been assigned to the waiver demonstration, with approximately 1,000 active cases (new assignments and carryovers) enrolled in the demonstration as of June 2006. Since January 1998, a cumulative total of over 8,000 children have been assigned to the waiver demonstration. The percentage of IV-E eligible children assigned to the waiver has also increased substantially, from 38 percent as of December 2005 to 47.8 percent as of May 2006. Moreover, a total of 15 counties significantly increased their waiver assignments during the first half of 2006, with nine counties more than doubling the number of cases assigned between January-May 2006 compared with July-December 2005. The State expects that these proportions will continue to increase, along with the overall number of cases assigned to the waiver, due to increased monitoring by the State, the impact of the network of regional “waiver champions,” improvements in the IV-E eligibility determination process, and enhancements to ICWIS.

#### ***Outcome Evaluation***

Evaluation findings are pending continued implementation of Indiana’s Phase II waiver demonstration.

# IOWA

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship
<b>APPROVED:</b>	March 31, 2006
<b>IMPLEMENTED:</b>	February 1, 2007
<b>EXPECTED COMPLETION DATE:</b>	January 31, 2012
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	September 31, 2009
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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.
- 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.

## **IOWA – ASSISTED GUARDIANSHIP**

Both relatives and non-relatives caring for children in out-of-home placement may participate in Iowa's guardianship demonstration. To participate in the demonstration, both relatives and non-relative caregivers must satisfy 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.
- 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 caregiver.

### **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:

- 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.
- 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.
- 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 may 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.



## **IOWA – ASSISTED GUARDIANSHIP**

- 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 (CFCIP). The State may place priority on providing 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:

- Family Team Meeting and Assessment: Upon notification of a child's eligibility for the program and as appropriate to the case circumstances, 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.
- 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.
- Annual Guardianship Review: After the guardianship is finalized, the Court completes annual reviews of the guardianship arrangement. The guardianship review includes 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 of whether the child, guardian, and the 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 have been randomly assigned to the experimental group and 291 children have been 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.

## **IOWA – ASSISTED GUARDIANSHIP**

### ***Process Study***

Iowa's evaluation includes a process analysis that describes how demonstration services were implemented for experimental group cases and how these services differ from services provided 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
- 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
- Barriers to the establishment of guardianship

### ***Outcome Study***

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

## **IOWA – ASSISTED GUARDIANSHIP**

- Number and proportion of children who re-enter out-of-home placement
- The number and proportion of guardianships that are dissolved and the reasons for any dissolutions

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 in which statistically significant differences between the experimental and control groups are identified.

## **EVALUATION FINDINGS**

Initial evaluation findings are pending the continued implementation of Iowa's subsidized guardianship demonstration.

# IOWA

<b>DEMONSTRATION TYPE:</b>	Performance-Based Payments/ Managed Care
<b>APPROVED:</b>	March 31, 2006
<b>EXPECTED IMPLEMENTATION DATE:</b>	(Date Pending)
<b>EXPECTED COMPLETION DATE:</b>	Last day of the 20 <sup>th</sup> quarter after implementation
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	(Date Pending)
<b>FINAL EVALUATION REPORT EXPECTED:</b>	(Date Pending)

## **BACKGROUND**

Iowa originally planned to implement its *Safe at Home* demonstration no later than July 1, 2007. However, the State has indefinitely postponed implementation of the project due to significant changes that are underway in its Medicaid payment system. These changes, scheduled to go into effect by November 2007, will affect the capped case rate the State originally planned to pay to contracted service providers under its *Safe at Home* demonstration. Iowa will renegotiate the waiver's projected start date with the Children's Bureau once it has devised an appropriate case rate for contractors that will provide services under the demonstration.

## **TARGET POPULATION**

Iowa's performance-based payment demonstration, known as the *Safe at Home Program*, will target title IV-E-eligible and non-IV-E-eligible children ages 11-16 who have been adjudicated as a "Child in Need of Assistance" (CINA) and who (1) are currently in a congregate care setting without a planned discharge within 60 days of entering placement, or (2) display clinical evidence of behavioral health needs that require or indicate the likelihood of congregate care placement.

## **JURISDICTION**

Iowa will implement the *Safe at Home Program* in two phases. The first phase (Phase I) will be implemented over a 12-month period in one geographic region defined by the State prior to

## **IOWA – PERFORMANCE-BASED PAYMENTS/MANAGED CARE**

implementation. The State may then implement a second demonstration phase (Phase II) that will expand services into additional geographic regions in the State.

### **INTERVENTION**

Iowa plans to implement several managed care strategies through the *Safe at Home Program*. Major components will include the following:

Contracted Case Management Services: Intensive case management services will be provided by a contracted social service agency selected by the State prior to implementation of the demonstration. A case manager employed by the contracted provider will serve as a central and continuous point of contact for each child enrolled in the *Safe at Home* demonstration and will be responsible for coordinating care and services for the child. In addition, the case manager will be responsible for engaging families through Family Team Meetings (FTMs) or other means to assess family strengths and needs and to create Individualized Service Plans (ISPs) for enrolled children.

Capped Case Rate: The contracted service provider will receive a capped rate for each child enrolled in the *Safe at Home* demonstration. The case rate will be used by the contracted service provider to directly provide or sub-contract for services for each participating child and his/her family. Iowa will make available approximately 100 capped case rate “slots” in each geographic region that participates in the demonstration.

Performance-Based Payments: As part of the overall case rate, the contracted social service agency will receive incentive payments for achieving specific performance-based goals. These payments will be tied to the achievement of certain 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.

Expanded and Individualized Services and Supports: Funds available through the capped case rate will be used by the contractor to provide an expanded array of in-home and out-of-home services and supports to participating children and families. Examples of services and supports include 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).

### **EVALUATION DESIGN**

Iowa’s evaluation will include process and outcome components, as well as a cost analysis. The evaluation will incorporate an experimental research design with random assignment to experimental and control groups. The State will randomly assign eligible children to the experimental group (eligible to receive *Safe at Home* services through a capped case rate slot) or to a control group (ineligible for a capped slot). Cases assigned to the control group will

## **IOWA – PERFORMANCE-BASED PAYMENTS/MANAGED CARE**

receive typical case management and other services provided by the Iowa Department of Human Services (IDHS).

### ***Sample Size***

Using a 1:1 sampling ratio, the State anticipates assigning 350 children to the experimental group and 350 children to the control group in the first region in which the demonstration is implemented, for an initial sample of 750 children. If the demonstration is expanded to other geographic regions, the State estimates that an additional 500 children will be assigned to the experimental group and an additional 500 children to the control group, for a total sample of approximately 1,700 children.

### ***Process Evaluation***

The State's evaluation will include interim and final process analyses that describe how demonstration activities and services were implemented for experimental group cases and how these differed from services received by control group cases. In addition, the process evaluation will assess stakeholder satisfaction with the managed care system and with services and supports provided under the demonstration. Key stakeholders include enrolled children and their families, court staff, IDHS staff, and staff from contracted service providers.

### ***Outcome Evaluation***

Iowa's outcome evaluation will compare the experimental and control groups for significant differences in child safety, permanency, and placement stability. Major outcome measures of interest include the following:

- Number and proportion of children who enter out-of-home placement
- Mean/median length of time in out-of-home placement
- Number and proportion of children who exit out-of-home placement through reunification, guardianship, or adoption
- 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 children who are placed outside the geographic region in which they reside or outside of the State
- Number and proportion of children who age out of foster care
- Number and proportion of children with a subsequent alleged and/or substantiated maltreatment report

## **IOWA – PERFORMANCE-BASED PAYMENTS/MANAGED CARE**

- Number and proportion of children who re-enter out-of-home placement
- Child well-being, including health status, psychological and developmental functioning, and educational achievement

### ***Cost Study***

Iowa's cost study will examine the costs of key elements of services received by children in the experimental group and compare these costs with those of the usual services received by children in the control group. The cost analysis will examine 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 funding. In addition, the State 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 in which statistically significant differences between the experimental and control groups are identified.

### **EVALUATION FINDINGS**

Initial evaluation findings are pending implementation of Iowa's demonstration.

# MAINE

<b>DEMONSTRATION TYPE:</b>	Adoption Services <sup>1</sup>
<b>APPROVED:</b>	September 17, 1998
<b>IMPLEMENTED:</b>	April 1, 1999 <sup>2</sup>
<b>COMPLETED:</b>	December 2004 <sup>3</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	December 31, 2001
<b>FINAL EVALUATION REPORT DATE:</b>	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

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<sup>1</sup> Based on information submitted by the State as of December 2004.

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

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



## **MAINE – ADOPTION SERVICES**

professionals then provided services to adoptive families. Eight training teams—one for each of the State’s districts—were formed. Each team was composed of an adoptive parent, a clinician/therapist, and a State adoption caseworker.

Part two 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, integrating adopted children into existing families, the effects on children of abuse and trauma, 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 development milestones, history of trauma, capacity for attachment, parenting style, 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 were delivered by a partnership of the Maine Department of Health and Human Services (DHHS) and Casey Family Services (a non-profit child welfare agency). This was 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.

Post-adoption support services included case management, parent education and support, information and referral services, support groups, respite care, advocacy, crisis stabilization, therapeutic services, family/individual therapy relating to adoption, rehabilitation support, residential treatment, recreational services, standard board payments, advocacy services, and research/search assistance related to birth family issues.

The major hypothesis of the post-adoption support services study was: 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 experimental<sup>4</sup> and control<sup>5</sup> groups. Control group cases received the standard adoption subsidy from the State, along with the support services that are

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<sup>4</sup> Also referred to as the “Guided Services” group.

<sup>5</sup> Also referred to as the “Standard Services” group.

