Summary of the Title IV-E Child Welfare Waiver Demonstrations

Prepared For: Children's Bureau Administration on Children, Youth, and Families Administration for Children and Families U.S. Department of Health and Human Services

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Introduction

In 1994, Congress passed Public Law 103-432, which established section 1130 of the Social Security Act and provided the Secretary of the Department of Health and Human Services (HHS) with the authority to approve State demonstration projects involving the waiver of certain provisions of titles IV-E and IV-B of the Act. These provisions govern Federal programs relating to foster care and other child welfare services. Conceived as a strategy for generating new knowledge about innovative and effective child welfare practices, waivers grant States flexibility in the use of Federal funds (particularly title IV-E foster care funds) for alternative services and supports that promote safety, permanency, and well-being for children in the child protection and foster care systems. The Adoption and Safe Families Act (ASFA) of 1997 extended and expanded HHS' authority to use waivers for child welfare programs by approving up to 10 new waiver projects each year.¹

Typically, HHS has approved child welfare waiver demonstrations for up to five years, although projects may be extended beyond five years at the discretion of the Secretary. Some States have implemented discrete interventions focused on specific child welfare populations, whereas others have experimented with the flexible use of funds to effect system-wide reforms. One of the requirements for waiver demonstrations is that they must remain cost-neutral to the Federal government, i.e., States cannot receive more in Federal reimbursement than they would have received under titles IV-B or IV-E of the Act in the absence of the demonstration. Since the enactment of the child welfare waiver authority, 23 States have implemented one or more demonstrations involving a variety of service strategies, including:

- Assisted guardianship/kinship permanence;
- Flexible funding and capped IV-E allocations to local agencies;
- Managed care payment systems;
- Services for caregivers with substance use disorders;
- Intensive service options, including expedited reunification services;
- Enhanced training for child welfare staff;
- Adoption and post-permanency services; and
- Tribal administration of IV-E funds.

Implementation Status

As of June 2008, 12 States have a total of 13 active title IV-E waiver agreements; three waivers approved in March 2006 were terminated by their respective States before implementation. Table 1 summarizes the implementation status of all waivers approved since 1997 and provides a brief description of the major waiver service strategies.

¹ Federal legislative authority to approve new title IV-E waivers expired on March 31, 2006. However, States with projects approved before that date may continue to implement their waivers. Requests to extend demonstrations beyond their original period of approval may also be considered and approved at the Secretary's discretion.

Type of Project	Description of Intervention	Status of Demonstrations					
		Active Demonstrations			Completed		
		Under Original Waiver	Under Short- Term Ext.	Under 5-Year Ext.	Completed As Scheduled	Terminated Early	Approved, Never Implemented
Assisted Guardianship/Kinship Permanence	Relatives/other caregivers who assume legal custody of children are eligible for a monthly subsidy equal or comparable to monthly foster care payments.	IA (2012) ² MN (2010) TN (2011) WI (2010)	MT (2008)	IL (2008) OR (2009) ³	DE (2002) MD (2004) NM (2005)	NC (2008) ⁴	VA
Flexible Funding/Capped IV-E Allocations	States give counties or other local entities flexibility to spend child welfare dollars for new services and supports in exchange for a capped allocation of title IV-E funds.	FL (2011) CA (2012)		IN (2010) OH (2009) OR (2009)		NC (2008) ⁴	
Managed Care Payment Systems	Alternative managed care financing mechanisms are utilized to reduce child welfare costs while improving permanency, safety, and well-being outcomes for targeted families.				MI (2003)	CO (2003) CT (2002) MD (2002) WA (2003)	ΙΑ
Services for Caregivers with Substance Use Disorders	Title IV-E dollars fund services and supports for caregivers with substance use disorders.			IL (2011)	DE (2002) NH (2005)	MD (2002)	
Intensive Service Options	States increase the variety and intensity of services and supports to reduce out-of-home placement rates and improve other permanency and safety outcomes.	AZ (2011)			CA (2005)	MS (2004)	MI
Enhanced Training for Child Welfare Staff	Training for public and private-sector child welfare professionals is provided to improve permanency and safety outcomes for children and their families.					IL (2005)	
Adoption and Post- Permanency Services	States strengthen existing or provide new post-adoption and post-permanency services and supports.				ME (2004)		

Table 1 – Service Strategies and Implementation Status of the Title IV-E Waiver Demonstration Projects

 ² Dates in parentheses denote the completion date or expected completion date of the demonstration.
 ³ Oregon has one active waiver agreement that includes both a flexible funding and an assisted guardianship program component.

