

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

Prepared For:  
**Children's Bureau**  
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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>APPROVAL DATE:</b>	June 30, 2005
<b>IMPLEMENTATION DATE:</b>	April 17, 2006
<b>COMPLETION DATE:</b>	Terminated early on December 31, 2008

## **BACKGROUND**

Arizona began its waiver demonstration in April 2006. The anticipated completion date was March 31, 2011; however, in August 2008 the Arizona Department of Economic Security's (DES) contracted service providers requested case rate increases of between 20 and 25 percent, which the State was unable to meet in light of major overruns in the State's budget. In light of these circumstances, the State opted to terminate its waiver early in December 2008.

## **TARGET POPULATION**

The target population for Arizona's demonstration included 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 was the case plan goal; (3) whose caregivers agreed to participate in the waiver demonstration; and (4) for whom a juvenile court concurred with a plan of expedited reunification.

## **JURISDICTION**

Arizona's demonstration involved two project phases. Phase I was implemented for a 15-month period in randomly selected Child Protective Services (CPS) units in the Mesa, Thunderbird, and Tempe Child Welfare Offices in Maricopa County. Phase II began in January 2008 with the expansion of the demonstration to three additional Child Welfare Offices in Maricopa County.

## **INTERVENTION**

Arizona's demonstration tested innovative child welfare services that focused on expediting reunification for children in congregate and licensed foster care settings. Participants in the waiver demonstration had access to a variety of services, including the following:

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<sup>1</sup> Based on information submitted by the State as of July 2009.

## **ARIZONA – EXPEDITED REUNIFICATION SERVICES**

1. Intensive home-based strategies and interventions, which included 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 included anger management, parenting education, stress management, job readiness, and linkages to community-based resources.
2. Child and Family Teams (CFTs), which provided a framework for facilitating the reunification of children in out-of-home placement with their caregivers. CFT participants included the Family Reunification Specialist, extended family, the child welfare case manager, and other significant persons in the family’s life. These teams worked together to support the family in the assessment, planning, intervention, and aftercare phases of the intervention.
3. Flexible funds, which were available for use when the CFT and/or Family Reunification Specialist identified basic or immediate family needs that could not be met through existing resources. The use of flexible funds was specific to the individual needs and circumstances of each family and included provision for basic physical needs (e.g., food, clothing, shelter, or furniture); home repairs; financial support for a parent mentor; and counseling, therapeutic, or similar services that would otherwise be unavailable to the family.

## **EVALUATION DESIGN**

Arizona’s evaluation sought to test the hypothesis that intensive home-based early reunification services would reduce children’s length of stay in congregate and licensed foster care settings, decrease the likelihood of re-entry into out-of-home care, prevent the recurrence of child abuse and neglect, and improve family well-being and functioning. The State’s evaluation approach in Phase I involved a modified experimental research design in which CPS units in the three Maricopa County CPS offices were randomly selected to serve in an experimental group or a control group. At the onset of Phase I, 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 was then selected based on case and demographic characteristics that most closely matched those of the existing experimental group cases. New child protection cases were then randomly assigned to CPS units in either the experimental or control group, with those in the experimental group receiving enhanced waiver services and those in the control group receiving traditional child welfare services. The original purpose of this approach was to minimize contamination of the research design that might occur if CPS workers carried mixed caseloads of experimental and control group cases.

During the implementation in Phase I, contamination became a less serious issue because most enhanced waiver services were provided by contracted service providers rather than by CPS workers themselves. Based on this observation and preliminary evaluation findings from Phase I, the State eliminated the distinction between experimental and control CPS units for Phase II and used a standard experimental design in which new cases were randomly assigned to an experimental condition (eligible for enhanced waiver services) or to a control condition (ineligible for enhanced services). In addition, the sample for Phase II did not include children already in out-of-home placement (the existing case cohort) but was limited to new CPS cases.

## ARIZONA – EXPEDITED REUNIFICATION SERVICES

### Sample Size

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

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

### Process Evaluation

Arizona's evaluation included interim and final process evaluations to assess implementation of the demonstration and how enhanced services differed from the traditional services received by families in the control group. Issues that were addressed through the process evaluation included the processes for planning, organizing, implementing, and monitoring the project; the types of services delivered; the frequency and duration of service delivery; the demographic and case characteristics of enrolled families; the nature and intensity of collaboration between the courts, the State, and local child welfare agencies; contextual factors that affected the implementation and outcomes of the project; and barriers encountered during project implementation.

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

### Outcome Evaluation

Arizona's outcome evaluation sought to compare differences in the experimental and control groups in several key outcome areas, including reunification rates, placement duration, maltreatment recidivism, and foster care re-entry. In addition, the State's evaluation contractor sought to measure changes in family well-being and functioning using the *North Carolina Family Assessment Scale (NCFAS)*.

### Cost Analysis

Arizona's cost analysis compared the costs of key services received by children in the experimental group with the costs of traditional services received by children in the control

## ARIZONA – EXPEDITED REUNIFICATION SERVICES

group. To the extent feasible, the State conducted a cost-effectiveness analysis to identify costs per successful outcome in the experimental group versus the control group.

### EVALUATION FINDINGS

#### Process Evaluation

- As of December 31, 2008, a total of 353 cases had been identified as eligible to participate in the demonstration, of which 20 declined to participate and eight parents/caregivers could not be located. Of the remaining 325 cases, 150 cases were assigned to the experimental group and 175 to the control/comparison group.
- Of the 150 experimental group cases, 58 were from the matched case cohort of existing CPS cases and 92 were new cases that underwent random assignment. Of the 175 control/comparison group cases, 41 were from the matched case cohort of existing CPS cases and 134 were new randomly assigned cases.
- The following major themes regarding the waiver demonstration emerged through interviews and focus groups with contracted service providers and CPS staff:
  - Attitudes about the Waiver: Attitudes about the waiver varied, with some case managers reporting that families' needs were better met by the intensive "wrap-around" services available through the waiver. While some CPS workers noted a positive working experience with service providers, supervisors noted that communication difficulties between CPS and contracted service providers led to negative attitudes about the waiver. In addition, some CPS workers voiced frustration with the random assignment process because it required them to provide services to certain families that were not motivated to change and would most likely not reunify.
  - Service Delivery: CPS workers noted (and contracted service providers agreed) that the service providers were generally better equipped to effectively assess families than CPS staff due to the increased amount of time they spent with families. In addition, both CPS workers and contracted providers tended to agree that services to experimental group families were provided quickly and were responsive to the needs of families, and that case plans completed by service providers were more detailed than traditional CPS case plans.
  - Role of the Courts: CPS and contracted provider staff noted gradual improvements in the attitudes of Juvenile Court judges and attorneys toward the State's waiver demonstration; however, judges still differed widely in the degree to which they supported the concept of expedited reunification, with some supporting it when reasonable efforts at preparing a family for reunification had been made while others hewed to the traditional timeline of six to nine months before authorizing a child's return home.

## ARIZONA – EXPEDITED REUNIFICATION SERVICES

### Outcome Evaluation

Although some results were in the hypothesized direction, no statistically significant differences were observed between the experimental and control/comparison group in any key child welfare outcomes. Specifically:

- No significant difference was found in the safety of children in the experimental group compared with those in the control group. Of the 150 cases assigned to the experimental group, 35 (23 percent) had one or more new maltreatment reports compared with 38 (22 percent) of the 175 cases assigned to the control/comparison group.
- Although a higher proportion of experimental group families than control/comparison group families was reunified as of December 31, 2008 (41 percent versus 27 percent), this difference was not statistically significant.
- On average, experimental group children spent slightly less time in out-of-home placement than control/comparison group children (250 days versus 264 days); this difference was not statistically significant.
- Among the 62 reunified families in the experimental group, 13 (21 percent) had at least one child re-enter out-of-home placement compared with 12 (26 percent) of the 47 reunified control/comparison group families. This difference was not statistically significant.
- The State's ability to measure the impact of waiver services on child well-being was limited by the lack of data from the control/matched comparison cohort. Of the 325 cases assigned to the demonstration, 89 families from the experimental group (in both the matched and randomized cohorts) completed an initial and final NCFAS compared with only five families in the control/matched comparison group. However, paired-sample T-tests indicated improvements over time for experimental group families in the NCFAS domains of family safety, family interactions, parental capabilities, family environment, and overall well-being.

### Cost Analysis

- From April 17, 2006 through December 31, 2008, the total costs of the waiver demonstration were \$10,097,421, of which \$5,552,508 went to services for families in the experimental group compared to \$4,544,913 for families in the comparison/control group. The average cost per case was higher for the experimental group (\$31,729) than for the control/matched comparison group (\$26,735), although this difference was not statistically significant.
- Statistically significant differences emerged between the experimental and control/matched comparison groups in the costs of foster care services and specialized services. Total expenditures on foster care were significantly higher for the control/comparison group (\$2,171,937) than for the experimental group (\$1,344,912). Conversely, expenditures on specialized services (including enhanced IV-E services) were significantly higher for the experimental group (\$2,272,152) than for the control/comparison group (\$39,419).

# CALIFORNIA

<b>DEMONSTRATION TYPE:</b>	Intensive Service Options
<b>APPROVAL DATE:</b>	August 19, 1997
<b>IMPLEMENTATION DATE:</b>	December 1, 1998
<b>COMPLETION DATE:</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, Los Angeles, Riverside, Sacramento, and San Luis Obispo.