## MAINE – ADOPTION SERVICES

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.

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 this choice. The most common reasons families gave were the following:

- “Enough contact with State agencies/want to be left alone”
- “Being contacted twice a year for questionnaires would be too time consuming”
- “Participating in the project could make the adoption process more difficult”

### *Data Collection*

All families involved in the demonstration committed to a set of interviews every six months. Experimental group families also committed to being contacted by their Maine Adoption Guide social worker at least once every six months.

### *Outcome Study*

The evaluation compared the experimental and control groups for statistically significant differences in the following outcome measures:

- Number of displacement days (during which children ran away, were institutionalized because of serious behavioral problems, or were detained in jail or a juvenile correctional facility)
- Adoption dissolution rate
- Child to family attachment
- Parents’ trust in their child
- Use of family-centered case management practices
- Child well-being and functioning, including child’s health and development, child’s satisfaction with adoption, child’s positive and negative traits, and child’s behaviors toward the adoptive parent
- Family well-being and functioning, including 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, and frequency of positive parent-to-child caregiving behaviors

### **EVALUATION FINDINGS**

#### *Process Findings*

##### Participant Characteristics

As expected with the use of random assignment, there were no significant differences between children in the experimental group and the control group in the following case characteristics:

- Age (average age for experimental group 7.35 years, control group 7.19 years)
- Gender (experimental group: 55.8 percent female, 44.2 percent male; control group: 50.2 percent female, 49.8 percent male)
- Number of previous foster care placements (experimental group: 2.21, control group: 2.06)
- Amount of time the child lived with their caregiver prior to entering the demonstration (experimental group: 35.14 months, control group: 35.13 months)
- Use of psychotropic medication (29.7 percent of experimental group, 30.5 percent of control group)

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.<sup>6</sup> 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).

##### 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.<sup>7</sup> However, families reported that respite care was the most commonly received service, followed by other services, then counseling for the adopted child, and services from behavioral specialists.

Parents were the most frequent recipients of services. Maine Adoption Guide social workers reported that the most common service they provided was parent education and support. Other

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<sup>6</sup> Families were asked to leave if they did not respond to surveys.

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

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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.

The amount of direct service time provided was dictated by families. The number of service hours provided varied greatly among participants. For example, some families requested only one contact every six months, while others requested contact several times a week.

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 Findings*

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 that they trusted their child compared to 24 percent of parents in the control group.

## MAINE – ADOPTION SERVICES

- **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.

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.

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.

- **Parent Satisfaction:** 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 caseworker 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.
- **Displacement Days:** The number of displacement days varied greatly among participants. There were no statistically significant differences in the number of displacement days between the experimental and control groups.
- **Adoption Dissolutions:** The adoption dissolution rate for this study sample was approximately one percent. The State’s normal adoption dissolution rate is six percent. There was no statistical difference in adoption dissolutions between the experimental and control groups.
- **Child Attachment:** There was no statistical difference in child attachment between the experimental and control groups over time. Caregivers in both groups reported a high level of child to family attachment.

### *Cost Study*

#### Total Costs

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

## **MAINE – ADOPTION SERVICES**

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.

### **Medicaid Costs**

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 page:  
[http://muskie.usm.maine.edu/Publications/ipsi/maine\\_adopt\\_guides\\_05.pdf](http://muskie.usm.maine.edu/Publications/ipsi/maine_adopt_guides_05.pdf)

# MARYLAND

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship/Kinship Permanence <sup>1</sup>
<b>APPROVED:</b>	April 17, 1997
<b>IMPLEMENTED:</b>	March 1, 1998
<b>COMPLETED:</b>	September 30, 2004 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	December 13, 2000
<b>FINAL EVALUATION REPORT DATE:</b>	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.

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<sup>1</sup> 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.

<sup>2</sup> HHS approved bridge extensions through September 30, 2004.

## **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 these children. Modeled after the State's Adoption Assistance 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.

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.<sup>4</sup> 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.

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<sup>4</sup> Permanency rates were calculated based on data provided in Maryland’s final report

# MARYLAND

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVED:</b>	September 16, 1999
<b>IMPLEMENTED:</b>	January 1, 2000
<b>COMPLETED:</b>	December 31, 2002 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	October 31, 2002
<b>FINAL EVALUATION REPORT DATE:</b>	Expected May 2004

## **TARGET POPULATION**

Maryland intended to target 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

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

<sup>2</sup> 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.

## **MARYLAND – MANAGED CARE PAYMENT SYSTEM**

for a period of three years. The lead agency received a fixed sum (\$24.3 million)<sup>4</sup> to provide services 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 consists of process, outcome, and cost-effectiveness components. The State used an evaluation design based on random assignment. 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 is using the following outcome measures: length of stay in out-of-home care, number of children who achieve their permanency plan, and number of children re-entering care. The State also is examining measures related to child well-being, child safety, and caregiver satisfaction and well-being.

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<sup>4</sup> The lead agency received an additional \$1.7 million through a contract modification to adjust for approved rate increases.

### EVALUATION FINDINGS

#### *Process Findings*

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 State. This resulted in a total sample size of 50 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, 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 under experimental and control group conditions, 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 are the opinions of the interviewees.

- **Implementation schedule:** The State sought implementation six weeks following the contract award announcement. 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

## MARYLAND – MANAGED CARE PAYMENT SYSTEM

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 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 BCDSS (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,

## MARYLAND – MANAGED CARE PAYMENT SYSTEM

however, experimental group workers carried smaller caseloads than public agency workers (an average of 16 cases versus 20-28 foster care cases and 31-35 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:

- 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
- Annual satisfaction surveys

### *Outcome Findings*

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 (n=194 exits to adoption) has a significantly higher rate of exits from foster care to adoption than the control group (n=77 exits to adoption).

# MARYLAND

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders <sup>1</sup>
<b>APPROVED:</b>	September 16, 1999
<b>IMPLEMENTED:</b>	October 1, 2001
<b>COMPLETED:</b>	December 31, 2002 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	Expected March 31, 2004
<b>FINAL EVALUATION REPORT DATE:</b>	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

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<sup>1</sup> Based on information submitted by the State as of January 2004. This was part of Maryland's second waiver agreement, which had two project components (substance abuse services and a managed care payment system). Under the first waiver agreement, Maryland implemented an assisted guardianship/kinship permanence program.

<sup>2</sup> 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 – SUBSTANCE ABUSE SERVICES**

treatment. Local child welfare agencies were responsible for coordinating the teams. Other team members assumed the lead in their particular area of expertise.

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 remain 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 complete treatment, (5) and number of parents who become drug-free and assume a healthy parenting role.

### **EVALUATION FINDINGS**

#### ***Process Findings***

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



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implied in the referral was lower than expected.<sup>4</sup> 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:

- 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.
  - All but one case worker had never seen a consent form for participation in the study.
- Substance abuse was significantly underreported at intake:

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<sup>4</sup>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 is not available.

## MARYLAND – SUBSTANCE ABUSE SERVICES

- Intake workers were not trained to conduct substance abuse screening and appeared uncomfortable identifying and addressing substance abuse issues, especially new workers.
- 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.
- 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.
  - 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).
- 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

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVED:</b>	December 19, 1997
<b>IMPLEMENTED:</b>	October 1, 1999
<b>COMPLETED:</b>	September 30, 2003
<b>FINAL EVALUATION REPORT DATE:</b>	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)<sup>2</sup> 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

<sup>1</sup> Based on information submitted by Michigan in its January 2004 final evaluation report.

<sup>2</sup> The name of this agency was changed to the Michigan Department of Human Services (DHS) effective March 2005.

## **MICHIGAN – MANAGED CARE PAYMENT SYSTEM**

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, 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:

- Out-of-home placement rates
- Average length of time in out-of-home placement
- Average number of placement episodes (i.e., placement stability)
- Rates of substantiated maltreatment

## MICHIGAN – MANAGED CARE PAYMENT SYSTEM

- Permanency rates (defined as exits to reunification, adoption, guardianship, or independent living)

### *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, “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 Findings*

#### 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).

#### 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

## MICHIGAN – MANAGED CARE PAYMENT SYSTEM

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.

### 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 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 Findings***

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

## MICHIGAN – MANAGED CARE PAYMENT SYSTEM

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 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

<b>DEMONSTRATION TYPE:</b>	Intensive Services
<b>APPROVED:</b>	March 31, 2006
<b>EXPECTED IMPLEMENTATION DATE:</b>	December 31, 2007
<b>EXPECTED COMPLETION DATE:</b>	Last day of the 20 <sup>th</sup> quarter after implementation
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	(Date Pending)
<b>FINAL EVALUATION REPORT EXPECTED:</b>	(Date Pending)

## **TARGET POPULATION**

As originally approved, Michigan's intensive services demonstration was designed to target title IV-E-eligible and non-IV-E-eligible children who were (1) at risk of entering out-of-home placement or whose adoption arrangements were at risk of dissolution; (2) currently in or who entered relative or non-relative placement; (3) if part of an adoptive family, had been placed outside the home prior to finalization of the adoption; or (4) were placed in an institutional or congregate care setting. The State has since proposed to narrow the target population of its demonstration to focus on title IV-E-eligible foster care children in long-term, high-cost foster care, including children placed in congregate care settings. This target population may be expanded following implementation of the waiver demonstration.

## **JURISDICTION**

Michigan currently plans to implement its demonstration in four counties—Wayne, Kent, Ingham, and Genesee.

## **INTERVENTION**

Through its intensive services waiver, the State will implement a focused treatment system to ensure that children and families are assessed for, referred to, and receive needed services in a consistent and appropriate manner. The intervention involves 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. Using this decentralized decision-making model, caseworkers may choose from an inventory of specified services to deescalate children from institutional placements or reunify children with their families.