⁴ North Carolina's waiver agreement included both a flexible funding and an assisted guardianship program component. The State completed its original waiver as scheduled but terminated its long-term waiver extension early in February 2008.

Tribal Administration	Tribes develop administrative and financial systems to		NM (2005)	
of IV-E Funds	independently administer title IV-E foster care programs			
	and claim Federal reimbursement directly.			

Evaluation Designs

As part of their waiver agreements, all States are required to conduct rigorous evaluations of their demonstrations that include process and outcome components as well as a cost analysis. Random assignment designs are employed whenever feasible, although alternative designs have been approved and implemented. Table 2 provides an overview of the evaluation designs that have been implemented for active and past waiver demonstrations. A majority of demonstrations have used or are currently using random assignment designs. Because some demonstrations involve systemic reforms that make random assignment infeasible, several States are using comparison site designs in which a county or other geographic region serves as the unit of analysis. Time series designs in which historical changes in child welfare outcomes are tracked and analyzed over time have recently been approved for California and Florida. One State, Indiana, is using a matched case comparison design, which matches each child assigned to a waiver slot with a corresponding non-waiver child using a set of demographic, geographic, and case-related variables. States are generally expected to submit a final evaluation report within six months of the completion or termination of a demonstration.⁵

Domonstration Type	Research Design						
Demonstration Type	Random Assignment	Comparison Sites	Time Series Analysis	Matched Case Comparison			
Assisted Guardianship/Kinship Permanence	IA, IL, MD,MN, MT, NM, WI, TN	NC, OR					
Flexible Funding/Capped IV-E Allocations		NC, OH, OR	CA, FL	IN			
Managed Care Payment Systems	CO, CT, MD, MI, WA						
Substance Use Disorder Services	IL, MD, NH	DE					
Intensive Service Options	AZ, CA, MS						
Enhanced Child Welfare Training	IL						
Adoption and Post-Permanency Services	ME						
Tribal Administration of IV-E Funds		NM					

Table 2 - Evaluation Designs of the Title IV-E Waiver Demonstrations

Overview of the Demonstrations

Although a wide range of demonstration types have been implemented since the enactment of the waiver authority in the 1990s, active waivers are currently focused on the categories of assisted guardianship/kinship permanence, flexible funding/capped IV-E allocations, substance use disorder services, and intensive service options. The following section provides a brief overview of past demonstrations in these areas, but primarily focuses on the characteristics and

⁵ Appendix A at the end of this summary provides a comprehensive list of evaluation reports available on the Internet for current and past State waiver demonstrations.

evaluation outcomes of active waivers, including those of several States that are operating under five-year waiver extensions. For more detailed information about past demonstrations, please refer to James Bell Associates (JBA) waiver summaries for prior years or to JBA's 2008 compendium entitled *Profiles of the Title IV-E Child Welfare Waiver Demonstration Projects*.

Assisted Guardianship/Kinship Permanence

To date, 11 States have completed or continue to implement assisted guardianship/kinship permanence waiver demonstrations: Delaware, Illinois, Iowa, Maryland, Minnesota, Montana, New Mexico, North Carolina, Oregon, Tennessee, and Wisconsin. Montana and New Mexico's demonstrations offered a guardianship option to children in either Tribal or State custody, with procedures for processing the cases of children in Tribal custody determined by appropriate Tribal government authorities. In two States—North Carolina and Oregon— assisted guardianship is one component of larger flexible funding waiver demonstrations. Wisconsin and Minnesota⁶ began new guardianship demonstrations in 2005, followed by Tennessee in December 2006 and Iowa in February 2007. Two States—Illinois and Oregon—continue to operate subsidized guardianship projects under five-year waiver extensions.

The guardianship demonstrations vary widely in terms of their eligibility requirements for children and caregivers, guardianship subsidy rates, and availability of supplemental support services. For example, five States (Delaware, Minnesota, Montana, New Mexico, and Oregon) limited participation to only title IV-E-eligible children; demonstrations in the remaining States are open to both title IV-E-eligible and non-eligible children, with subsidies for non-eligible children paid for with State or local funds. Six States (Delaware, Minnesota, Montana, New Mexico, Tennessee, and Wisconsin) required both relative and non-relative guardians to be licensed foster care providers, whereas demonstrations in other States are open to unlicensed relatives and kin. Recently approved or extended demonstrations in Illinois, Iowa, Minnesota, and Tennessee differ from past subsidized guardianship projects in that they make older children (typically between the ages of 14 and 16) eligible for independent living and transitional services (e.g., education and training vouchers) through the Chafee Foster Care Independence Program.