## INTERVENTION

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

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

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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

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

### EVALUATION DESIGN

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

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

#### Study Sample

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

#### Study Limitations

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

## CALIFORNIA – INTENSIVE SERVICE OPTIONS

### EVALUATION FINDINGS

#### *Process Evaluation*

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

## CALIFORNIA – INTENSIVE SERVICE OPTIONS

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

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

### Outcome Evaluation

#### 1. Family Group Decision Making:

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

## CALIFORNIA – INTENSIVE SERVICE OPTIONS

–feeling of being successful.” Family functioning and parenting, as measured by the Family Unpredictability Scale and other parenting questions designed specifically for the study, showed no improvements over time in any areas.

2. Wraparound Service Model: The State’s outcome evaluation did not find statistically significant evidence of increased child safety, placement stability, or permanence for children receiving Wraparound services. However, there were some statistically significant child welfare outcome findings in specific counties:

- Compared with the control group, a larger proportion of children in Alameda County receiving Wraparound services were living in family-based environments at the end of the study.
- Compared with the control group, a smaller proportion of children in Sacramento County receiving Wraparound services exited from the child welfare system due to incarceration.

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

### WEB LINK

Information and reports for the State’s intensive service options waiver demonstration are available at the following Web site:

[http://cssr.berkeley.edu/research\\_units/cwrc/publications\\_details.html](http://cssr.berkeley.edu/research_units/cwrc/publications_details.html)

# CALIFORNIA

<b>DEMONSTRATION TYPE:</b>	Flexible Funding <sup>1</sup>
<b>APPROVAL DATE:</b>	March 31, 2006
<b>IMPLEMENTATION DATE:</b>	July 1, 2007
<b>EXPECTED COMPLETION DATE:</b>	June 30, 2013 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	April 12, 2010
<b>FINAL EVALUATION REPORT EXPECTED:</b>	December 31, 2012

## TARGET POPULATION

California's flexible funding demonstration targets 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

The State's demonstration is being implemented in Alameda and Los Angeles (L.A.) Counties.

## INTERVENTION

Under its flexible funding demonstration California receives a capped allocation of title IV-E funds that it distributes in annual allotments between Alameda and L.A. Counties, which then utilize their annual allotments to expand and strengthen child welfare practices, programs, and system improvements.

*Alameda County:* Alameda County's Departments of Social Services and Probation are redirecting financial resources from congregate group home care to family-based resource homes and community-based services that directly engage children and families in medical, mental health, education, and social and self-sufficiency supports to achieve higher levels of safety, permanency, and well-being. Strategies implemented by Alameda County under the waiver include (1) an expanded Another Road to Safety Prevention Program, which provides supportive services to stabilize and strengthen families and prevent children from entering foster care; (2) new staff to expand kin locator services following removal of a child from the home; (3) engagement of the courts as soon as possible to reduce time in out-of-home placement; (4) assistance with legal fees to support the voluntary diversion of children to relative guardianships;

<sup>1</sup> Based on information submitted by the State as of May 2011.

<sup>2</sup> California's five-year waiver demonstration was originally scheduled to end on June 30, 2012; the State has since received a short-term extension from the Children's Bureau until June 30, 2013.

## CALIFORNIA – FLEXIBLE FUNDING

and (5) hiring additional social workers and supervisors to decrease the case load size, therefore, increasing services to children and families.

L.A. County: L.A. County seeks to enhance community partnerships, improve service delivery, and create new accountability structures through the (1) expansion of Family Team Decision-Making Conferences; (2) creation of specialized permanency units focused on family finding and engagement; and (3) up-front assessments of cases at high risk for domestic violence, substance abuse, and mental health issues. In addition, the L.A. County Probation Department is (1) enhancing cross-system case assessment and case planning; (2) expanding the use of Multi-Systemic Therapy and Functional Family Therapy; (3) restructuring placement services; and (4) increasing the utilization of aftercare support services. L.A. County is also using waiver funds to expand the availability of intensive treatment foster care services as well as Multi-Dimensional Treatment Foster Care.

### EVALUATION DESIGN

California is implementing an interrupted time series design for the evaluation of its demonstration, which involves the analysis of historical changes in key child welfare outcomes. Using this method, the State observes patterns in child welfare outcomes and tracks changes in these outcomes during the course of the waiver's implementation. To measure longitudinal changes in outcomes the State established a baseline for each outcome prior to the start of the demonstration and is reporting progress on each outcome at selected time intervals.

#### Process Evaluation

The evaluation includes a process analysis with two components. The first component describes the planning process as well as how the county departments operate in a capped allocation environment, focusing on organizational aspects, staffing, the role of the courts, contextual factors, and challenges and facilitators. The second component describes the services implemented under the waiver demonstration, focusing on changes in service type, availability, and intensity prior to and after the implementation of the demonstration.

#### Outcome Evaluation

The State's outcome evaluation assesses longitudinal patterns—within each participating department—on key safety, permanency, placement stability, and placement appropriateness and restrictiveness outcomes, particularly as they relate to California's Child and Family Services Review (CFSR) measures. Key outcomes of interest include maltreatment recurrence, permanency through reunification and adoption, and foster care re-entry. In addition, the State's evaluation seeks to assess youths' transition to self-sufficient adulthood as measured by a number of indicators (e.g., completed high school or equivalency).

#### Cost Study

California's cost study examines the costs of key elements of child welfare services received under the demonstration and compares these costs with those of child welfare services provided

## CALIFORNIA – FLEXIBLE FUNDING

prior to the start of the demonstration. Specific factors addressed by the cost study include (1) overall changes in foster care maintenance expenditures and administrative costs; (2) shifts in child welfare expenditures away from foster care maintenance to alternative services, supports, and programs provided through the waiver demonstration; and (3) changes in the variety of alternative services, supports, and programs for which title IV-E funds are utilized.

### EVALUATION FINDINGS

#### Process Evaluation

Interviews and focus groups conducted between 2007 and 2009 with key waiver stakeholders at the State and county level underscored several major facilitators and challenges to the planning and implementation of the waiver:

- *Alameda County DCFS:* Facilitators to waiver implementation have included (1) the initiation of the goals, outcomes, and practice changes from the Annie E. Casey Foundation’s Family-to-Family initiative prior to waiver implementation, which laid the groundwork for the waiver; (2) the Federal and State focus on planning and outcomes (particularly through the Child and Family Services Review process), which has reinforced the agency’s focus on planning and outcomes; and (3) the growth in the array and intensity of some services. Challenges include: (1) finding the right pace of change within the Department; (2) the economic downturn at the national, State, and local levels, which has had a particularly significant impact on community-based service providers; and (3) declines in the number of children placed in group homes and the severe emotional and behavioral needs of those remaining in residential care, which could lead to more group home closures and fewer placement options for the most challenged children.
- *Alameda County Probation:* Respondents were generally happy with the Department’s participation in the waiver and noted that it has become increasingly focused on reunification and alternatives to out-of-home placement. Concerns included (1) a need for more training on family dynamics, assessing the appropriateness of services, substance abuse issues, and case decision-making; and (2) the lack of a management information system, which has hindered efforts to monitor and evaluate performance and outcomes.
- *L.A. County DCFS:* Factors that have been critical to the waiver’s implementation include the availability and dedication of staff from the 18 regional offices within the County, along with systemic reform efforts that preceded the waiver and laid the foundation for the philosophical shift toward aligning activities with outcomes (e.g., Casey’s Family-to-Family Initiative and Points of Engagement program). Reported challenges include (1) the large size of the County and the Department; (2) maintaining a consistent message regarding the waiver (e.g., communicating the idea of a waiver involving a capped allocation of IV-E funds); and (3) operating in a highly politicized environment.
- *L.A. County Probation:* Reported implementation successes have included (1) greater collaboration among the courts, district attorneys, and public defenders to seek the best outcomes for children; and (2) increased referrals by judges for aftercare services, such as

## CALIFORNIA – FLEXIBLE FUNDING

Functional Family Therapy. Respondents expressed concerns regarding (1) the Department's late addition to the waiver, which has led to the implementation of new programs without adequate planning; (2) instituting the large paradigm shift from a philosophy focused on public safety and security to one in which family reunification, permanency, and keeping children in the community is emphasized; (3) the fact that improvements in youth and family outcomes may take longer than the term of the waiver; and (4) the Department's budget-making process, which presents challenges for program planning and continuity.

### Outcome Evaluation

Key outcome findings reported below have been gathered from the Interim Evaluation Report as well as the State's Annual and Semi-Annual Progress Reports. Some key findings are based on a comparison of data from the pre-waiver period beginning July 2003 and ending in June 2007 and the post-implementation period beginning in July 2007 and ending in June 2009. In addition, updates on outcome findings during the subsequent period ending in December 2010 are reported where appropriate.