## **MICHIGAN – INTENSIVE SERVICES, continued**

A second component of the demonstration involves 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 will include (1) establishing clear practice guidelines for the delivery of enhanced waiver services; (2) reviewing case management and service delivery practices in experimental child welfare district offices and counties; and (3) implementing practice, procedural, or policy changes as needed to maximize fidelity to the service model operated under this demonstration.

A third demonstration component will involve the creation of 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 will allow the Model Integrity Management (MIM) Team to identify eligible cases and delegate them to case managers in an efficient and effective manner.

### **EVALUATION DESIGN**

Michigan’s evaluation will include process and outcome components, as well as a cost analysis. As originally approved, the evaluation plan incorporated a two-stage matched comparison group design in which (1) child welfare districts and counties designated as experimental sites were to be matched with comparable districts and counties using selected demographic matching variables, and (2) child welfare cases in the experimental sites were to be matched with cases in comparison sites using selected case-level matching variables (e.g., maltreatment risk level and placement type). At the present time, the State is in the process of revising the research design for the evaluation of the waiver demonstration.

#### ***Sample Size***

There are approximately 4,000 children in out-of-home placement in the four counties designated for waiver implementation and, of these, the State estimates that 1,200 children are in title IV-E-eligible foster care placements. The initial research sample for the waiver’s evaluation will be a subset of these children in IV-E-eligible placements.

#### ***Process Evaluation***

Michigan’s evaluation will include interim and final process analyses that describe how demonstration activities and services were implemented and how these differed from the services received by children and families that do not participate in the waiver demonstration.

## MICHIGAN – INTENSIVE SERVICES, continued

### *Outcome Evaluation*

The State's outcome evaluation will compare cases in the experimental and comparison sites for significant differences in child safety, permanency, and placement stability. Major outcome measures of interest include the following:

- Number and proportion of children who enter out-of-home placement
- Mean/median length of time in out-of-home placement or in institutional settings
- Number and proportion of children who exit out-of-home placement through reunification, guardianship, or adoption
- Number and proportion of children in out-of-home placement who move to a less restrictive placement setting
- Number and proportion of children who age out of foster care or institutional placement settings
- Number and proportion of children with a subsequent alleged and/or substantiated maltreatment report
- Number and proportion of adoptive placements prior to finalization that are disrupted
- Number and proportion of children who re-enter out-of-home placement
- The number and proportion of finalized adoptions that are dissolved

### *Cost Study*

Michigan's cost study will examine the costs of key elements of waiver-funded services received by children living in experimental sites and then compare these costs with those of the usual services received by children living in comparison sites. The cost analysis will examine the use of key funding sources, including Federal 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 will conduct a cost-effectiveness analysis to identify costs per successful outcome for the experimental and comparison groups. This analysis may be conducted using one or more key outcome measures in which significant differences between the experimental and comparison groups are identified.

## **EVALUATION FINDINGS**

Initial evaluation findings are pending implementation of Michigan's demonstration.

# MINNESOTA

<b>DEMONSTRATION TYPE:</b>	Continuous Benefit Program/ Assisted Guardianship <sup>1</sup>
<b>APPROVED:</b>	September 10, 2004
<b>IMPLEMENTED:</b>	November 17, 2005
<b>EXPECTED COMPLETION DATE:</b>	October 31, 2010
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	June 30, 2008
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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.<sup>2</sup> 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 have intense psychological, physical, and behavioral problems.

## **JURISDICTION**

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

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<sup>1</sup> Based on information provided by the State as of November 2006.

<sup>2</sup> 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.

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

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM

### **INTERVENTION**

Minnesota’s title IV-E waiver, known as the Minnesota Permanency Demonstration, 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 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 Minnesota Permanency Demonstration 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 demonstration<sup>4</sup>.

### **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 metropolitan counties of Hennepin and Ramsey; and (2) a quasi-experimental matched-case comparison design in the non-metro counties of Cass, Carlton, and Dakota. For this matched-case comparison component, the State’s evaluators are matching experimental group children with a comparison group of 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 CPS 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 Lacs<sup>5</sup> were eligible to participate in the demonstration. As of November 30, 2006, all five participating counties had begun assigning

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<sup>4</sup> 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.

<sup>5</sup> Mille Lacs County later withdrew from the demonstration.

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM

children to the demonstration, with a total of 707 children assigned to the demonstration (375 children to the experimental group and 332 children to the control/ matched-case comparison groups). The majority of experimental group children live in Hennepin (189) and Ramsey (118) Counties, while the remainder (71) live in the non-metro counties of Cass, Carlton, and Dakota. The control group consists of 188 children from Hennepin County and 110 children from Ramsey County. In addition, 34 children have been identified as matches for children living in counties that are using a matched case comparison design (Carlton, Cass, and Dakota).

### *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:

- 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?

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM

### *Outcome Evaluation*

The State's outcome evaluation is comparing 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
- Number of disrupted placements per child
- Number of displacement days per child
- 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*

During the first year of the demonstration's implementation, the State reports that the caregivers of 253 out of 375 experimental group children (67.5 percent) were offered the single benefit option. The State is currently examining the reasons why an offer of the single benefit option was not made to some experimental group families.

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM

### *Outcome Evaluation*

As of November 2006, 141 of the 375 children (37 percent) assigned to the experimental condition have exited to permanency through adoption or guardianship. By comparison, 98 of the 332 (29 percent) children in the control condition have achieved permanency. Guardianships account for the higher permanency rate in the experimental group, with 14 percent of experimental group children (n = 53) moving to guardianship during the first year of the demonstration compared with 6 percent of control/comparison group children (n = 20). The proportion of cases exiting to adoption is the same for both groups at 23 percent (n = 88 in the experimental group and n = 78 in the control group).

Additional outcome findings will become available as implementation of Minnesota's demonstration continues.

# MISSISSIPPI

<b>DEMONSTRATION TYPE:</b>	Intensive Service Options <sup>1</sup>
<b>APPROVED:</b>	September 17, 1998
<b>IMPLEMENTED:</b>	April 1, 2001
<b>COMPLETED:</b>	September 30, 2004
<b>INTERIM EVALUATION REPORT DATE:</b>	NA
<b>FINAL EVALUATION REPORT DATE:</b>	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), or (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: Holmes, Madison, Rankin, Yazoo, Covington, Jones, Lamar, and Pearl River. The State selected these counties as representative of the State as a whole with respect to key demographic and socioeconomic variables.

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<sup>1</sup> Based on information from Mississippi's June 2005 final evaluation report.



## **MISSISSIPPI – INTENSIVE SERVICES**

### **INTERVENTION**

The waiver project in Mississippi was designed in response to specific findings of the 1995 ACF/DHHS 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, 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 evaluation's main research database included child welfare and cost data obtained directly from participating counties and from the Mississippi Automated Child Welfare Information System (MACWIS). The first extraction of MACWIS data was received by the evaluation team in October 2002. Although the demonstration was suspended in September 2004, collection of MACWIS data continued until January 2005.

## **MISSISSIPPI – INTENSIVE SERVICES**

The evaluation's process component 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 evaluation's outcome component, 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 the State's new MACWIS 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, a waiver "business consultant," who was to have been responsible for developing a business plan for the project and for ensuring the cost neutrality of the demonstration, was never hired.
- A statewide hiring freeze, which 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.

## MISSISSIPPI – INTENSIVE SERVICES

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.

### *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.

#### 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 to 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.

#### 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 control children 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  $p = .025$ .

## MISSISSIPPI – INTENSIVE SERVICES

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

### 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.

### 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.

### 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).

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.

### 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.

## MISSISSIPPI – INTENSIVE SERVICES

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.

### 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

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship <sup>1</sup>
<b>APPROVED:</b>	September 29, 1998
<b>IMPLEMENTED:</b>	June 21, 2001
<b>EXPECTED COMPLETION DATE:</b>	Short-term extension through May 1, 2007 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	October 1, 2001 October 1, 2002 February 6, 2004 February 17, 2005 <sup>3</sup>
<b>FINAL EVALUATION REPORT DATE:</b>	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 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.

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<sup>1</sup> Based on information submitted by the State in its October 2006 Final Evaluation Report.

<sup>2</sup> 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.

<sup>3</sup> Montana has submitted annual evaluation reports in lieu of an interim evaluation report.

## **MONTANA – ASSISTED GUARDIANSHIP**

### **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 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, siblings 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. At the end of the original five-year demonstration in March 2006, a total of 226 children were enrolled in the demonstration, with 189 children in the experimental group and 37 children in the control group. Thus, the evaluation's final random assignment ratio was closer to 5:1 rather than 3:1 as originally intended.

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 from 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: number of children that exit out-of-home placement to guardianship, reunification, or adoption; number of disrupted guardianship placements; and rate of subsequent reports of abuse and/or neglect. However, information was not reported on these variables in the final evaluation report.

### **EVALUATION FINDINGS**

#### *Process Findings*

At the end of the five-year demonstration period in March 2006, a total number of 226 children were enrolled in the demonstration, of which 123 were American Indian children. Of these, approximately two-thirds (n=80) were children who lived on reservations.

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 subsidized guardianship demonstration. Major findings from these interviews are summarized below.

#### Advantages of Guardianship

The advantages of assisted guardianship over long- term foster care most often mentioned by interviewees included the following:

- The guardian’s enhanced ability to make decisions regarding the child’s education, welfare, and health care
- Greater permanence and stability for youth
- Enhanced well-being for youth. 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.”

#### Disadvantages of Guardianship

Interviewees described several disadvantages of participation in the assisted guardianship program:

- The loss of the subsidy when a youth turns 18, even if he or she has not finished high school. 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 a biological parent attempting to regain legal custody of her child if parental rights have not been terminated, thereby increasing risk of disruption to the child’s guardianship arrangement.