<u>Permanency Rates</u>: In its original demonstration, Illinois found strong, statistically significant evidence that the availability of assisted guardianship increased net permanence, which is defined as exits from placement to reunification, adoption, or guardianship. By the end of the State's original demonstration, only 19.7 percent of experimental group children had aged out of or remained in foster care compared with 25.7 percent of control group children. No statistically significant differences in permanency rates have been observed to date for Illinois' five-year guardianship extension, which focuses on the provision of post-permanency supports for older youth in foster care.

⁶ Minnesota's demonstration differs from other guardianship projects in that it allows the use of title IV-E funds to support guardianship subsidies (referred to as "relative custody assistance" in Minnesota) in the context of a project that tests the impact of a single benefit structure on permanency outcomes for children. Under the State's demonstration, a child who exits foster care to either adoption or relative custody continues to receive the same monthly subsidy and services as he or she received while in foster care. In contrast, the State's traditional subsidy programs allow counties to negotiate separate relative custody or adoption payments with caregivers that are up to 50 percent lower than foster care maintenance payments.

Recent interim findings from Wisconsin reveal a statistically significant effect from the availability of subsidized guardianship on net permanency rates, with 58.6 percent of children assigned to the experimental group exiting to guardianship, reunification, or adoption as of November 2007 compared with 38.6 percent of control group children, a difference of 20 percent. Preliminary findings from Tennessee and Minnesota suggest similar positive trends. In Tennessee, the most recent data available show a net permanency rate of 59 percent for experimental group children compared with 46.2 percent for control group children, a statistically significant difference. In Minnesota, 53 percent of children in the experimental group have moved to permanency as of October 2007 through adoption or permanent legal custody compared with 37 percent of children in the control group.

<u>Placement Duration</u>: Interim findings from Wisconsin indicate that the availability of subsidized guardianship has a significant positive effect on placement duration, with children assigned to the experimental group spending an average of 377 days in out-of-home care compared with 453 days for children in the control group, a difference of 76 days. Early results from Minnesota suggest that children with access to the State's single benefit program spend less time in out-of-home placement: as of December 2007, the average time in foster care for children in the State's experimental group was 307 days compared with 380 days for children in the control group. To date, Illinois has reported no statistically significant differences in placement duration associated with its extended waiver demonstration. Data on placement duration are pending from other States with active guardianship waivers.

<u>Maltreatment Recurrence</u>: Findings from Illinois' original guardianship demonstration suggested that children placed with guardians were at least as safe from repeat maltreatment as children in other permanent settings (adoption and reunification); this pattern has continued during the State's long-term extension. To date, no other States have reported findings regarding the effects of assisted guardianship on maltreatment recurrence.

<u>Foster Care Re-Entry</u>: During its original guardianship waiver, Illinois observed no differences between the experimental and control groups in the proportion of permanent placements that were disrupted (1.2 percent versus 1.1 percent, respectively). Oregon also reported a very low incidence of foster care re-entry during its original waiver, with only four of 133 children (3 percent) re-entering substitute care during the first year following exit to guardianship. New data on foster care re-entry are pending from these States' five-year extensions as well as from States with new guardianship demonstrations.

<u>Child Well-Being</u>: Findings from Montana's and Illinois' original demonstrations suggested that children in guardianship fare as well as those in other permanency settings on several measures of well-being, including school performance, engagement in risky behaviors, and access to community resources. This pattern has continued for children participating in Illinois' five-year extension. Child well-being data from States with new guardianship demonstrations are pending.

Flexible Funding and Capped IV-E Allocations

The States of Indiana, North Carolina, Ohio, and Oregon all received five-year extensions of

their flexible funding demonstrations originally approved in the 1990s; in February 2008, North Carolina terminated its waiver extension due to ongoing difficulties in maintaining cost neutrality. Florida began implementation of a new flexible funding demonstration in October 2006 followed by California in July 2007; preliminary data on permanency and safety outcomes are pending from both States.

Although flexible funding demonstrations vary widely in terms of scope, service array, organizational structure, and payment mechanisms, all share in common the core concept of allocating fixed amounts of title IV-E dollars to local public and private child welfare agencies in an effort to provide new or expanded services that prevent out-of-home placement and/or facilitate permanency. The fundamental assumption underlying a flexible funding waiver is that the cost of these services will be offset by subsequent savings in foster care expenditures. Examples of new or expanded programs and services offered by States with flexible funding waivers include:

- Early intervention services;
- Expedited reunification services;
- Crisis intervention services;
- One-time payments for goods and services (e.g., payments for housing, child care, etc.);
- Post-permanency child and family supports;
- Substance abuse and mental health treatment;
- Legal assistance;
- Family Team Meetings/Family Decision Meetings; and
- Enhanced visitation services.