#### *Alameda County:*

- Foster Care Caseloads: The total out-of-home care population in Alameda County (excluding placements with non-relative legal guardianships) decreased 31.6 percent from 2,072 youth to 1,418 youth between July 1, 2009 and June 30, 2010; in addition, the number of youth placed in group homes decreased 57.6 percent from 340 youth to 144 youth. Total entries into out-of-home care also declined by 30.9 percent from 810 youth to 560 youth, while first-time entries into care declined by 30.3 percent from 627 youth to 437 youth.
- Child Safety: Overall, child safety indicators appeared to be moving in the desired direction during the waiver period. The national CFSR standard for no maltreatment recurrence six months after an initial substantiated allegation is  $\geq 94.6$  percent. During the pre-waiver period, the percentage of children with no recurrence of maltreatment dropped from 93.6 percent in 2003 to 89.8 percent in 2005 and 2006; in contrast, this percentage rose to 93.7 percent 18 months after waiver implementation.
- Exits to Permanency: The national CFSR standard for children reunified within 12 months of foster care entry (calculated using a cohort exiting foster care) is  $\geq 75.2$  percent. In Alameda County, this figure rose from 66.4 percent at the start of the waiver to 71.7 percent before dipping to 67.9 percent in 2009. The national CFSR standard for adoption within 24 months of removal is  $\geq 36.6$  percent. At the start of the pre-waiver period in 2003 this percentage was at 18.2 percent; however, this figure rose to 35.9 percent (just below the national standard) at the start of the waiver in 2007 and then continued to rise above the national standard to 39.6 percent. Total exits to permanency<sup>3</sup> decreased between July 2009 and June 2010 from 714 to 588, a decline of 17.6 percent. Exits to reunification accounted for the largest proportion of this decline, decreasing from 427 to 258, while exits to "other forms of legal guardianship" decreased from 70 to 55. However, exits to adoption and

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<sup>3</sup> Permanency includes exits to reunification, adoption, kinship guardianship, or to "other forms of legal guardianship" (e.g., into the legal custody of a non-relative caregiver).

## CALIFORNIA – FLEXIBLE FUNDING

kinship guardianship increased slightly from 175 to 188 and from 42 to 87, respectively.

- Foster Care Re-entry: Foster care re-entry rates generally remained stable after waiver implementation albeit higher than in past years. The national CFSR standard for re-entry into foster care 12 months following reunification is  $\leq 9.9$  percent. During the five years of the pre-waiver period, this figure went from a low of 16.4 percent in 2004 to a high of 20.9 percent in 2006. This figure dropped to 18.9 percent at the start of waiver implementation in 2007 but increased to 20.0 percent in 2008.
- Placement Stability: In general, placement stability has increased since waiver implementation. The national CFSR standard for children having two or fewer placements (among those in care between 8 days and 12 months) is  $\geq 86$  percent. During the comparison period, this percentage rose from a low of 80.4 percent in 2003 to 86.6 percent in 2007. During the first year of the waiver this trend continued, reaching 87.2 percent in 2009. The national CFSR standard for children having two or fewer placements (among those in care between 12 and 24 months) is  $\geq 65.4$  percent. In 2003, the percentage of children in care between 12 and 24 months was 53.2 percent, below the national goal. However, this percentage rose during the waiver to 68.6 percent in 2008 and again to 71.3 percent in 2009.
- Appropriateness/Restrictiveness of Placements: At the start of the waiver in 2007, 43 percent of children had been placed with all of their siblings and 60.1 percent had been placed with at least some of their siblings. This trend continued upward so that by 2009 50.3 percent of children were placed with all siblings and 63 percent were placed with at least some siblings. The use of relatives as placement resources also rose following waiver implementation, with the proportion of placements with relatives increasing from 14.4 percent of all placements at the start of the waiver to 24.5 percent in 2009.

### *L.A. County:*

- Foster Care Caseloads: Between July 2007 and January 2011 the total out-of-home population in L.A. County DCFS decreased by 23 percent from 20,047 to 15,527. Despite the overall decline in the out-of-home care population during this time period the foster care population did experience an increase between June 2010 and January 2011 from 15,375 to 15,527 (a net increase of 152). Entries into foster care have also experienced an overall downward trend, decreasing a total of 3.1 percent from 11,219 youth in Fiscal Year (FY) 06–07 (July 1, 2006 through June 30, 2007) to 10,869 youth in FY09-10 (July 1, 2009 through June 30, 2010). In addition, point-in-time data revealed that the number of youth in out-of-home care in the Probation Department’s custody declined from 1,684 in July 2007 to 842 in December 2010. In addition, the number of youth in congregate care in Probation Department custody declined from 1,611 in June 2007 to 787 in December 2010.
- Child Safety: During the five years preceding the waiver the proportion of children with no maltreatment recurrences six months following an initial substantiated allegation rose from 90.8 percent to 93.4 percent; this trend remained steady at 93.5 percent over the first 18 months of the waiver.

## CALIFORNIA – FLEXIBLE FUNDING

- Exits to Permanency: During the last three years of the pre-waiver period the proportion of children reunified within 12 months of placement went from a low of 43.5 percent in 2004 to 61.2 percent in 2007; this trend continued after the start of the waiver, reaching 63.9 percent in 2009. Exits to permanency among youth in long-term care also improved, with the proportion of youth in foster care 24 months or longer exiting to permanency increasing from 18.7 percent in FY06–07 to 20 percent in FY09–10. At the start of the pre-waiver period in 2003, the percentage of adoptions within 24 months of removal was 9.5 percent, well below the national CFSR standard. This figure rose steadily to a high point of 24.6 percent at the start of the waiver in 2007 but has since reversed somewhat in the first 24 months of the waiver by declining to 22.8 percent.
- Foster Care Re-entry: As in Alameda County, foster care re-entry rates remained stable after waiver implementation albeit higher than in past years. During the first three years of the pre-waiver period, rates of re-entry within 12 months of reunification stayed below the national goal, hovering between 4.7 percent and 5.6 percent. However, this percentage jumped to 10.7 percent at the start of the waiver in 2007 and remained at this level through the first 12 months of the project.
- Placement Stability: In general, placement stability has declined in Los Angeles County. The percentage of children with two or fewer placements (among those in placement between 8 days and 12 months) fell from 88.5 percent in 2005 (above the national CFSR standard) to 85.7 percent in 2009, slightly below the national goal. Moreover, the proportion of children with two or fewer placements (among those in placement between 12 and 24 months) rose to a high of 72.5 percent in 2005 but then dropped to 69 percent in 2009.
- Appropriateness/Restrictiveness of Placements: Placements with siblings have generally increased since waiver implementation. At the start of the waiver in 2007, 47.3 percent of children were placed with all of their siblings while 70.3 percent were placed with at least some siblings. By 2009, these percentages had increased to 52 percent and 72.8 percent, respectively. However, placements with relatives have declined, falling from 36.5 percent of all placements at the start of the waiver in 2007 to 26.1 percent of all placements in 2009.

### Cost Study

- Cumulative IV-E savings totaled \$20.1 million for Alameda County DCFS and \$59.4 million for LA DCFS by the end of FY 2008–2009. To date, both departments have utilized a conservative approach to spending their reinvestment savings, which has been reinforced as a hedge against uncertain economic times and the State’s budget crisis.

### **WEB LINK**

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

# COLORADO

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVAL DATE:</b>	September 14, 1999
<b>IMPLEMENTATION DATE:</b>	October 26, 2001
<b>COMPLETION DATE:</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 10 and older who were assessed as being at high risk of, or were already experiencing, “placement drift” and/or were at significant risk of aging out of the system without a permanent relationship with a family. Children in high-cost residential care were also included.

## JURISDICTION

The demonstration operated in Arapahoe County.<sup>3</sup>

## INTERVENTION

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

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

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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**

costs, plus a share of the savings, up to a specified limit. If experimental group costs were higher than control group costs, the provider was responsible for a portion of the higher costs, up to a specified limit.

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

### **EVALUATION DESIGN**

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

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

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

### **PRELIMINARY FINDINGS**

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

#### *Process Evaluation*

Colorado reported that the following challenges caused delays in implementation:

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

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

## COLORADO – MANAGED CARE PAYMENT SYSTEM

on information gathered over time. The State and County identified financial variables and developed a tracking process for those variables. Financial tracking related to community-based services, however, continued to be difficult because it required periodic manual entry.

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

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

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

### Outcome Evaluation

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

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

# CONNECTICUT

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVAL DATE:</b>	September 29, 1998
<b>IMPLEMENTATION DATE:</b>	July 9, 1999
<b>COMPLETION DATE:</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, while a second LSA served children in the South Central Region.

## INTERVENTION

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

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

<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

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

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

### EVALUATION DESIGN

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

### EVALUATION FINDINGS

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

#### *Process Evaluation*

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

A total of 157 children participated in the waiver demonstration 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.

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

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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

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

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

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

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

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

## CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

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

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

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

### Outcome Evaluation

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

## CONNECTICUT – MANAGED CARE PAYMENT SYSTEM

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

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

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

### Cost Analysis

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

# DELAWARE

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship/ Kinship Permanence <sup>1</sup>
<b>APPROVAL DATE:</b>	June 17, 1996
<b>IMPLEMENTATION DATE:</b>	July 1, 1996
<b>COMPLETION DATE:</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 subsidized 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 subsidized guardianship demonstration.

## JURISDICTION

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

## INTERVENTION

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

## EVALUATION DESIGN

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 subsidized guardianship component. The State planned to measure time to permanency, child and caretaker

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

## DELAWARE – SUBSIDIZED GUARDIANSHIP/KINSHIP PERMANENCE

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

### EVALUATION FINDINGS

#### Process Evaluation

Delaware's Final Evaluation Report noted that the average time for a guardianship to be awarded by the court was nine months, but ranged from less than three months to more than a year. Most of this time was spent waiting for a court date. The first three children were approved for subsidized 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 subsidized guardianship program had special needs, particularly with respect to age and ethnicity. Most children (81 percent) were more than 12 years of age at the time of approval. Fourteen children (39 percent) with approved guardianships were in sibling groups. Eighty-one percent of the children with approved guardianships were African American.

Although the State had set a target of approving 10 cases per year, only one case was approved in the first year and eight in the next. (The State attributes these low numbers to the fact that caseworkers were not discussing subsidized 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 subsidized guardianship was offered to foster parents in the southern part of the State in March 1999, and statewide training for agency staff was held in June and July 2001.