## MONTANA – ASSISTED GUARDIANSHIP

### Barriers to the Establishment of Guardianship

Child welfare staff and supervisors noted the following barriers to the successful establishment of guardianships:

- 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 court hearing postponements.
- 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 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 total 189 children assigned to the experimental group, guardianships were established for 104 children (55 percent), including 48 guardianships for Native American children and 56 guardianships for non-Native children. During the course of the evaluation, the guardianships of six children from three homes were dissolved.

## MONTANA – ASSISTED GUARDIANSHIP

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 appear across these domains when survey scores are 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.
- 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 guardianship 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

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders
<b>APPROVED:</b>	September 24, 1998
<b>IMPLEMENTED:</b>	November 15, 1999
<b>COMPLETED:</b>	November 30, 2005 <sup>1</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	September 12, 2003
<b>FINAL EVALUATION REPORT DATE:</b>	Completed, issuance pending

## **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

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<sup>1</sup> 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 – SUBSTANCE ABUSE SERVICES**

safety assessment to facilitate better decisions regarding child safety and out-of-home placement. Depending on a parent's level of cooperation, LADCs could provide direct outpatient treatment or facilitate treatment access by removing resource barriers and engaging in outreach on the parent's 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 experimental (i.e., "Enhanced") group or control (i.e., "Standard") group. The caregiver's 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, the State withdrew its application for a long-term waiver extension in February 2005 but continues to operate Project First Step using title IV-B funds.

### **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 213 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 had limited statistical power and were less likely to reveal statistically significant effects of the demonstration on child welfare outcomes of interest.

## NEW HAMPSHIRE – SUBSTANCE ABUSE SERVICES

### *Data Collection*

The evaluation team conducted a total of 212 baseline interviews (49 percent of the total sample of eligible families) and 156 follow-up interviews (74 percent of baseline participants). Interview data were collected to provide in-depth information on each case at study intake and follow-up, regardless of the case's maltreatment determination status. Data were also collected from New Hampshire's SACWIS, client record files, and LADC service records.

### *Process Study*

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 Study*

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 Findings*

#### 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 a caretaker's level of participation in the demonstration.

## NEW HAMPSHIRE – SUBSTANCE ABUSE SERVICES

### 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 participate in 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 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 significantly more likely than control group families to have substance abuse documented as a risk factor by the end of the maltreatment investigation.

### Treatment Access and Participation

The experimental and control group caregivers participated in substance abuse treatment at similar levels. According to client case record data, 26 percent of experimental group caregivers (n = 101) received substance abuse treatment services compared with 24 percent of caregivers in the control group (n = 106); this difference was not statistically significant. However, among cases with a substantiated allegation of maltreatment, the data suggest that experimental group caregivers were more likely to access intensive, long-term treatment services. By the project's end, ten experimental group caregivers (20 percent) with a substantiated maltreatment allegation had received long-term inpatient substance abuse treatment services, compared with only three control group caregivers (6 percent).

### 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*

#### 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 with 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 ( $p < .10$ ).

#### 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).

#### 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 with 39 percent in the control group; this difference was not statistically significant. When the probability of reunification was examined in individual CPS offices, however, experimental group caregivers from the Manchester site were twice as likely as control group caregivers to achieve reunification ( $p < .05$ ). In contrast, no significant differences in reunification rates were found between the experimental and control groups served through the Nashua site.

#### Maltreatment Recurrence

The availability of enhanced substance abuse services resulted in lower, albeit statistically insignificant rates of repeat maltreatment substantiations in the experimental group (8.8 percent) than in the control group (11.4 percent). 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 ( $p < .05$ ). In contrast, no significant differences were found between experimental and control group families served through the Nashua site.

#### Child and Family Well-Being

Interviews conducted using the Child Behavior Checklist (CBCL) indicated greater declines in problem behaviors in seven 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.

## NEW HAMPSHIRE – SUBSTANCE ABUSE SERVICES

When school status was examined, however, experimental group children were significantly less likely to repeat a grade than control group children ( $p < .05$ ). 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.

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) and were somewhat more likely to be enrolled in a vocational or educational program (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

<b>DEMONSTRATION TYPE:</b>	Tribal Administration of Title IV-E Funds <sup>1</sup>
<b>APPROVED:</b>	June 14, 1999
<b>IMPLEMENTED:</b>	July 1, 2000
<b>COMPLETED:</b>	December 31, 2005
<b>INTERIM EVALUATION REPORT DATE:</b>	February 2003
<b>FINAL EVALUATION REPORT DATE:</b>	December 22, 2005

## **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 one Tribal authority – 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 foster (1) improved efficiency and effectiveness in the delivery of child welfare services to Native American children and (2) improved safety, permanency, and well-being outcomes for Native American children and their families.

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<sup>1</sup> 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.

## NEW MEXICO – TRIBAL IV-E ADMINISTRATION

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 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 are 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 Study***

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.

## NEW MEXICO – TRIBAL IV-E ADMINISTRATION

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
- Contextual factors affecting project implementation

### *Outcomes Study*

For the outcome component of the 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 Findings*

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.

#### 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.

## NEW MEXICO – TRIBAL IV-E ADMINISTRATION

### Changes in Staffing Structures

The Pueblo restructured its approach to social service delivery by dividing the responsibilities of CPS workers into separate intake, investigational, foster care support, and case management components.

### 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.

### 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.

### Development of Multidisciplinary and Interagency Relationships

The Pueblo worked with Tribal Courts to ensure that child welfare court orders incorporate appropriate title IV-E language. These changes are 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 department to facilitate a rapid and efficient response to domestic violence incidents that require the involvement of the Tribal social services department.

### 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.

### 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 make it difficult for Tribal children to qualify for IV-E funds
- Lags in obtaining reimbursement from the State for foster care maintenance payments
- 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 would prefer 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 Findings***

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 is not possible to interpret these findings or determine whether these apparent differences are statistically significant.

### **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-Indian 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-Indian foster homes as of May 2005. In contrast, no Navajo children were living in RTCs or non-Indian 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 percent) Zuni children were placed in relative foster homes by this date, and none had entered guardianship.

### **Permanency**

A greater proportion of children in the comparison (Navajo) group achieved permanency during the demonstration than in the experimental (Zuni) group. By May 2005, no Zuni children had exited foster care to a permanent placement, compared with 17 Navajo children (53 percent). For Navajo youth, permanency was achieved exclusively through assisted guardianship. 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).

### **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 *North Carolina Family Assessment Scale*.

# NEW MEXICO

<b>DEMONSTRATION TYPE:</b>	State and Tribal Assisted Guardianship
<b>APPROVED:</b>	June 14, 1999
<b>IMPLEMENTED:</b>	Tribal Component: July 1, 2000 State Component: April 2001
<b>COMPLETED:</b>	December 31, 2005 <sup>1</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	February 2003
<b>FINAL EVALUATION REPORT DATE:</b>	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 had been 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).<sup>2</sup> 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.

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<sup>1</sup> 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.

<sup>2</sup> See separate profile describing New Mexico's Administration of title IV-E Funds waiver demonstration.

## NEW MEXICO – STATE AND TRIBAL GUARDIANSHIP

### **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 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 ten 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 enter 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***

#### **Tribal Custody Component**

- As of September 2005, a total of 40 children entered guardianship through the Tribal Custody Component.
- Native American children in Tribal custody who entered assisted guardianship had somewhat different demographic characteristics than Native American children in State custody. For example, they 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 to 6.9 years) and were more likely to be male (52.3 percent compared to 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.

#### **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 through the State Custody Guardianship Component. 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 children and 9 Native American children.

### ***Outcome Evaluation***

#### **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 720 days in out-of-home placement prior to exiting foster care compared to 1,090 days for adopted children.



## NEW MEXICO – STATE AND TRIBAL GUARDIANSHIP

### 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 (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

<b>DEMONSTRATION TYPE:</b>	Flexible Funding/Assisted Guardianship – Phase I <sup>1</sup>
<b>APPROVED:</b>	November 14, 1996
<b>IMPLEMENTED:</b>	July 1, 1997
<b>COMPLETED:</b>	June 30, 2004 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	June 30, 2002
<b>FINAL EVALUATION REPORT DATE:</b>	November 2002

## **TARGET POPULATION**

The eligible population consisted of children residing in experimental group counties 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

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<sup>1</sup> Based on information submitted by the State as of November 2002.

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

**NORTH CAROLINA – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I**

- 8 counties provided enhanced support for resource families
- 8 counties provided an assisted guardianship option

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

## **NORTH CAROLINA – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I**

socio-economic 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 divided these cohorts into four groups for comparative analysis: (1) active waiver counties<sup>3</sup>, (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 Findings***

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 Findings***

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 have affected the degree of risk for children due to 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.

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 the probability of placement for children in experimental counties declined more than for children in the comparison counties, or other counties in the State, among children with a substantiated report of abuse or neglect from 1997 to 2001. No significant differences were found between more active and less active experimental counties.<sup>4</sup>

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

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<sup>3</sup> The State uses the term "waiver counties" to refer to experimental group counties.

<sup>4</sup> 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.

## **NORTH CAROLINA – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I**

were more likely to exit placement than those who entered in pre-waiver years. This trend was true for all groups of counties.

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.

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.

## NORTH CAROLINA – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I

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 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 (n=17) assisted guardianships, 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.”<sup>5</sup>

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<sup>5</sup> 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 options have been eliminated.