In most States with flexible funding waivers, capped allocations of IV-E funds are disbursed as annual allotments to participating counties based on variables such as the size of their local child welfare populations. In Florida, funds are distributed to private and non-profit community-based "lead agencies" as well as to local government entities. Indiana's capped allocation payment structure differs from flexible funding programs in other States in that each participating county receives a certain number of "flexible funding slots" (based on variables such as population size, poverty rates, and number of children in out-of-home placement) rather than a lump-sum allocation. A sum of \$9,000 is assigned to each slot to provide any type of service that may facilitate permanency, including foster care.

Expansion of Service Array: The availability of flexible IV-E funds has increased children and families' access to a wider array of child welfare services in several States. In Florida, for example, 15 of 20 lead agencies have reported either an expansion or development of new services and strategies. Children in the experimental group of Indiana's demonstration who were not placed in out-of-home care were significantly more likely to receive services to prevent removal than children in the matched comparison group (88.7 percent vs. 73.6 percent). Likewise, families in North Carolina's experimental group counties utilized child welfare and related services at higher levels than families in comparison group counties, with 95 percent of families with children entering out-of-home placement for the first time using at least one service at a baseline measurement compared with 86 percent of families in comparison counties. In addition, the waiver appears to have improved the timeliness of service receipt in North Carolina, with 67 percent of experimental group families with no children in placement receiving

services within one year of a maltreatment substantiation or prior to placement compared with 56 percent of families in the comparison group.

<u>Foster Care Prevention</u>: During its five-year extension, Indiana has continued to observe the same positive trends in out-of-home placement prevention reported during its first waiver. According to the State's interim evaluation report, 21.1 percent of experimental group children who were not in placement at the time of their assignment were subsequently placed in out-of-home care compared with 29.9 percent of comparison group children, a statistically significant difference. North Carolina, in contrast, observed a different trend during its waiver extension than it reported during its first waiver, with children in experimental group counties about 30 percent more likely to be placed in care than children in comparison counties, a statistically significant difference. According to interim findings from Ohio's five-year extension, children in experimental counties have tended to enter placement at higher rates than children in comparison counties; however, children in non-metro experimental counties were significantly more likely to be placed with kin (29 percent) than their counterparts in non-metro comparison counties (17 percent).

<u>Permanency Rates</u>: In Indiana, interim findings suggest that children in placement who have access to enhanced waiver services return home in greater numbers, with 57 percent of experimental group children having been reunified compared with 44 percent of match comparison children, a statistically significant difference. In contrast, interim findings from North Carolina's waiver suggest that children in comparison group counties tend to achieve reunification more quickly (within one year) than children in experimental group counties. As of its interim report, Ohio has detected no statistically significant effects of its five-year waiver extension on permanency rates; however, an ongoing longitudinal analysis of placement data suggests a historical trend in favor of experimental group counties. Overall, experimental group children in foster care at the start of Ohio's original waiver were 1.4 times more likely to enter a permanent placement than children in comparison counties, a statistically significant difference.

<u>Placement Duration</u>: Interim findings from Indiana's five-year extension suggest that children with access to waiver services spend less time in foster care; experimental group children who exited to permanency via reunification, adoption, or guardianship averaged 346 days in placement compared with 508 days for their matched comparison counterparts, a statistically significant difference. North Carolina observed a different trend, with median length of stay in out-of-home placement generally longer for children in experimental counties than for children in comparison counties (471 days compared with 357 days). In addition, Cox proportional hazard modeling revealed that children in experimental group counties were significantly more likely to exit placement after two years than children in comparison counties.

<u>Maltreatment Recurrence</u>: In Indiana, survival analyses indicated a greater delay in a new substantiated report after original case closure for children in the experimental group (371 days) than for children in the matched comparison group (254 days), a statistically significant difference. In Ohio, experimental counties had somewhat lower rates of maltreatment recurrence than comparison counties, although the observed differences were not statistically significant.