#### Outcome Evaluation

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

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

# DELAWARE

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders <sup>1</sup>
<b>APPROVAL DATE:</b>	June 17, 1996
<b>IMPLEMENTATION DATE:</b>	July 1, 1996
<b>COMPLETION DATE:</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 services under this demonstration.

## JURISDICTION

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

## INTERVENTION

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

## EVALUATION DESIGN

The evaluation consisted of process, outcome, and cost-effectiveness components. The State assigned one substance abuse counselor in each county to work with one CPS unit in each office. Another unit in each county was selected for comparison purposes. Cases from comparison units were then matched to cases assigned to substance abuse counselors, based on the foster care placement status of children in care at the time of sample selection. The matched cases formed the comparison group. The demonstration was expected to serve 180 families per year, for a total of 960 families by February 2002.

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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 a Subsidized Guardianship/Kinship Permanence component.

## DELAWARE – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

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 measured: (1) the length of time between identification of a substance abuse problem, completion of an assessment, and subsequent treatment plan; (2) changes in parents' abilities to care for their child; (3) access to substance abuse treatment services and community resources that help the family promote safety; and (4) child and family well-being.

### EVALUATION FINDINGS

#### *Process Evaluation*

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

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

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

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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 – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS**

### *Outcome Evaluation*

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

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

# FLORIDA

<b>DEMONSTRATION TYPE:</b>	Flexible Funding <sup>1</sup>
<b>APPROVAL DATE:</b>	March 31, 2006
<b>IMPLEMENTATION DATE:</b>	October 1, 2006
<b>EXPECTED COMPLETION DATE:</b>	July 31, 2012 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	April 30, 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 were 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 a wide variety of community-based services and activities that promote child safety, prevent out-of-home placement, and expedite permanency, including prevention, diversion, intensive in-home services, reunification (when this can be done safely), and permanency services, as well as foster care. The State distributes these funds predominantly through contracts with private and non-profit Community-Based Care (CBC) Lead Agencies throughout the State. The CBC Lead Agencies are responsible for providing and coordinating services, programs, and supports paid for using waiver dollars and other funds in their respective service regions.

<sup>1</sup> Based on information submitted by the State as of May 2011.

<sup>2</sup> Florida's five-year waiver demonstration was originally scheduled to end on September 30, 2011; the State recently received a short-term extension from the Children's Bureau until July 31, 2012.

## FLORIDA – FLEXIBLE FUNDING

Fixed, Stable Funding Based on Cost Neutrality: Funding is based on what the State would have spent on foster care and other child welfare services in absence of the waiver, with funding incentives aligned with the State’s programmatic goals and good child welfare practice. All cost savings realized through the waiver must be reinvested into additional child welfare services.

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 in Florida. Examples include intensive early intervention services; one-time payments for goods and services that help divert children from out-of-home placement (e.g., rental assistance and child care); innovative practices to promote permanency such as Family Find; enhanced training for child welfare staff and supervisors; improved needs assessment practices; and long-term supports to prevent placement recidivism.

### EVALUATION DESIGN

Florida’s evaluation includes process and outcome components, as well as a cost analysis. The evaluation incorporates a time series design to analyze historical changes in child welfare outcomes. Specifically, the State’s evaluation team is tracking outcomes for five successive cohorts of children whose first contact with the child welfare system occurs during each consecutive year of waiver implementation, from the time of first contact to the end of the project. Evaluation cohorts are 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 waiver implementation and is comparing this baseline to subsequent benchmarks at selected time intervals.

Process Evaluation: Florida’s evaluation includes interim and final process analyses that describe how CBC Lead Agencies implement policies to improve the array of services that promote child safety and permanency. Furthermore, the evaluation identifies new prevention and diversion services and examines how these services have changed since waiver implementation in terms of availability, accessibility, intensity, and appropriateness. More specifically, the process evaluation includes a Family Assessment and Services analysis that examines three key factors in serving families in the child welfare system: assessment of needs, family engagement, and service planning and provision. Findings from the analysis are reported by the percentage of reviewed cases that met the case management standards during a designated time period. Data collection methods 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: The State’s outcome evaluation is tracking longitudinal changes in key safety, permanency, and well-being outcomes, including the number and proportion of children exiting out-of-home care within 12 months of removal from the home; the number and proportion of children remaining in out-of-home care 12 months after removal from the home; mean/median length of stay in out-of-home care; and the number and proportion of children adopted within 24 months of out-of-home placement.

## FLORIDA – FLEXIBLE FUNDING

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

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

## EVALUATION FINDINGS

### Process Evaluation

- While no clear pattern of change was evident through the latest Family Assessment and Services analysis in most areas (e.g., addressing the mental health needs of the child, ongoing assessment and engagement of parents), continual and steady improvement has been observed in several case management standards, including the availability of services to protect children and prevent removal, engagement of families in case decision-making and planning, and worker visits with children and parents. Selected detailed findings from the analysis are presented below:
  - Availability of services to protect children in the home: Continual improvement was observed for this standard, with the proportion of reviewed cases that met the standard increasing from 80.1 percent during the July-December 2008 review period to 88 percent during the January-June 2010 review period. Rates since January 2009 have exceeded the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) goal of 82.3 percent, while the rate of 88 percent for the January-June 2010 period approached the CFSR "strength" rating of 90 percent.
  - Engagement of families in case decision-making and planning: Performance on this standard improved steadily from 60.3 percent of reviewed cases during the July-December 2008 review period to 69.2 percent of reviewed cases during the January-June 2010 review period. Although the CFSR strength rating was not achieved, the PIP improvement goal of 62.4 percent of reviewed cases was achieved by the January-June 2009 review period.
  - Worker visits with children and parents: Steady improvement was observed in both CFSR Items that comprise this case management standard. For Item 19 (worker visits to the child), the proportion of reviewed cases meeting practice standards rose from 53.4 percent during the July-December 2008 review period to 73.3 percent in the January-June 2010 period, well above the PIP improvement goal of 55.5 percent. For Item 20 (worker

## FLORIDA – FLEXIBLE FUNDING

visits with parents), the proportion of cases meeting practice standards rose from 35.5 percent to 51.6 percent during the same time period, well above the PIP improvement goal of 38.1 percent. Performance on both Items remained below the CFSR strength rating of 90 percent.

- A Web-based survey has been distributed to all 20 CBC Lead Agencies on an annual basis to assess changes in child welfare practices. Major findings from the most recent iteration of the CBC lead agency survey are summarized below:
  - Most CBC lead agencies have increased funding for primary and secondary strategies to prevent child maltreatment and out-of-home placement. Primary prevention efforts that have expanded across the State include education and outreach for families in the community that are not involved in the child welfare system, while secondary prevention strategies have included the establishment of neighborhood resource centers and stabilization services for families without maltreatment reports but that are experiencing risk factors such as homelessness. All responding CBC lead agencies reported an expansion of tertiary prevention services, including in-home crisis intervention, counseling, and parent education.
  - Family Team Conferencing/Family Group Decision Making has continued to expand across the State, with 14 CBC lead agencies (70 percent) reporting the implementation of this case management model. The majority of lead agencies have adopted the Family Team Conferencing model developed by the Child Welfare Policy and Practice Group.
- As expected, CBC lead agencies have not expanded services to promote permanency or transitional services for youth in foster care as widely as they have expanded up-front prevention services. However, some agencies have implemented permanency-oriented services such as Family Finding (implemented by four agencies) and independent living services that include financial planning and life skills classes (implemented by two agencies).

### Outcome Evaluation

- Between State Fiscal Year (SFY) 2005–2006 (the year prior to waiver implementation) and SFY 2009–2010 the number of children served in out-of-home care statewide decreased from 50,174 to 33,566, a statistically significant decline of 33 percent.
- Between SFY 05–06 and SFY 07–08 the percentage of children reunified with an original caregiver or placed with relatives within 12 months of removal declined slightly from 65.3 percent to 63.7 percent before increasing by almost 4 percent to 67.5 percent in SFY 09–10. While small, the results of an ANOVA test suggest that the change between SFY 05–06 and SFY 09–10 is statistically significant.
- The statewide percentage of children adopted within 24 months of removal increased almost 10 percent from 33.6 percent in SFY 05–06 to 43.4 percent in SFY 07–08, before dropping to 40.7 percent in the subsequent year followed by a slight increase to 42.5 percent in SFY 09–

## FLORIDA – FLEXIBLE FUNDING

10. The total increase in finalized adoptions of 8.9 percent between SFY 05–06 and SFY 09–10 was statistically significant and exceeded the State standard of 32 percent for this measure. However, the largest increase in the adoption rate (5.7 percent) occurred during the fiscal year prior to waiver implementation.

- The proportion of children with fewer than three placement changes during the first 12 months of a removal episode increased by 1.2 percent from 82.5 percent in SFY 2005–2006 to 83.7 percent in SFY 2007–2008. The results of Chi-Square analysis indicated that this increase was statistically significant.
- Results of Cox regression analyses indicated that there was a significant decrease over time in the proportion of children who experienced maltreatment within six months after their cases were closed, from 8.2 percent in SFY 02–03 to 5.2 percent in SFY 06–07. Each additional fiscal year corresponded to a one percent decreased likelihood of maltreatment recurrence.
- The proportion of children re-entering out-of-home care following reunification or placement with relatives varied over time from 11.6 percent in SFY 05–06 to 10.4 percent in SFY 08–09. Cox regression analysis revealed no significant differences in these rates over time.