# NORTH CAROLINA

<b>DEMONSTRATION TYPE:</b>	Flexible Funding /Assisted Guardianship – Phase II <sup>1</sup>
<b>APPROVED:</b>	June 18, 2004
<b>IMPLEMENTED:</b>	January 1, 2005
<b>EXPECTED COMPLETION DATE:</b>	June 30, 2009
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	June 30, 2007
<b>FINAL EVALUATION REPORT EXPECTED:</b>	December 30, 2009

## **BACKGROUND**

On June 18, 2004, the Children’s Bureau approved a five-year extension (Phase II) of North Carolina’s Child Welfare Demonstration Project. 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.

## **TARGET POPULATION**

Eligible children include those residing in experimental group counties who are at “imminent risk” of foster care placement or who are already in placement. Each participating county may choose to implement initiatives aimed at improving outcomes for all of these children. Both title IV-E eligible and non-title IV-E eligible children may participate in the demonstration.

To develop a broader picture of the impact of its Phase II demonstration on placement rates, the State has modified the definition of the population at risk of placement to include all children with a report of abuse or neglect. This definition differs from that used for the evaluation of the State’s original waiver demonstration, which was limited to children with a substantiated maltreatment report.

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<sup>1</sup> Based on information submitted by the State as of January 2007.

## **NORTH CAROLINA – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE II**

### **JURISDICTION**

Nineteen out of 100 counties in the State participated in Phase I of the demonstration. For Phase II, the State has expanded demonstration services to 38 counties, including 17 original Phase I counties (two of the original Phase I counties elected not to participate) plus 21 additional counties.

### **INTERVENTION**

Phase II of North Carolina’s demonstration enables participating counties to use Federal title IV-E foster care funds to develop and implement strategies that reduce costs for out-of-home placement while improving or maintaining permanency, safety, and well being outcomes for children. Each participating county has developed a unique set of services and interventions, which are outlined in a detailed proposal and were approved by the State prior to implementation. All participating counties seek to use title IV-E funds flexibly to institute new contracted services, ranging from substance abuse and mental health services, to respite care, intensive family preservation, and parenting classes. In addition, experimental group counties have proposed to use flexible IV-E funds to implement one or more of the following services:

- Assisted guardianship for children in out-of-home placement for at least 12 consecutive months, proposed by 13 counties
- One-time payments for services to children and families (e.g., payments for rent deposits, utility bills, day care fees), proposed by 26 counties
- Child and Family Team Meetings, proposed by 20 counties

### **EVALUATION DESIGN**

The evaluation includes process and outcome components, as well as a cost analysis. The State is using a comparison group evaluation design in which changes in child welfare outcomes for 34 selected “comparison counties” not receiving flexible IV-E funds are compared with changes in outcomes for the 38 “experimental” counties that are receiving flexible IV-E dollars. Factors used to select comparison group counties include (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. Multivariate analyses involving data from all 100 counties in North Carolina will supplement statistical comparisons of outcomes for experimental and comparison counties.

#### ***Sampling Plan***

The State’s evaluators are using 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



## **NORTH CAROLINA – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE II**

large and medium-sized experimental counties who had experienced a first substantiated report of abuse or neglect during the baseline year. They then matched these children to 840 children from 23 large and medium comparison counties using propensity score matching. This sample is referred to as the “prevention sample.” For the second, or “permanency” sample, the State randomly selected 400 children from the 24 large and medium 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.

### ***Data Collection***

Two primary data collection efforts support the process evaluation: (1) case record abstractions to collect client-level data on service utilization and (2) a Web-based survey of county child welfare managers to obtain data on county-level service needs and availability. Data from these sources are supplemented using a “Day Sheet” data collection form, which tracks information at the case level regarding services provided to children by caseworkers. Information from Day Sheets is abstracted from both State records and from county case records.

The outcome evaluation relies primarily on data from the State’s Service Information System, which tracks information on maltreatment reports, CPS case openings, and out-of-home placements. The most recent data set used to track placement outcomes includes 339,426 children with a maltreatment report between July 1, 1998, and December 31, 2005, as well as 35,478 children who initially entered placement between July 1, 2000, and December 31, 2005.

### ***Process Evaluation***

The process evaluation seeks to answer the following research questions:

- How did experimental group counties use flexible spending to implement practice changes and to supplement services available to children and families?
- Did differences in service availability and utilization emerge between experimental and comparison counties during the implementation period?

Specific activities and services that are tracked through the process study include the following:

- The use of assisted guardianships
- Families’ access to and use of discretionary funds for one-time client-specific interventions
- Provision of new services through contractual arrangements with child welfare service providers
- The use of Child and Family Team Meetings

### *Outcome Evaluation*

The outcome evaluation compares 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, frequency of change in placement settings for children in out-of-home care, rate of re-entry into out-of-home placement, and maltreatment recurrence rates.

A significant challenge faced by the State in tracking maltreatment recurrence involves North Carolina's adoption of the Multiple Response System (MRS) for Child Protection Services. Using this new approach, reports of maltreatment are handled differently depending on the nature and severity of the alleged maltreatment. Rather than a formal investigation that determines whether alleged maltreatment can be substantiated, most reports of maltreatment are now addressed through a family needs assessment. Consequently, no determination of abuse or neglect is made in these cases. The State and its evaluator continue to examine alternatives for classifying maltreatment reports under the MRS system in a way that will accurately reveal an actual incidence of abuse or neglect. In addition, the shift toward tracking out-of-home placement entries for all *reported* cases of abuse and neglect, rather than for *substantiated* maltreatment cases only, will affect reported rates of foster care entry and complicate the analysis of placement data over time.

### *Cost Analysis*

A cost analysis is being conducted to assess how child welfare spending patterns have changed as a result of the demonstration. Baseline cost indicators will be compared with child welfare expenditures over time to identify changes in spending patterns across experimental and comparison counties. A database has been developed to track Federal IV-E expenditures related to administrative and foster care placements. In addition, data on Medicaid claims for children with a report of abuse or neglect between July 2001 and June 2005, including information on the types and costs of medical services, is being analyzed.

## **EVALUATION FINDINGS**

### *Process Evaluation*

#### Availability of Child Welfare Services

As of January 2006, child welfare staff from 79 out of 100 NC counties have completed the Web-based survey that explores the need for and availability of child welfare services in 23 service categories. According to initial survey results, some of most prevalent services offered by experimental counties include housing, childcare, mental health services, Family Team Meetings, and payments for case-specific services. The most common one-time uses of IV-E funds include payments for rent deposits and other housing expenses; utility bills; travel expenses; furniture purchases; day care registration fees; medical supplies; counseling and treatment services; and vehicle repairs.

## **NORTH CAROLINA – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE II**

### Use of Assisted Guardianship

As of September 2006, 100 children have achieved permanency through assisted guardianship since the onset of Phase II of North Carolina's Child Welfare Demonstration Project.

### ***Outcome Evaluation***

Outcome findings are pending continued implementation of the State's Phase II demonstration.

### **WEB LINKS**

North Carolina's Final Evaluation Report (2002) can be found at this link:

<http://www.unc.edu/~lynnu/ncwaivrpt.htm>

The Web-Based Services Survey *Report on Service Needs in North Carolina Counties* can be found at the following link: <http://www.unc.edu/%7Elynnu/svcreport.pdf>

A description of North Carolina's MRS system in may be found at the following link:

<http://www.dhhs.state.nc.us/dss/mrs/index.htm>

A report of an evaluation of the Multiple Response System by the Duke University Center for Child and Family Policy, titled *Multiple Response System (MRS) Evaluation Report to the North Carolina Division of Social Services (NCDSS)*, is available online at the following link:

<http://www.dhhs.state.nc.us/dss/publications/docs/MRSReport.pdf>

# OHIO

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase I <sup>1</sup>
<b>APPROVED:</b>	February 14, 1997
<b>IMPLEMENTED:</b>	October 1, 1997
<b>COMPLETED:</b>	September 30, 2004 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	November 5, 2000
<b>FINAL EVALUATION REPORT DATE:</b>	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

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<sup>1</sup> Based on information submitted by the State as of June 2003.

<sup>2</sup> 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.

## OHIO – FLEXIBLE FUNDING – PHASE I

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 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:

**Process Implementation Study:** This study used site visits and other primary data collection methods 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. Telephone interviews were conducted in select counties and a survey of child-serving agencies was conducted in each participating county.

**Community Impact Study:** This study observed how changes over time in demonstration and comparison counties affected the infrastructure and dynamics of the larger community. In year

## OHIO – FLEXIBLE FUNDING – PHASE I

five of the evaluation, the Community Impact Study was merged into the Process Implementation Study.

**Fiscal Outcomes Study:** This 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).

**Participant Outcomes Study:** This 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 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 Findings*

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.

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- 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 demonstration 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.
- **Competition:** Both experimental and comparison counties have 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.

## **OHIO – FLEXIBLE FUNDING – PHASE I**

- 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 are 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.

### ***Outcome Findings***

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:



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- **Permanency:** The waiver had no significant effects on reunification rates, adoption rates, or median length of stay prior to reunification or adoption.<sup>3</sup>
- **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.<sup>4</sup>

In addition to the outcomes study, the Ohio evaluation integrated findings from 6 of the 14 demonstration counties<sup>5</sup> 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.

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<sup>3</sup> 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.

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

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

# OHIO

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase II <sup>1</sup>
<b>APPROVED:</b>	October 1, 2004
<b>IMPLEMENTED:</b>	October 1, 2004
<b>EXPECTED COMPLETION DATE:</b>	September 30, 2009
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	August 30, 2007
<b>FINAL EVALUATION REPORT EXPECTED:</b>	March 30, 2010

## **TARGET POPULATION**

The target population for Ohio’s Phase II waiver demonstration consists of 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 13 of the 14 counties that participated in Ohio’s initial five-year waiver demonstration: Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Lorain, Medina, Muskingum, Portage, Richland, and Stark. Hamilton County, which participated in the Phase I demonstration and began Phase II, discontinued its participation in October 2005. In October 2006, four additional counties joined the waiver demonstration: Coshocton, Hardin, Highland, and Vinton. At its discretion, the State may propose to include additional counties in the experimental group.