<u>Foster Care Re-Entry</u>: Interim findings for Indiana's waiver extension suggest a mildly positive effect of waiver services on foster care re-entry; 13.9 percent of children in the experimental

group who were previously reunified re-entered placement compared with 18.4 percent of children in the matched comparison group, a difference that fell just short of statistical significance. However, survival analyses reveal that experimental group children avoided placement re-entry longer, with an average of 136 days before re-entry compared with 147 days for matched comparison children, a statistically significant difference. In North Carolina, survival analyses conducted for the State's waiver extension suggest that children in comparison group counties tended to re-enter care at faster rates than children in experimental group counties, although not at statistically significant levels.

<u>Child and Family Well-Being</u>: Indiana's evaluation of its waiver extension includes a self-report survey in which family caregivers report changes in stress levels in eight domains, including relationships with other adults, relationships with their children, overall well-being of their children, respondents' general well-being, economic or financial outlook, current job or job prospects, home life, and life in general. Although trends in favor of the experimental group were in a positive direction for all eight domains, the mean difference in scores was statistically significant for only three domains (current job or job prospects, home life, and life in general). To date, no other States with flexible funding waivers have collected or reported data on wellbeing outcomes for children and families.

Services for Caregivers with Substance Use Disorders

Four States—Delaware, Illinois, Maryland, and New Hampshire— implemented waiver demonstrations focused on families in which parental substance abuse places children at risk of maltreatment or placement. Delaware completed its demonstration in December 2002 and submitted its final evaluation report in March 2002. New Hampshire began its project in 1999 and continued under a short-term waiver extension through November 2005. Maryland terminated its demonstration early in December 2002 due to various implementation problems. Illinois received approval for a five-year extension of its substance abuse waiver in January 2007 and currently has the only active waiver that targets individuals with substance use disorders. Originally confined to Cook County (Chicago), Illinois has expanded the geographic scope of its five-year extension to also include two counties in rural southern Illinois.

As with other waivers, the substance abuse demonstrations have varied widely in terms of their geographic scope, target populations, and service models. Delaware's project operated primarily as a referral program in which privately contracted substance abuse counselors were co-located with child protection case managers in local child protective services (CPS) offices to engage in joint case planning and decision-making. Maryland planned to implement a collaborative case management model in which privately contracted chemical addiction counselors would work with child welfare case managers, parent aides, and volunteer mentors in "Family Support Service Teams" to assess the needs of family members and determine appropriate treatment options. New Hampshire's *Project First Step* focused on maltreatment and placement prevention by having licensed alcohol and drug abuse counselors work with child protection workers in a supportive capacity to provide training, assessment, treatment, and case management services for families with an initial maltreatment report. In contrast, Illinois' demonstration focuses on the "back end" of the permanency continuum by providing intensive treatment retention and recovery services to caregivers referred to substance abuse treatment

who already have a child in out-of-home placement. As part of its waiver extension, Illinois seeks to improve families' access to housing, mental health, and domestic violence prevention services, which its first evaluation indicated were closely correlated with the likelihood of reunification.

Preliminary findings from Illinois' five-year extension suggest the emergence of positive trends in permanency and placement duration similar to those observed during the State's original substance abuse demonstration. As of December 2007, 15 percent of children assigned to the experimental group whose cases were closed had been reunified with a biological parent compared with 13 percent of children in the control group. Net permanency rates (reunification, adoption, and guardianship combined) for closed cases as of December 2007 were 39 percent for the experimental group and 36 percent for the control group, although this difference is not statistically significant. As of December 2007, children in the experimental group who were reunified spent an average of 675 days in out-of-home placement compared with 833 days for children in the control group, a statistically significant difference. More conclusive and comprehensive findings from Illinois' waiver extension will be presented in the State's interim evaluation report in August 2009.

Intensive Service Options

Three States—Arizona, California, and Mississippi—implemented demonstration projects aimed at improving permanency and safety outcomes through an increased variety and intensity of child and family services. A fourth State-Michigan-received approval for a new demonstration in March 2006 but terminated its waiver before implementation due to resource and staff shortages. For California's waiver, seven counties implemented intensive service programs that included Wraparound programs and Family Group Decision Making. Mississippi's demonstration 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 child protection cases. The remaining active intensive services waiver, implemented by Arizona in April 2006, seeks to expedite reunification for children placed in congregate and licensed foster care settings through several innovative child welfare service strategies, including intensive home-based interventions (e.g., individual or family therapy) and Child and Family Teams to support families during the assessment, planning, intervention, and aftercare phases of the project. In addition, flexible funds are available to address families' basic needs that cannot be met through other social service resources, including basic household goods such as food, clothing, housing, and furniture; home repairs; financial support for a parent mentor; and counseling and therapeutic services.