### Cost Analysis

- Statewide total child welfare expenditures declined slightly by 2.5 percent between SFY 05–06 and SFY 09–10.
- Total spending on front-end services increased markedly following waiver implementation, growing from \$21 million in SFY 05–06 to \$43.6 million in SFY 09–10, an increase of 108 percent. Changes in the ratio of spending on out-of-home care versus spending on front-end services dropped substantially from 8.54:1 in SFY 05–06 to 3.14:1 in SFY 09–10, a decrease of 63 percent. In addition, prior to waiver implementation CBC lead agencies spent \$8.54 on out-of-home care services for every dollar spent on front-end services; by SFY 09–10 this ratio had declined to \$3.14 spent on out-of-home care services for every dollar spent on front-end services.
- Dependency case management expenditures declined from \$356 million in SFY 05–06 to \$316.9 million in SFY 09–10, a decrease of 11 percent. Payments for licensed out-of-home care have declined from \$179.5 million in SFY 05–06 to \$136.7 million in SFY 09–10, a decrease of 24 percent. During this same time period, expenditures for other service categories (primarily adoption and independent living services) increased from \$84.7 million to \$128.2 million, an increase of 51 percent.

### WEB LINKS

Semi-annual reports for Florida’s flexible funding waiver demonstration for 2006–2009 are available at the following Web site: <http://cfs.fmhi.usf.edu/pub-list.cfm>.

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship – Phase I <sup>1</sup>
<b>APPROVAL DATE:</b>	September 18, 1996
<b>IMPLEMENTATION DATE:</b>	May 1, 1997
<b>COMPLETION DATE:</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 subsidized 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 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

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<sup>1</sup> This profile is based on information submitted by the State as of March 2003. 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 – SUBSIDIZED GUARDIANSHIP – PHASE I

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

### EVALUATION DESIGN

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

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

### EVALUATION FINDINGS

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

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

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

#### Outcome Evaluation

1. Does the demonstration result in fewer children remaining in long-term foster care with ongoing administration oversight? Comparing the permanency rate for the control 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

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

## ILLINOIS – SUBSIDIZED GUARDIANSHIP – PHASE I

successfully achieved through randomization, the only substantive difference between the two groups is the intervention. Thus, the higher permanency rate in the experimental group may be attributed to the availability of subsidized guardianship.

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

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

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

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

This lack of an intervention effect suggests that the degree of placement stability may be determined by factors independent of the legal relationship between the child and caregiver. Analysis completed by the State's independent evaluator seems to indicate that kinship is a common denominator that contributes to home stability in both the control and experimental group, regardless of whether the child remains in kinship foster care, is adopted by relatives, or enters legal guardianship.

## ILLINOIS – SUBSIDIZED GUARDIANSHIP – PHASE I

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

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

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

Cost Neutrality Findings: The State reported that the demonstration was cost neutral. As of March 31, 2002, cumulative mean title IV-E expenditures in the control group were \$10,637 per child for foster care maintenance payments and \$7,919 per child for adoption maintenance payments. When multiplied by the 30,781 children assigned to the experimental group, times an adjustment factor, a IV-E foster care maintenance claim of \$346.9 million was generated, along with a IV-E adoption maintenance claim of \$258.3 million. The actual IV-E maintenance costs in the experimental group were \$349.7 million for foster care and \$135.9 million for adoption. Therefore, the waiver is cost neutral, with the sum of actual IV-E costing less than the sum of IV-E maintenance claims and showing a surplus of approximately \$113.5 million. On the IV-E administrative side, the calculations showed a surplus of approximately \$54.4 million.

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship – Phase II <sup>1</sup>
<b>APPROVAL DATE:</b>	January 1, 2004 <sup>2</sup>
<b>IMPLEMENTATION DATE:</b>	June 30, 2005
<b>COMPLETION DATE:</b>	October 31, 2009
<b>INTERIM EVALUATION REPORT DATE:</b>	February 14, 2008 and June 20, 2008 <sup>3</sup>
<b>FINAL EVALUATION REPORT DATE:</b>	September 17, 2009

## BACKGROUND

Illinois' original five-year subsidized 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 and then granted a short-term extension through October 31, 2009. Under its Phase II demonstration, Illinois implemented its "standard" subsidized guardianship program and added an "enhanced program" component that provided independent living and transitional services to older wards (youth ages 14 or older) who achieved permanence through adoption or guardianship. In October 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act, which allows states to use title IV-E funds to provide subsidies to caregivers that assume legal guardianship of related children in their care. Illinois decided to terminate the waiver to opt into the Federal program.

## TARGET POPULATION

To participate in either the standard or enhanced program, title IV-E-eligible and non-IV-E-eligible 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. The standard demonstration focused on children of all ages living with relative caregivers, but children living in licensed non-relative foster homes were enrolled in the demonstration only after attaining 12 years of age.

The enhanced guardianship program component focused on a subset of children eligible for the State's standard guardianship program. The program targeted youth (1) in the experimental group of the standard guardianship program who attained the age of 14 but had not achieved

<sup>1</sup> Based on information submitted by the State as of September 2009.

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

<sup>3</sup> Interim evaluation findings were submitted by the State in two parts.

## ILLINOIS – SUBSIDIZED GUARDIANSHIP – PHASE II

permanence; and (2) who met all other eligibility requirements of the standard subsidized guardianship option.

### JURISDICTION

Illinois implemented the standard guardianship component statewide. The enhanced program was implemented in Central Cook County (Chicago), East St. Louis, and Peoria in June 2005. In April 2006, the program was implemented statewide.

### INTERVENTION

#### *Standard Guardianship Program*

Under its standard guardianship program, Illinois offered 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 program are highlighted below:

1. Pre-Guardianship Services: Services available in preparation for guardianship included home studies, preliminary screenings, and counseling on guardianship.
2. Post-Guardianship Services: After the establishment of the guardianship subsidy agreement, the guardian received, on behalf of the child, a monthly subsidy that was equal to the foster care board rate that the child would have received if he or she was in licensed relative care.<sup>4</sup> 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 were available and do not need to be documented in the guardianship subsidy agreement include adoption preservation services, educational advocacy, and limited respite care. The State also provided up to \$500 as a one-time, non-recurring payment to cover expenses related to the legal transfer of guardianship and the establishment of the subsidy agreement.

#### *Enhanced Guardianship Program*

Under the Enhanced Guardianship Program component, eligible youth in the experimental group who entered guardianship or who were adopted at age 14 or older were offered the same services available to youth who "age out" of foster care. Specific services available to eligible youth included the following:

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

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<sup>4</sup> Non-licensed relatives receive a foster care payment in an amount lower than the licensed foster care board rate. A non-licensed relative assuming guardianship of a child receives a payment equal to that of the licensed board rate regardless of their licensing status at the point guardianship was transferred.

## ILLINOIS – SUBSIDIZED GUARDIANSHIP – PHASE II

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

### EVALUATION DESIGN

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

From June 2005 through September 30, 2008, 3,946 eligible youth had been assigned to the demonstration project—1,006 from the three original study regions and 2,940 statewide. Of the 1,006 youth in the three study regions, 497 were assigned to the experimental group and 509 were assigned to the control group. In the statewide study, 1,472 youth were assigned to the experimental group and 1,468 youth were assigned to the control group.

#### Process Evaluation

The process evaluation examined the implementation of the waiver and perceptions of the program from agency and court staff. The process study included focus groups and interviews with agency and court staff, as well as interviews with caregivers and youth.

#### Outcome Evaluation

The Illinois outcome evaluation tested whether the availability of enhanced transition services resulted in significant differences in child safety, permanency, and placement stability between the experimental and control groups. The outcome evaluation of the waiver was based on the following: IDCFS administrative data, interviews from eligible youth and their caregivers in the three study regions, and Administrative Case Reviews from eligible youth in the three study regions.

## ILLINOIS – SUBSIDIZED GUARDIANSHIP – PHASE II

### Caregiver and Youth Interviews

As part of its evaluation, Illinois conducted a series of interviews with a sample of experimental and control group youth and their caregivers in the three study regions. The latest interview sample for youth totaled 678 records from the experimental and control groups combined. The latest interview sample for caregivers totaled 749 cases.<sup>5</sup> There are more caregiver interviews than youth interviews because youth were excluded from the interview if they were too disabled to participate or had moved too far from the study area to conduct the interview in person.

## EVALUATION FINDINGS

### Process Evaluation

1. Gaps in Knowledge: Interviews and focus groups with caseworkers and Judges found that child welfare agencies and courts did not take advantage of statewide training. As a result, some agency and court personnel were not well informed about the waiver. There was confusion about differences between the enhanced and standard components of the waiver. In addition, there was confusion about the services offered to children assigned to the experimental group for the enhanced program component versus those in the control group.
2. Support for Permanence for Older Youth: Staff expressed strong support for permanence for older youth, but noted that service availability and the behavior of the child are significant factors when determining if exiting the system to adoption or guardianship is appropriate.
3. Program Awareness: Through the interviews with caregivers and youth, the evaluators found that many youth and caregivers in the experimental group were not aware of the availability of enhanced transitional and independent living services. Approximately 43 percent of experimental group youth who had not already achieved permanence at the time of their last interview reported that their caseworker had not told them about the availability of enhanced services for either adoption or guardianship. Similarly, nearly 28 percent of caregivers reported that they had not been informed of the availability of enhanced services. Older youth (ages 16–19) were significantly more likely to have been told about the availability of enhanced services than younger youth aged 14–15 (61.7 percent vs. 46.2 percent,  $p = .05$ ).

### Outcome Evaluation

No statistically significant differences were found between the experimental and control groups with regard to exits to permanency (adoption, subsidized guardianship, or reunification), incidence of abuse or neglect, maltreatment recurrence, restrictiveness of living arrangement, or educational experiences. However, given the confusion among agency and court staff discussed above, it was difficult for the evaluators to draw conclusions about the intervention.