## **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 has selected five distinct “intervention strategies” that are the focus of waiver activities. As their core intervention strategy, all participating counties are implementing Family Team Meetings (FTM), 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

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<sup>1</sup> Based on information submitted by the State as of November 2006. Ohio completed its original flexible funding demonstration in December 2001 and received several short-term extensions through September 2004.

## **OHIO – FLEXIBLE FUNDING – PHASE II**

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” service components:

- Structured visitations between parents/caregivers and children in out-of-home placement to promote reunification (eight original sites and two new sites)
- Kinship Support services to facilitate and maintain kinship placements (six sites)
- Managed Care strategies, especially related to case rate contracting (one site)
- Enhanced Mental Health/Substance Abuse (MH/SA) Assessments and Services (three original sites and two new sites)

### **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, 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 waiver 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, several counties are being added to the comparison group to balance the four new counties in the demonstration group. In selecting counties to serve in the comparison group, 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***

As part of the demonstration’s process evaluation, each participating county submitted to the State a logic model that describes linkages between its intervention strategies and expected outcomes. In addition, the process evaluation addresses the following factors regarding the overall implementation of the waiver in the demonstration counties:

- Organizational aspects of each intervention strategy (e.g., the administrative structure and the key elements of each strategy)

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- The array of services and supports provided by the county, and how these services and supports evolved over time
- Relevant external factors (e.g., social, economic, political, or organizational variables) that affected the implementation and expected impact of the intervention strategies
- Challenges encountered during implementation of the demonstration and any modifications made to the design or delivery of the interventions in response to these challenges
- Demographic information on children exiting to reunification, guardianship, and adoption

As an additional component of the process evaluation, the State is conducting a descriptive sub-study that focuses on changes in child welfare agency leadership at the county level, local efforts to promote adoption, and the nature of child welfare agencies' relationships with the courts. This sub-study primarily involves qualitative data collection methods, including site visits and telephone interviews with key child welfare and court staff.

### ***Outcome Evaluation***

The State's outcome evaluation incorporates five sub-studies that address each of the demonstration's core service components. These sub-studies include both descriptive data and a quantitative analysis of changes in observed outcomes. As appropriate, each sub-study compares experimental and comparison counties for significant differences in the following key child welfare outcome measures:

- Number of children entering out-of-home placement
- Length of stay in out-of-home placement
- Number of changes in placement setting experienced by children in out-of-home care
- Rates of re-entry into out-of-home placement
- Number of children with a subsequent substantiated report of abuse or neglect

### ***Cost Analysis***

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 some specific child welfare services and interventions.

## **EVALUATION FINDINGS**

The evaluation team is currently preparing the Interim Evaluation Report, which will include findings on all the evaluation studies. The draft report is due April 16, 2007.

***Process Evaluation***

The implementation status of each core service component is summarized below.

Family Team Meetings. All 17 experimental counties are implementing FTMs. In most of the participating counties, FTMs are available to all child welfare cases receiving ongoing services with a case plan goal of reunification or “maintain in home.” Because of limited capacity and resources, a few experimental counties (Clark, Franklin, Richland, and Stark Counties) are offering FTMs to selected samples of child welfare cases. All counties have agreed to several basic criteria for the conduct of FTMs: (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.

Included in the Interim Evaluation Report are findings showing experimental counties’ fidelity to the FTM model, as well as some preliminary outcome results for the experimental versus the comparison counties.

Kinship Supports. Six counties, including Ashtabula, Greene, Lorain, Medina, Muskingum, and Portage, are implementing a Kinship Support component to identify, promote, and maintain kinship placements. The counties are providing supportive services such as financial assistance; help in obtaining housing, day care, and therapeutic services; and financial assistance to cover legal fees for the establishment of guardianship. Flexible waiver funds are also being used to hire staff dedicated to supporting kinship caregivers.

The Interim Evaluation Report summarizes process findings and suggests some new approaches to evaluating this service component.

Supervised Visitation. Ten counties, including Clark, Crawford, Fairfield, Medina, Muskingum, Portage, Richland, Stark, Vinton and Highland, are implementing a Supervised Visitation component to promote the reunification of children in out-of-home placement. The counties are providing supervised visitation to all children ages 12 and under who are placed in an agency foster home with a goal of reunification. All eight counties have agreed to several basic criteria for the conduct of visitations: (1) visits much occur on a weekly basis and last for a minimum of one hour, (2) each visit must be supervised by a child welfare agency worker, and (3) each visit must include a structured activity.

Included in the Interim Evaluation Report are findings showing experimental counties’ fidelity to the Supervised Visitation model, as well as some preliminary outcome results for the experimental counties.

Mental Health/Substance Abuse Services. Five counties, including Belmont, Lorain, Muskingum, Coshocton, and Hardin, are providing Enhanced Mental Health/Substance Abuse (MH/SA) services under the waiver demonstration. These counties’ demonstrations differ somewhat in terms of the populations targeted for MH/SA services. For example,

## **OHIO – FLEXIBLE FUNDING – PHASE II**

Belmont, Lorain, and Muskingum Counties are targeting both children and adult caregivers. Pre- and post-service data have been gathered from case records in Lorain County.

The Interim Evaluation Report presents process and outcome results for Lorain County's service enhancements. Analysis of the other counties' initiatives will be completed in the coming years.

Managed Care. During Phase II, only one county—Franklin County—has implemented a Managed Care program as a major demonstration component. Franklin County's Managed Care Program has been in operation since February 1999 and targets all children and families in need of ongoing child protective services. Managed care services continue to be provided through two contracted service providers: the Ohio Youth Advocate Program (OYAP) and the Permanent Family Solutions Network (PFSN). As of November 2006, OYAP was serving 506 cases, including approximately 435 new families for the year, while PFSN was serving 763 children in 391 families, including approximately 324 new families for the year.

Analysis of Franklin County's managed care projects is underway, and some preliminary information is included in the Interim Evaluation Report.

### ***Outcome Evaluation***

The Participant Outcomes Analysis focuses on three topics: (1) child safety, through examination of case trajectories; (2) permanency outcomes for children who were in placement at the start of the Waiver; and (3) movement to less restrictive placement for children who were in placement at the start of the Waiver. For the Interim Evaluation Report, these analyses have used data from the first Ohio Waiver.

### **WEB LINKS**

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

# OREGON

<b>DEMONSTRATION TYPE:</b>	Flexible Funding/Assisted Guardianship – Phase I <sup>1</sup>
<b>APPROVED:</b>	October 31, 1996
<b>IMPLEMENTED:</b>	July 1, 1997
<b>COMPLETED:</b>	March 31, 2004 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	July 2000
<b>FINAL EVALUATION REPORT DATE:</b>	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 are eligible to participate in the demonstration.

The target population for the Subsidized Guardianship component is children between the ages of 4 and 17 who have been in substitute care for more than 12 months and 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 will be families newly entering the State's child welfare system, usually through Child Protective Services.

## **JURISDICTION**

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

## **INTERVENTION**

Oregon provided, through its demonstration, financial flexibility to regions to help preserve families, provide permanency for children in care, and improve safety outcomes. The State

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<sup>1</sup> Based on information submitted by the State as of March 2003.

<sup>2</sup> 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.

## **OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I**

designed its demonstration to encourage local collaborations among community stakeholders in order to promote the development of more effective, efficient, and innovative child welfare practices. During the initial implementation years, the demonstration was also part of the State's strategy to enhance its existing System of Care (SOC)<sup>3</sup> 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 a Subsidized Guardianship component of the demonstration, providing a third option (beginning in year three) for regions' use of title IV-E funds.

### 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 include facilitator services (e.g., drug and alcohol services or housing), in-home parenting services, and early assessment.

### Subsidized Guardianship

Oregon implemented its Subsidized Guardianship program in year three of the demonstration. In order to be eligible for the Subsidized 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 be at least 12 years old if the prospective guardian is 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

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<sup>3</sup> “System of Care” is a needs-based approach to working with children and families, focusing on family strengths, and utilization of extended family and community to minimize the need for placing children outside their home and to expedite children’s placement in permanent homes.



## **OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I**

into non-equivalent comparison groups, according to the availability of waiver and/or flexible System of Care (SOC) funds during the child's one-year observation period. The four groups include:

- *Waiver/System of Care (SOC)*, for children originating from branches that were Waiver and SOC-active during the study period
- *Waiver/non-SOC*, for children from branches that were Waiver but not SOC-active
- *Non-Waiver/SOC*, for children from branches that were SOC but not Waiver-active
- *Non-Waiver/non-SOC*, for 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 Subsidized 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 will measure 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 Findings***

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 groups included children who did not receive enhanced services along with those who did.

## OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I

- 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.
- 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
- Lack of training for caseworkers on how and when to refer families for FDMs

### 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.

## OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I

### Use of Subsidized 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 Subsidized Guardianships between July 1, 1999, and December 31, 2001, more than doubling its goal of 60 guardianships. Approximately 70 percent of these guardianships were with relatives of the children. More than half of local child welfare agencies 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.

### *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.

### *Outcome Findings*

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.<sup>4</sup> 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.

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<sup>4</sup> 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 – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE I

- 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.