Arizona recently submitted a "Phase I" evaluation report that includes preliminary findings from the first 18 months of its intensive services demonstration. Overall, no significant effects from the waiver on child safety and permanency have been observed to date. However, data available as of March 2008 revealed a slightly higher reunification rate for new CPS cases in the experimental group (16 percent) than for new CPS cases in the control group (13 percent). Moreover, experimental group children in new CPS cases have averaged somewhat less time in placement (210 days) than control group children in new CPS cases (221 days). A more complete picture of outcomes from Arizona's demonstration will emerge when the State submits its interim evaluation report in December 2008.

Appendix A - Child Welfare Demonstration Project Reports

Many States with past or current waiver demonstrations have posted reports or provided summary information about their projects on the Internet. Visit the following Web sites to view these reports (reports not posted online are available by request from the Children's Bureau).

Arizona Expedited Reunification Demonstration—Annual Reports (2004 – 2007): <u>http://www.cabhp.asu.edu/projects/</u>

California—Information on California's Two Demonstrations:

California Intensive Services Demonstration—Final Report (May 2004): <u>http://cssr.berkeley.edu/research_units/cwrc/publications_details.html</u>

California Capped IV-E Allocation Demonstration—General Information: <u>http://www.childsworld.ca.gov/PG1333.htm</u>

Florida Flexible Funding Demonstration—Semi-Annual Reports (2006 – 2007): <u>http://cfs.fmhi.usf.edu/pub-list.cfm</u>

Illinois—Evaluation Reports for Illinois' Three Demonstrations:

Illinois Guardianship Demonstration—Final Evaluation Report (revised July 2003): <u>http://cfrcwww.social.uiuc.edu/pubs/Pdf.files/sgfinalreport.pdf</u>

Illinois Alcohol and Other Drug Abuse Demonstration—Final Evaluation Report (January 2006): http://cfrcwww.social.uiuc.edu/pubs/pdf.files/AODA.01.06.pdf

Illinois Child Welfare Training Demonstration—Project Report (March 2004): <u>http://cfrcwww.social.uiuc.edu/pubs/Pdf.files/IVETrainingWaiver.pdf</u>

Indiana Flexible Funding Demonstration—Final Evaluation Report (September 2003): <u>http://www.iarstl.org/papers/INFinalReport.pdf</u>

Iowa Subsidized Guardianship Demonstration—General Information: <u>http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Letters/Circul</u> <u>ar/56Z-472-CFS.pdf</u> and <u>http://dhs.iowa.gov/docs/Subsidized_Guardianship.pdf</u>

Maine Post-Adoption Services Demonstration—Final Evaluation Report (December 2004): <u>http://muskie.usm.maine.edu/Publications/ipsi/maine_adopt_guides_05.pdf</u> Maryland—Evaluation Reports for Maryland's Two Waiver Demonstrations:

Guardianship Assistance Project—Research Findings: <u>http://www.rhycenter.umaryland.edu/gap/</u>

Managed Care Demonstration—Research Findings: http://www.rhycenter.umaryland.edu/managed_care/

Minnesota Continuous Benefit Program—General Information and Progress Reports: <u>http://www.dhs.state.mn.us/main/dhs16_137480</u>

Mississippi Intensive Services Demonstration—Final Evaluation Report (June 2005): <u>http://www.iarstl.org/papers.htm</u>

Montana Subsidized Guardianship Demonstration—Fourth Annual Report (December 2004): http://www.healthmanagement.com/files/MT%20IVE%20Eval%204th%20Report.pdf

New Mexico Subsidized Guardianship Demonstration—Evaluation Reports (2001, 2002): <u>http://www.triwestgroup.net/projectDetail.aspx?pid=24</u>

North Carolina Flexible Funding Demonstration—Evaluation Reports:

Final Evaluation Report, Phase I (November 2002): http://www.unc.edu/~lynnu/ncwaivrpt.htm

Web-based Survey Report, Phase II (November 2005): http://www.unc.edu/%7Elynnu/svcreport.pdf

Ohio Flexible Funding Demonstration —Annual Evaluation Reports (1999-2004) and Interim Evaluation Report for Five-Year Waiver Extension: <u>http://jfs.ohio.gov/ocf/pohio.stm</u>

Oregon Flexible Funding Demonstration (Phase I)—Final Evaluation Report (March 2003): <u>http://www.cwp.pdx.edu/pdfs/Waiver%20Final%20Report%203-27-03.pdf</u>