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<sup>5</sup> While the evaluation design called for an initial and follow-up interview, a number of youth and caregivers only had one interview because the initial interview occurred after permanence had been achieved, the youth turned 18 before or shortly after the initial interview, or the youth had been reunified after the initial interview; in a few instances the caregiver refused the follow-up interview.

## ILLINOIS – SUBSIDIZED GUARDIANSHIP – PHASE II

Although there were no significant findings, caregiver and youth interviews provided indications that services were an important factor in decision-making and the attainment of permanence.

- When youth and caregivers were aware of the availability of enhanced services, they were significantly more likely to want permanence through either SG or adoption. Specifically, nearly 40 percent of youth who knew about the availability of enhanced services reported wanting permanence compared with 18.6 percent of youth who did not know about the availability of these services. Similarly, 39 percent of experimental group caregivers who knew about the availability of enhanced services chose SG compared with only 10.8 percent of caregivers who did not know about enhanced services ( $p < .001$ ). Knowledge of enhanced services did not have the same effect on the choice of adoption, with 12.9 percent of caregivers both with and without knowledge of enhanced services choosing adoption.
- Although awareness of enhanced services was significantly correlated with permanency decisions, it was not significantly correlated with overall permanency status. Specifically, net permanence (i.e., exits to SG or adoption) among youth who were aware of enhanced services as of their last interview was 20.6 percent compared with 14.7 percent among youth who were not aware of enhanced services. However, knowledge of enhanced services did appear to have some impact on exits to SG, with 16.1 percent of caregivers who were aware of enhanced services reporting the achievement of SG (as of their last interview) compared with only 4.3 percent of caregivers who were unaware of the services ( $p = .003$ ).
- Youth age and relationship with a biological parent appeared to influence youths' permanency decision making. For example, although older youth (ages 16–19) were more likely to know about the availability of enhanced services, they were much less likely to want guardianship or adoption (49.1 percent) than younger youth aged 14–15 (18.8 percent). Similarly, youth who maintained contact with a biological parent were significantly *less* likely to want adoption or SG than children who never see a biological parent (44.2 percent vs. 34.6 percent, respectively).
- Youths' relationship with their caregivers affected both permanency decision-making and permanency outcomes. Specifically, youth placed with relatives were significantly more likely to want permanency than youth placed with non-relatives (44 percent vs. 32 percent respectively), and they were also more likely to have achieved permanency through adoption or SG (29 percent vs. 15 percent, respectively).
- Among youth opposing guardianship, the most common reasons included feeling too old to go into guardianship (44.2 percent), wanting to live on own (17.9 percent), and wanting to return to home of parent (13.9 percent). Among youth opposing adoption, the most common reasons were feeling too old (43.4 percent), wanting to live on own (13.1 percent), and not wanting to disrupt family ties (12.3 percent). Among caregivers not choosing guardianship, the most common reasons included the youth not wanting guardianship (45.0 percent) and wanting to become the youth's adoptive parent (30.8 percent). Among caregivers not choosing adoption, the most common reasons were the youth not wanting to be adopted (53.8 percent) and the caregiver preferring to become a legal guardian (41.7 percent).

## **ILLINOIS – SUBSIDIZED GUARDIANSHIP – PHASE II**

- The availability of services factored strongly into caregivers' decisions regarding permanency. Specifically, over half of interviewed caregivers (55.7 percent) cited help from DCFS with medical services as a consideration in their decision-making process, followed by the availability of youth services such as employment, housing, and college assistance (55.3 percent).

### **WEB LINK**

The Phase II Final Evaluation Report is available at the following Web site:

[http://www.cfr Illinois.edu/publications/rp\\_20090917\\_IllinoisPermanenceForOlderWardsWaiverFinalEvaluationReport.pdf](http://www.cfr Illinois.edu/publications/rp_20090917_IllinoisPermanenceForOlderWardsWaiverFinalEvaluationReport.pdf)

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders – Phase I <sup>1</sup>
<b>APPROVAL DATE:</b>	September 29, 1999
<b>IMPLEMENTATION DATE:</b>	April 28, 2000
<b>COMPLETION DATE:</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 were removed from the home. Specifically, the demonstration's target population included custodial parents of children who entered placement on or after April 28, 2000, in Chicago and suburban Cook County. The parents of infants testing positive for substance exposure were also included in the target population. The children of eligible parents were able to receive services through the demonstration regardless of their title IV-E-eligibility status.

## JURISDICTION

The project was implemented in Cook County, Illinois.

## INTERVENTION

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

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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.

## ILLINOIS – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS – PHASE I

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

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

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

## ILLINOIS – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS – PHASE I

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

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

### EVALUATION DESIGN

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

#### *Sample Size*

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

#### *Data Collection*

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

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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.

<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.

## EVALUATION FINDINGS

### Process Evaluation

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

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

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

### Outcome Evaluation

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

## ILLINOIS – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS – PHASE I

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

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

### WEB LINK

The Illinois AODA January 2006 Final Evaluation Report is available at the following Web site: [http://www.cfr.illinois.edu/publications/rp\\_20060101\\_IllinoisAODAWaiverDemonstrationFinalEvaluationReport.pdf](http://www.cfr.illinois.edu/publications/rp_20060101_IllinoisAODAWaiverDemonstrationFinalEvaluationReport.pdf)

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders – Phase II <sup>1</sup>
<b>APPROVAL DATE:</b>	January 1, 2007
<b>IMPLEMENTATION DATE:</b>	January 1, 2007
<b>EXPECTED COMPLETION DATE:</b>	December 31, 2011
<b>INTERIM EVALUATION REPORT DATE:</b>	March 2, 2010
<b>FINAL EVALUATION REPORT EXPECTED:</b>	June 30, 2012 <sup>2</sup>

## TARGET POPULATION

Phase II of the Illinois Alcohol and Other Drug Abuse (AODA) demonstration targets custodial parents whose children entered out-of-home placement on or after January 1, 2007. This includes, but is not limited to, custodial parents who deliver infants testing positive for substance exposure. To qualify for assignment to the demonstration, a custodial parent must lose custody of her/his child due to alcohol and other drug abuse issues and must complete 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

Phase II of the waiver demonstration is being implemented in the original waiver site of Cook County, Illinois, as well as in the rural counties of Madison and St. Clair Counties in southern Illinois.

## INTERVENTION

Phase II of the waiver, referred to as the “Enhanced Recovery Coach Program (RCP)”, continues all of the key service components of the original AODA waiver demonstration, including (1) clinical assessment and identification, (2) recovery plan development, (3) intensive outreach and engagement to facilitate parents’ treatment participation and recovery, (4) random urinalyses, and (5) ongoing follow-up after reunification to promote and sustain recovery and ensure child safety. In addition, Illinois’ enhanced program includes several new service components that address problems beyond substance abuse that have a negative impact on the likelihood of reunification, including domestic violence (DV), mental health issues, and affordable housing.

<sup>1</sup> Based on information submitted by the State as of March 4, 2011.

<sup>2</sup> Evaluation findings from Phase I of the State’s demonstration can be found at [www.cfr Illinois.edu](http://www.cfr Illinois.edu).

## ILLINOIS – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS – PHASE II

Participating families are assessed quarterly to determine their housing, mental health, and DV service needs.

### EVALUATION DESIGN

The evaluation of the State’s long-term waiver extension includes process, outcome, and cost analysis components. An experimental research design with random assignment is being used in all participating counties. Cook County utilizes a two-stage random assignment process in which (1) DCFS casework teams and private child welfare agencies are stratified by size and randomly assigned to an experimental or control group; and (2) parents are then randomly assigned to agencies or casework teams in those groups. In Madison and St. Clair Counties, parents are directly assigned to an experimental or control group using a web-based assignment program. In all three counties, parents undergo random assignment immediately after completion of their initial clinical assessment. Parents assigned to the control group receive standard substance abuse referral and treatment services, while parents assigned to the experimental group receive standard services in addition to enhanced RCP services.

#### Sample Size

Based on initial estimates of the population of caregivers potentially eligible for enhanced waiver services, Illinois is using a 3:2 assignment ratio in Madison and St. Clair Counties and a 5:2 assignment ratio in Cook County.

#### Data Collection

Illinois’ evaluation utilizes data from multiple sources, including the State’s SACWIS and Management and Reporting System/Child and Youth Centered Information System (MARS/CYCIS) for safety, permanency, and placement data. Substance abuse assessment data come from the Juvenile Court Assessment Program (JCAP), while treatment data are derived from the Treatment Record and Continuing Care System (TRACCS) based on forms completed by child welfare workers, Recovery Coaches, and treatment providers. Additional service data come from the Division of Alcoholism and Substance Abuse Automated Reporting and Tracking System (DARTS). Other data sources include interviews with caseworkers and case record reviews.

#### 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 types of staff involved in implementation; the types and array of services received by families; the role of the courts in the demonstration; the implementation barriers encountered and strategies to address these challenges; and contextual factors, such as social, economic, and political forces, that affect the implementation and effectiveness of the demonstration.

## ILLINOIS – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS – PHASE II

### 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.

### Cost Study

The cost component of the evaluation examines the costs of enhanced services received by families in the experimental group and compares these costs with those of the 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.