# OREGON

<b>DEMONSTRATION TYPE:</b>	Flexible Funding /Assisted Guardianship – Phase II <sup>1</sup>
<b>APPROVED:</b>	March 24, 2004
<b>IMPLEMENTATION DATE:</b>	April 1, 2004
<b>EXPECTED COMPLETION DATE:</b>	March 31, 2009
<b>INTERIM EVALUATION REPORT DATE:</b>	October 31, 2006
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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 is continuing to make assisted guardianship available as a permanency option. Moreover, the State has proposed an expansion in the scope and intensity of its current evaluation of subsidized guardianship. In addition, the State has terminated its special study of Family Decision Meeting Service Coordination (FDM-SC) while initiating a new evaluation component to study enhanced visitation services in more detail.

## **TARGET POPULATION**

Children ages 0 to 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 enhanced visitation services component targets cases in which at least one child in the family has been in substitute care for more than 30 days.

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<sup>1</sup> Based on information submitted by the State as of October 2006.

## **OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE II**

### **JURISDICTION**

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.

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.

Assisted Guardianship. Assisted guardianship is available to all eligible families statewide during the Phase II waiver extension.

Enhanced Visitation Services. Child welfare branches in four counties – Linn, Josephine, Clatsop, and Tillamook – are currently using IV-E funds to provide enhanced visitation services.

### **INTERVENTION**

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 other than foster care maintenance payments, 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 participating branches. Specific examples of innovative services provided by child welfare branches include Family Decision Meetings (FDMs), enhanced visitation services, parent coaches, therapeutic home-based services, and youth and teen skill-building programs.

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 project, known as “Family Decision Meeting Service Coordination” (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 the summer of 2006.

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 only when other permanency goals, including reunification and adoption, are determined not to be in the child’s best interests. 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

## **OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE II**

services as adoptive parents. The State may also provide a one-time nonrecurring payment to caregivers to cover the legal costs of establishing guardianship, including court costs and filing fees. Under its waiver extension, the State seeks to establish guardianships for a minimum of 20 children each year.

Enhanced Visitation Services. In December 2006, the State submitted a proposal to evaluate enhanced visitation services during the remainder of its long-term extension. Compared to traditional visitation programs, enhanced visitation services 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.

### **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.

#### ***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 being 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 problem resolution, and the strategies used by child welfare branches to maintain cost neutrality.

The outcome evaluation for the flexible funding waiver component involves monitoring the progress of branches on pre-selected Children and Family Services Review (CFSR) outcomes. Examples of CFSR outcomes being tracked by child welfare branches include 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.

#### ***Special Study of FDM-SC***

The original outcome evaluation for FDM was designed to track safety, permanency, and child well-being measures identified by the CFSR as in need of improvement, including placement stability, maltreatment recurrence, placement duration, and exits to permanency.

## OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE II

### *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 December 2006, the State proposed enhancements to the existing assisted guardianship evaluation. As part of an expanded process evaluation, the State has proposed to (1) examine the factors that affect caseworkers' decisions whether to offer guardianship and (2) identify the reasons that caregivers give for accepting or declining the subsidized guardianship offer. The State plans to obtain this information through administrative data and through interviews with caseworkers and caregivers.

For the proposed outcome component of the enhanced guardianship evaluation, the State plans to measure changes over time in several child welfare indicators, including the number and proportion of children exiting to guardianship, reunification, or adoption; the 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.

### *Enhanced Visitation Services*

The proposed process evaluation for Enhanced Visitation Services will examine differences in the implementation of enhanced visitation programs among the four child welfare branches that provide these services, while the proposed outcome study will examine differences in safety and permanency outcomes between children who have or have not received enhanced services. The study population will consist of all children over a six-month period in substitute care for 30 days or more with reunification as the initial permanency goal. The State has proposed a matched-case comparison research design whereby children who participate in enhanced visitation services are matched with a group of children residing in the comparison branch based on demographic and case characteristics. The State estimates a total study sample of 160 to 200 children, resulting in 80 to 100 children in both the experimental and comparison groups.

## **EVALUATION FINDINGS**

Flexible Use of Funds. As of October 2006, a total of 63 innovative service plans for the flexible use of IV-E funds have been established by 26 child welfare branches statewide, an increase from 41 plans across 20 branches at the start of the long-term waiver extension. The State's evaluation team is currently tracking CFSR performance measures for 36 innovative plans across 19 branches, while 27 plans have been discontinued. However, the analysis of changes in CFSR measures from baseline through October 2006 has been complicated by the varying duration of service plans (i.e., some have been in place much longer than others and therefore have more cumulative CFSR data). Therefore, the State has been unable to observe



## OREGON – FLEXIBLE FUNDING/GUARDIANSHIP – PHASE II

any correlations, either positive or negative, between observed changes in CFSR performance measures and the implementation of innovative service plans.

Special Study of FDM-SC. Oregon began its study of the enhanced FDM-SC model in June 2005. However, the study was terminated early in the summer of 2006 due to serious challenges with implementation and sample recruitment. For example, problems with the completion of facilitator training, staff turnover, and a backlog of meeting requests led to inconsistencies in the scheduling and conduct of FDMs. In addition, referrals into the study were lower than expected, stemming in part from problems with obtaining consent-to-contact from families.

The State also encountered numerous problems in maintaining fidelity to the FDM-SC model and in preventing comparison group contamination. At the onset of the study, it was assumed that experimental group cases would receive two or more FDMs while comparison group cases would receive very few, if any, FDMs. However, subsequent analyses revealed that comparison group cases frequently received two or more FDMs while experimental group cases often received one or fewer FDMs.

Assisted Guardianship. As of September 2006, 817 subsidized guardianships have been established statewide since the first subsidized guardianship was established in February 2000. During the same time period, there have been 896 adoptions. The State reports that subsidized guardianship is highly utilized as a permanency option among Native American populations. For example, 25.5 percent of the all subsidized guardianships established statewide involve Native American children, while only 3.4 percent of adoptions involve Native American children.

Enhanced Visitation Services. Findings are pending implementation of this evaluation component.

# TENNESSEE

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship
<b>APPROVED:</b>	October 14, 2005
<b>IMPLEMENTED:</b>	December 7, 2006
<b>EXPECTED COMPLETION DATE:</b>	November 30, 2011
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	July 31, 2009
<b>FINAL EVALUATION REPORT EXPECTED:</b>	May 31, 2012

## **TARGET POPULATION**

Tennessee's assisted guardianship demonstration targets title IV-E-eligible and non-IV-E-eligible children ages 0-18 in the legal custody of the State

- For whom reunification and adoption are no longer viable permanency options; and
- 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, children for whom reunification has been ruled out as a permanency option, and for siblings of children already in subsidized guardianship. In placing children into subsidized 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.

## TENNESSEE – ASSISTED GUARDIANSHIP

- 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.
- An assessment—including a home study, a criminal background check, and an abuse/neglect registry search—must yield positive results that support the decision to place the child in the legal custody of the foster caregiver.
- The prospective guardian must be a licensed foster care provider.

### **JURISDICTION**

Tennessee is implementing its guardianship demonstration in 16 counties (Shelby, Davidson, Macon, Smith, Dekalb, Cannon, Van Buren, Warren, White, Cumberland, Fentress, Overton, Putnam, Jackson, Clay, and Pickett Counties). In addition, the State will make all children statewide who have a goal of Another Planned Permanent Living Arrangement (APPLA) and who meet the demonstration's other eligibility requirements eligible to participate in the demonstration. The State may also expand the demonstration to other counties in Tennessee or statewide after receiving approval from the Children's Bureau

### **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:

Guardianship Subsidy Payment. Caregivers awarded guardianship under the demonstration receive a monthly guardianship subsidy equal to the State's base monthly foster care subsidy.

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.

Guardianship Casework Process. A case manager from the Tennessee Department of Children's Services reviews with each eligible foster caregiver the permanency options available for a child placed in the caregiver's home. If guardianship is determined to be the most appropriate permanency arrangement for the child, the Tennessee Department of Children's Services and the foster caregiver complete a Permanent Guardianship Agreement.

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.

## TENNESSEE – ASSISTED GUARDIANSHIP

Annual Guardianship Review. After finalization, the Tennessee Department of Children’s Services conducts an annual review of each guardianship placement to ensure that the child continues to reside in the home of the guardian and that the guardian continues to financially support the child.

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 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, the State is employing a non-experimental design for all children residing outside of the 16 participating counties who have a goal of Another Planned Permanent Living Arrangement (APPLA) and meet the demonstration’s other eligibility requirements. These children are all eligible to receive an offer of assisted guardianship and comprise a special study group that is being tracked separately from children assigned to the experimental and control groups.

#### ***Sample Size***

Upon implementation in December 2006, approximately 350 children were randomly assigned to the experimental and control conditions. In addition, around 250 APPLA children residing outside of the 16 participating counties were deemed eligible for an assisted guardianship offer at the demonstration’s onset. The State anticipates assigning an additional 196 children per year to either the experimental or control group over the five-years of the demonstration.

#### ***Process Evaluation***

Tennessee’s evaluation includes a process analysis that describes how demonstration services were implemented for experimental cases and how these services differed from services 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 reject guardianship

## TENNESSEE – ASSISTED 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
- Barriers to the establishment of guardianship

### *Outcome Study*

Tennessee's outcome evaluation is comparing 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
- The 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 examines the costs of key elements of the services received by children in the experimental group and compares these costs with those of the usual services received by children in the control group. The cost analysis includes 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. In addition, the State is

## **TENNESSEE – ASSISTED GUARDIANSHIP**

conducting a cost-effectiveness analysis where feasible to identify costs per successful outcome for the experimental and control groups.

### **EVALUATION FINDINGS**

Evaluation findings are pending continued implementation of Tennessee’s guardianship demonstration.