## EVALUATION FINDINGS

### Process Evaluation

#### Cook County:

- Between April 2000 and December 31, 2010, JCAP assessments were conducted for 8,951 caregivers. Of these, 5,791 (65 percent) resulted in referrals to substance abuse treatment, of which 2,880 (50 percent) met the eligibility criteria for participation in the waiver demonstration.
- Of the 2,880 caregivers who met the waiver's eligibility criteria, 2,053 (71 percent) have been assigned to the experimental group and 827 (29 percent) have been assigned to the control group as of December 31, 2010. Of the 2,053 caregivers assigned to the experimental group, 379 (18 percent) are "active clients" (i.e., parents who are currently in treatment, have recently completed treatment, are pending initial treatment, or have been enrolled in but failed to complete treatment).
- Of the 379 active experimental group caregivers, 103 (27 percent) are currently engaged in treatment services, 126 (34 percent) have completed all levels of treatment, 66 (17 percent) are pending initial treatment, and 83 (22 percent) entered treatment but have since dropped out. Of those caregivers who ever participated in treatment, 36 clients (10 percent) have been engaged in treatment for more than one year, 42 (11 percent) have been engaged in treatment between 6 and 12 months, 69 (18 percent) have been in treatment between 3 and 6 months, and the remaining 152 clients (40 percent) have been in treatment for less than 90 days.
- According to Division of Alcoholism and Substance Abuse treatment service data, parents in the experimental group are more likely to access AODA treatment services than are parents in the control group (83 percent versus 69 percent, respectively). There is also a significant difference in the speed of treatment entries between the experimental and control groups, with parents in the experimental group generally entering treatment at a faster pace.

## ILLINOIS – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS – PHASE II

Specifically, 70 percent of experimental group caregivers enter treatment within four months (120 days) and 80 percent enter treatment within twelve months (360 days). In comparison, only 67 percent of caregivers in the control group enter treatment within twelve months (360 days). This difference is statistically significant.

### Madison and St. Clair Counties:

- Between July 15, 2007 and December 31, 2010 a total of 232 AODA assessments were completed in Madison and St. Clair Counties. Of the 232 caregivers assessed, all met eligibility requirements for assignment to the waiver; of these, 161 caregivers (69 percent) were assigned to the experimental group and 71 (31 percent) were assigned to the control group.
- Of the 161 clients assigned to the experimental group, treatment data have been collected on 91 “active clients”, including 38 (42 percent) who are currently engaged in treatment, 11 (12 percent) that recently completed treatment, 9 (10 percent) for whom initial treatment is pending, and 33 (36 percent) who entered but failed to complete treatment.
- Of the 91 clients who ever participated in treatment, 6 clients (7 percent) have been engaged in treatment for more than one year, 10 clients (11 percent) have been engaged in services between 6 and 12 months, 27 clients (30 percent) have been in treatment between 3 and 6 months, and 33 clients (36 percent) have been in treatment for less than 90 days.

### Outcome Evaluation

Combined outcome evaluation findings for Cook, Madison, and St. Clair Counties are as follows:

- As of December 31, 2010, 564 children (19 percent) in the experimental group had been reunified with a biological parent compared to 194 children (15 percent) in the control group, a statistically significant difference. Net permanency rates (reunification, adoption, and guardianship combined) for closed cases as of December 31, 2010 were 49 percent (1,441 children) for the experimental group and 44 percent (566 children) for the control group, a statistically significant difference.
- To compare long-term permanency rates, data were collected and analyzed on 1,529 cases over five years. This analysis showed that children in the experimental group were significantly more likely to achieve permanence through reunification (26 percent) than were children in the control group (22 percent). Experimental group children were also more likely to exit to adoption than were control group children (38 percent versus 34 percent, respectively). Consequently, a smaller proportion of children in the experimental group were still in foster care at the five-year mark (16 percent) compared to children in the control group (24 percent).

## ILLINOIS – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS – PHASE II

- Time to reunification for children in the experimental group is shorter than for children in the control group, with reunified experimental group children spending an average of 854 days in out-of-home placement compared with 1,004 days for reunified children in the control group, a statistically significant difference of 150 days. With regard to time in out-of-home care before adoption, the experimental group averaged 1,414 days compared to 1,432 days for the control group; this difference was not statistically significant.
- Between April 2000 and December 2010 Recovery Coaches were able to close 48 percent of experimental group cases within three years, in contrast to only 42 percent of control group cases that closed within three years.
- As of December 2009 no statistically significant differences in placement stability were observed between the experimental and control groups, with an average of 6.5 placements and 6.73 placements in each group, respectively.
- Maltreatment recurrence rates were similar in the experimental and control groups as of December 2009, with 83 percent of experimental group children and 82.4 percent of control group children experiencing no subsequent reports of maltreatment after random assignment.
- A special study of second generation<sup>4</sup> families conducted by the State's evaluation team (1,033 caregivers and 1,917 children) found that three years following entry into the demonstration, second generation families were 67 percent *less* likely to be reunited than first generation families.

### Cost Study

As of December 31, 2010 cumulative waiver cost savings totaled \$6,663,529.

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<sup>4</sup> Second generation families are those in which the child's parent(s) were former wards of the State.

# ILLINOIS

<b>DEMONSTRATION TYPE:</b>	Enhanced Training for Child Welfare Staff <sup>1</sup>
<b>APPROVAL DATE:</b>	August 2, 2001
<b>IMPLEMENTATION DATE:</b>	January 1, 2003
<b>COMPLETION DATE:</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 enrollment, the offer of Enhanced Training was extended to caseworkers in all private child welfare agencies throughout the State in April 2003.

## JURISDICTION

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

## INTERVENTION

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

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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 TRAINING FOR CHILD WELFARE STAFF

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

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

### EVALUATION DESIGN

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

#### Sampling Plan

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

#### Data Collection

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

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

## ILLINOIS – ENHANCED TRAINING FOR CHILD WELFARE STAFF

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

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

### EVALUATION FINDINGS

#### *Process Evaluation*

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

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

2. Revisions to the Training Curriculum: Illinois engaged in a continual review of all aspects of the training program. An in-depth analysis of the enhanced curriculum revealed several needed improvements, and IDCFS made several subsequent changes to the curriculum to incorporate additional practice improvements, performance expectations, and statutory mandates. Constant revisions to the enhanced training curriculum became a confounding variable that affected both the implementation of the waiver demonstration and the evaluator's ability to measure meaningful changes in key project outcomes.
3. Suspension of Field Support: In January 2004, the field support component of the Enhanced Training program was suspended indefinitely after one of the three trainers left the project. The Enhanced Training program was originally conceived of as a rotational —“c-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

## ILLINOIS – ENHANCED TRAINING FOR CHILD WELFARE STAFF

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

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

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

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

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

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

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

# INDIANA

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase I <sup>1</sup>
<b>APPROVAL DATE:</b>	July 18, 1997
<b>IMPLEMENTATION DATE:</b>	January 1, 1998
<b>COMPLETION DATE:</b>	A short-term 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.

## 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.

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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 was considered by the Children's Bureau.

## INDIANA – FLEXIBLE FUNDING – PHASE I

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

### EVALUATION DESIGN

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

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

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

### EVALUATION FINDINGS

#### Process Evaluation

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

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

## INDIANA – FLEXIBLE FUNDING – PHASE I

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

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

### Outcome Evaluation

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

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

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

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

## INDIANA – FLEXIBLE FUNDING – PHASE I

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

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

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

### WEB LINK

The Phase I Final Evaluation Report is available at the following Web site:  
<http://www.iarstl.org/papers/INFinalReport.pdf>

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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

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase II <sup>1</sup>
<b>APPROVAL DATE:</b>	June 30, 2005
<b>IMPLEMENTATION DATE:</b>	July 1, 2005
<b>EXPECTED COMPLETION DATE:</b>	Short-term extension granted until September 30, 2011 <sup>2</sup>
<b>INTERIM EVALUATION REPORT RECEIVED:</b>	January 14, 2008
<b>FINAL EVALUATION REPORT RECEIVED:</b>	January 11, 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 has been promoting 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-eligible and non-eligible children at risk of or currently in out-of-home placement, as well as their parents or caregivers. In 2006, the State modified its criteria for referring cases to the waiver demonstration; the new referral protocol more narrowly defined cases eligible for the demonstration. Specifically, "–service cases" (i.e., families with a substantiated maltreatment report but no previous child protective services history and no recommendation for child protective services involvement) were phased out beginning September 1, 2006 and were not eligible for waiver assignment after April 2007.

## JURISDICTION

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

<sup>1</sup> Based on information submitted by the State as of January 2011.

<sup>2</sup> Indiana's five-year waiver extension was originally scheduled to end on June 30, 2010. The State has recently submitted a request for an additional five-year waiver extension.

## INDIANA – FLEXIBLE FUNDING – PHASE II

### INTERVENTION

Under its waiver extension, Indiana counties continue to develop and implement innovative child welfare services, including community-based wraparound services and home-based alternatives to out-of-home placement. In addition, a large proportion of waiver funds are used to pay for time-limited case-specific “hard services” (such as rental assistance, overdue utility bills, children’s furniture, etc.) and “soft” services (such as in-home therapeutic services and mental health/AODA assessments). As in the original demonstration, each participating county receives a certain number of waiver “slots” in which eligible children may be placed, with a capitated payment of allocated to each slot. 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.<sup>3</sup>

### EVALUATION DESIGN

The evaluation included process, outcome, and cost-effectiveness components.<sup>4</sup> Using a matched case comparison group design, the evaluation tested the hypothesis that the flexible use of title IV-E funds for wraparound services and home-based placement alternatives would (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 used a computer algorithm that selected the best match for each experimental group child from the pool of children who have not been assigned to the waiver. This method ensured that the IV-E status of the experimental group child matched that of the comparison child at the time of the match and that the case type of the experimental group child (e.g., delinquency, children in need of services) matched that of the comparison child. Other matching variables included (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.