# VIRGINIA

<b>DEMONSTRATION TYPE:</b>	Subsidized Relative Custody
<b>APPROVED:</b>	March 31, 2006
<b>IMPLEMENTED:</b>	Expected July 1, 2008 <sup>1</sup>
<b>EXPECTED COMPLETION DATE:</b>	Last day of the 20 <sup>th</sup> quarter after implementation
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	(Date Pending)
<b>FINAL EVALUATION REPORT EXPECTED:</b>	(Date Pending)

## **TARGET POPULATION**

Virginia's demonstration, known as the Subsidized Custody Program, will target title IV-E-eligible and non-IV-E-eligible children ages 0-18 (1) who have been in continuous legal custody of the State for at least 12 months, (2) who have in continuous placement with a prospective relative custodian (i.e., guardian) for at least six months, and (3) for whom reunification and adoption are ruled out as permanency options. Under limited circumstances, the State may make an exception to the requirement of six months in continuous placement with the prospective custodian.

Prospective legal custodians must be a relative of the child (e.g., a grandparent, uncle, aunt, older sibling, older cousin), have a significant personal relationship with the child, and demonstrate a willingness to make a long-term commitment to the child's care. In addition, prospective custodians must undergo a thorough home study that includes a criminal background check and a child abuse and neglect central review.

## **JURISDICTION**

Implementation of the Subsidized Custody Program will occur in two phases. The first phase will be implemented for up to 12 months in selected Virginia localities identified by the State prior to implementation; the second phase will expand implementation statewide.

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<sup>1</sup> Virginia originally planned to implement its subsidized legal custody demonstration by July 1, 2007. Implementation has since been postponed while the State addresses changes to its State Automated Child Welfare Information System (SACWIS) necessary to track demonstration participants, and determines whether State enabling legislation is required to implement the demonstration.

## **VIRGINIA – SUBSIDIZED RELATIVE CUSTODY**

### **INTERVENTION**

Virginia’s demonstration will provide a financial subsidy to relative foster caregivers who assume legal custody of children in their care. Specific service components will include the following:

- Subsidized Custody Payment: Relative caregivers awarded legal custody of a child will receive a monthly subsidy equal to the child’s monthly foster care maintenance payment. This custodial subsidy will be based on a flat daily foster care rate adjusted according to any special needs (e.g., physical, dental, mental health, developmental) of the child.
- Payment for Non-Recurring Expenses: Relative custodians may receive a one-time payment to cover miscellaneous costs and legal fees associated with establishing the relative custody arrangement.
- Pre- and Post-Permanency Supports and Services: Participating children and custodians will have access to a variety of pre- and post-permanency supports and services. Examples include intensive short-term counseling for the child and prospective relative custodian; information about and referral to community services; crisis intervention; and payment for special services such as counseling, tutoring, or physical therapy, on a case-by-case basis.
- Education and Training Vouchers: Children age 16 and older at the time they enter subsidized relative custody will be eligible for education and training vouchers funded through the Chafee Foster Care Independence Program (CFCIP).

### **EVALUATION DESIGN**

Virginia’s evaluation of its guardianship demonstration will include process and outcome components, as well as a cost analysis. The State will use an experimental research design with random assignment to experimental and control groups.

#### ***Sample Size***

Children in the demonstration’s target population will be assigned to the experimental and control groups at a 1:1 ratio. The State expects to assign approximately 60 children currently in out-of-home placement to the experimental group and 60 children to the control group. Over the course of the demonstration, the State estimates that it will assign approximately 280 children to the experimental group and 280 children to the control group, for a total sample of approximately 560 children.

#### ***Process Study***

Virginia’s evaluation will include a process analysis that describes how demonstration services were implemented for experimental cases and how these services differed from services



## **VIRGINIA – SUBSIDIZED RELATIVE CUSTODY**

provided to children in the control group. As part of this process analysis, Virginia will track several key process measures, including the following:

- The proportion of cases eligible for subsidized legal custody
- The proportion of eligible relatives who are offered subsidized legal custody
- The proportion of relatives who accept or reject subsidized legal custody
- Relatives' reasons for accepting or declining subsidized legal custody
- For children of relatives who decline subsidized legal custody, the proportions that are adopted, reunified, or remain in foster care
- Of relatives who accept an offer of subsidized legal custody, the proportion that is awarded legal custody
- The average length of time between acceptance of an offer and establishment of subsidized legal custody
- Barriers to the establishment of subsidized legal custody

### ***Outcome Study***

Virginia's outcome evaluation will compare the experimental and control groups for significant differences in child safety, permanency, and placement stability. Specific outcome measures of interest include the following:

- Mean/median length of time in out-of-home placement
- Number and proportion of children who achieve permanency through adoption, transfer of legal custody to a relative, or reunification
- Number and proportion of children who age out of foster care
- Number and proportion of relative custody 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

## **VIRGINIA – SUBSIDIZED RELATIVE CUSTODY**

### ***Cost Study***

Virginia’s cost analysis will examine the costs of key elements of the services received by children in the experimental group and compare these costs with those of the usual services received by children in the control group. The cost analysis will examine the use of key funding sources, including 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 funding sources. In addition, the State 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 in which statistically significant differences between the experimental and control groups are identified.

### **EVALUATION FINDINGS**

Findings are pending implementation of Virginia’s subsidized guardianship demonstration.

# WASHINGTON

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVED:</b>	September 29, 1998
<b>IMPLEMENTED:</b>	March 27, 2002
<b>COMPLETED:</b>	June 30, 2003 <sup>2</sup>
<b>FINAL EVALUATION REPORT DATE:</b>	March 12, 2004 <sup>3</sup>

## **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.

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<sup>1</sup> Based on information submitted by the State as of March 2004.

<sup>2</sup> The demonstration was terminated early due to lower-than-expected numbers of referrals and problems contracting with service providers.

<sup>3</sup> 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**

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 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

## WASHINGTON - MANAGED CARE PAYMENT SYSTEM

- Decreased rates of re-entry into more restrictive care settings
- Shorter time frames for achieving permanency goals
- 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 Findings*

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

## WASHINGTON - MANAGED CARE PAYMENT SYSTEM

- 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
- 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"
- 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.
- Consider the establishment of performance incentives to facilitate quality improvement and strengthen commitment to positive youth outcomes.

### *Outcome Findings*

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 from the NCFAS suggesting some beneficial changes in relationships between experimental group children and caregivers, siblings, and peers. ROLSS data suggest 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 indicate 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 to the control group (5 contacts per month); costs in the experimental group were also higher, averaging \$3,000 per participant per month compared to \$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

<b>DEMONSTRATION TYPE:</b>	Assisted Guardianship <sup>1</sup>
<b>APPROVED:</b>	September 10, 2004
<b>IMPLEMENTED:</b>	October 14, 2005
<b>EXPECTED COMPLETION DATE:</b>	August 30, 2010
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	May 31, 2008
<b>FINAL EVALUATION REPORT EXPECTED:</b>	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 (ICWA).

## **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, the use of

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<sup>1</sup> Based on information submitted by the State as of February 2007.



## **WISCONSIN – ASSISTED GUARDIANSHIP**

relatives as permanency resources, and family-based permanency planning for children. The State’s demonstration includes the following components:

- 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, 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 will 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 but 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. Of these 185 children, 148 were ultimately assigned to the special experimental group; the remaining 37 cases that were not assigned either involve children who were close to turning 18 or caregivers who are considering adoption. Of the 148 cases assigned to the special experimental group, 127 have converted to subsidized guardianship; the remaining 21 cases have either been closed or remain open in foster care for a variety of reasons (e.g., the child is close to aging out, the family is working toward reunification).

Phase II of the guardianship demonstration began on January 1, 2006, with the random assignment of approximately 144 children to the experimental group and an equal number to the control group. As of December 2006, a total of 376 children were enrolled in the demonstration, with 192 children in the experimental group and 184 in the control group. The State expects ultimately to have a total random sample of 690 children.

### *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. As part of the process evaluation, 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

## **WISCONSIN – ASSISTED GUARDIANSHIP**

- 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
- Child well-being and family functioning

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
- Number and types of placement settings in which a child resides after re-entering foster care
- Number of reports and substantiated findings of abuse or neglect for children living in assisted guardianship arrangement and the relationship of the perpetrator to the child

### ***Cost Analysis***

The State’s cost analysis examines the costs of key elements of services received by children in the experimental group and compares these with the costs of providing traditional services to 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**

### ***Process Evaluation***

#### **Project Implementation**

During October, November, and December 2005, the Bureau of Milwaukee Child Welfare (BMCW) Subsidized Guardianship Workgroup implemented training sessions on assisted guardianship for child welfare supervisors, case managers, adoption workers, and foster care

## WISCONSIN – ASSISTED GUARDIANSHIP

licensing staff. Additional trainings will occur as implementation of the guardianship program proceeds.

During the July-December 2006 time period, several focus groups were conducted, which included discussions with (1) caseworkers and supervisors, (2) judges and court personnel, and (3) caregivers and youths involved in Phase I of the demonstration. A review of the results of these focus groups has assisted the State in identifying and addressing various programmatic issues and needs. For example, the focus groups revealed that caseworkers believe they need additional training on subsidized guardianship.

The evaluation also includes the administration of a caregiver survey. Three to six months after random assignment, caregivers are interviewed to obtain information on caregivers' understanding of and opinions about guardianship and adoption, and their initial decisions about permanence. Of the 320 children randomly assigned during the first six months, 42 were excluded, yielding a sample of 258. As of December 2006, interviews have been completed with caregivers of 233 of the 258 sampled children, resulting in a response rate of 90.3 percent.

### *Outcome Evaluation*

As of December 2006, 21 experimental group cases have achieved permanency through subsidized guardianship. Additional outcomes findings are pending continued implementation of the State's assisted guardianship demonstration.