A cumulative total of 9,699 children were assigned to the experimental group through June 30, 2010, including 8,877 children newly assigned between July 1, 2005 and June 30, 2010 and 822 children carried over from the State’s previous flexible funding waiver.

*Process Evaluation:* The State’s process evaluation described how the demonstration was implemented in each participating county and identified differences in the services received by experimental and matched comparison cases. The process evaluation also examined program

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<sup>3</sup>Originally set at \$9,000, the State later removed this per-slot cap in an effort to encourage greater utilization of flexible IV-E funds. In addition, the formula used to allocate slots to counties was discontinued in light of the fact that the State never approached the maximum ceiling of 4,000 slots. Slots are now freely available to counties on an as-needed basis.

<sup>4</sup> Although the State’s demonstration continues under a short-term extension, major evaluation activities were completed by June 2010 and the final evaluation report was submitted in January 2011.

## INDIANA – FLEXIBLE FUNDING – PHASE II

implementation in each participating county and identified the differences in the services received by the experimental and matched comparison group through case specific surveys, case studies, family surveys, and on-site visits to offices of the Indiana Department of Child Services (DCS).

*Outcome Evaluation:* The State's outcome evaluation used administrative data to compare the experimental and matched comparison groups for significant differences in child safety, permanency, well-being, placement restrictiveness, and placement stability.

### EVALUATION FINDINGS

#### *Process Evaluation*

- Midway through the waiver extension State law and policy shifted responsibility for “service referral agreement” and “services” cases<sup>5</sup> from Indiana DCS to local community-based service providers. Therefore, the number of “children in need of services” (CHINS) cases and informal adjustment (IA)<sup>6</sup> cases assigned to the waiver demonstration increased. Of the experimental group cases assigned between July 1, 2005 through June 30, 2010, CHINS cases accounted for 57 percent, informal adjustment cases accounted for 22 percent, service referral cases accounted for 3 percent, service cases accounted for 7 percent, and delinquent wards accounted for 11 percent.
- As a result of the State's efforts to encourage greater utilization of the waiver by counties, overall waiver usage grew by 73 percent over the State's original demonstration, with 74 of Indiana's 92 counties increasing their utilization of waiver funds.
- Workers reported that families with children in the experimental group were significantly more likely to have received services to prevent placement in out-of-home care than children in the matched comparison group (89.3 percent vs. 75 percent, respectively). In addition, families in the experimental group were more likely to have received services in the home after reunification than matched comparison group families (76.5 percent vs. 50.7 percent, respectively). Furthermore, workers reported that experimental group children were more likely to have received reunification services while in placement than were matched comparison children in placement; however, differences in the receipt of these services were not statistically significant.
- Overall, families in the experimental group reported receiving services at a higher rate than matched comparison families across all service areas except respite care. Differences were statistically significant ( $p < .05$ ) for many of these services, including parenting classes, mental health services, alcohol and drug treatment, food or clothing, medical or dental care, and rental assistance ( $p < .05$ ). Families in the experimental group tended to be offered more

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<sup>5</sup> “Service referral agreement” cases involve less severe but substantiated maltreatment reports for families with no previous child protective services history. “Services” cases include those in which the safety of the child is judged to not be at risk but whose family may be provided services on a voluntary basis.

<sup>6</sup> Informal adjustment cases involved less severe but substantiated reports of abuse or neglect in families with a limited history of maltreatment.

## INDIANA – FLEXIBLE FUNDING – PHASE II

assistance overall, receiving a total of 4.17 services on average compared with an average of 2.89 services for matched comparison families ( $p < .001$ ). In addition, 77.1 percent of families in the experimental group reported that the services they received were enough to “really help” compared to 67 percent of matched comparison group families. Moreover, 86 percent of experimental group families reported that the services received were the “kind they needed” compared to 77.7 percent of matched comparison group families.

### Outcome Evaluation

#### *Preventing/Reducing Out-of-Home Care:*

- Of the 4,797 experimental group children who were at home in ongoing cases or in new cases with no placement at the time of waiver assignment, 15.7 percent were subsequently placed in out-of-home care compared to 18 percent of 3,629 matched comparison group children, a statistically significant difference ( $p < .003$ ). Overall, the effectiveness of home-based services in preventing out-of-home placement was strongly correlated with a child’s estimated risk of placement.<sup>7</sup> Specifically, the receipt of home-based services (of any amount) by “high-risk” children (whether assigned to the experimental or matched comparison group) was not significantly correlated with the probability of out-of-home placement. In contrast, service receipt was positively and significantly correlated with reduced placements among “low-risk” children, with comparatively fewer experimental group children removed from the home as the number of services they received increased.

#### *Increased Exits to Permanency:*

- Overall, experimental group children were reunified at higher rates than matched comparison group children. Specifically, the State’s analysis found that 63.5 percent of experimental group children had been reunified compared with 46.9 percent of matched comparison group children, a statistically significant difference. In contrast, matched comparison group children were much more likely to be adopted, with 30.1 percent exiting to adoption compared with 14.2 percent of experimental group children, a statistically significant difference. Guardianships occurred more frequently in the experimental group (10.6 percent) than in the matched comparison group (8.2 percent), although this difference was not significant.

#### *Reducing Lengths of Stay in Out-of-Home Care:*

- Among children reunited, adopted, or placed with a guardian, children in the experimental group averaged 314 days in placement compared to 427 days for children in the matched comparison group, a statistically significant difference. When this analysis is broken out by placement outcome, experimental group children who were reunified spent an average of 281 days in placement compared to 365 days for children in the matched comparison group who were reunified.

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<sup>7</sup> A child was identified as “high risk” if s/he had one or more of the following characteristics: (1) two or more previous substantiated investigations, (2) a previous out-of-home placement, or (3) an indication of special needs (e.g., a psychological, medical, developmental, or other disability).

## INDIANA – FLEXIBLE FUNDING – PHASE II

- A factorial analysis restricted to reunified families indicated that the receipt of intensive family support and reunification services was significantly correlated with placement duration. Although children who received services spent more time in placement *overall* in both the experimental and matched comparison groups than those that did not receive services (since service receipt is a proxy measure for service need, and children and families with greater service needs tend to stay in care longer), children in the experimental group who received services spent considerably less time in care than they would have if they had not received services. Specifically, the gap in average placement days between experimental group cases that received services and experimental group cases that did *not* receive services was much smaller (47 days) than the gap in average placement days between the corresponding matched comparison groups (105 days).
- Although they were less likely to be adopted overall, children in the experimental group who were adopted when their placement ended spent a mean of 547 days in care compared to 603 days for the matched comparison group, a statistically significant difference. Experimental group children who entered guardianship also remained in care for fewer days (mean of 326) than children in the matched comparison group (mean of 364 days), a difference that was also statistically significant.

### *Decreasing the Incidence and Recurrence of Child Maltreatment:*

- Based on an analysis of cases that had closed by the end of June 2010, experimental group children had fewer new substantiated reports of child maltreatment than did children in the matched comparison group (23.2 percent versus 24.3 percent, respectively). While this percentage difference was very small it was statistically significant ( $p=.045$ ) due to the large sample size (9,475 experimental group children and 9,358 matched comparison children). As with the outcomes of placement probability and duration, further analysis conducted by the State suggests that the incidence of subsequent maltreatment was comparatively lower among experimental group children who received some waiver-funded services *relative* to matched comparison group children who had received services.

### *Decreasing Reentries into Placement:*

- Unlike in the State's previous waiver demonstration, children assigned to the experimental group were more likely to re-enter out-of-home placement. Overall, 19.8 percent of children in the experimental group who were previously reunified reentered placement compared with 16.3 percent of children in the matched comparison group, a statistically significant difference ( $p = .001$ ). Subsequent analysis conducted by the State suggests that the higher rate of subsequent removals among experimental group children was negatively correlated with service receipt; specifically, in three of four major service categories (clothing, counseling, and family support services) more removals of experimental group children occurred *only* among children who received no services.

## INDIANA – FLEXIBLE FUNDING – PHASE II

### *Enhancing Child and Family Well-being:*

- Self-report surveys of families were analyzed to study family and child well-being. Among families with children in the experimental group, 76.1 percent reported that their children were doing “excellent” or “good” in school compared to 68.8 percent of families with children in the matched comparison group, a small but statistically significant difference ( $p=.037$ ).
- No significant differences were found between the experimental and matched comparison groups in caregivers’ reports of child behavioral and health issues, although caregivers generally reported more problems with delinquency cases assigned to either group.
- Few differences emerged between the caregivers of children assigned to the experimental and matched comparison groups with respect to their overall satisfaction with DCS services, their perceptions of workers’ understanding of their needs, or their perceptions of their own involvement in case decision-making. However, the caregivers of experimental group children reported somewhat more satisfaction with the help they received or were offered by their worker (81.5 percent versus 76.6 percent), and were significantly more likely to report that their families were “much better off” because of their experience with DCS (40.8 percent versus 30.9 percent,  $p=.027$ ). In addition, the caregivers of experimental group children were significantly more likely to report that their child or children were “much better off” as a result of their experience (41.1 percent versus 34 percent,  $p=.017$ ).

### Cost Analysis

- Far more money was spent on preventive services among children assigned to the experimental group than among children assigned to the matched comparison group, while the reverse was true for placement services. On average, \$2,838.04 was spent on preventive services per experimental group case compared with an average of \$781.23 per matched comparison case. In contrast, an average of \$5,963.83 was spent on placement services per experimental group case compared with \$13,882.82 per matched comparison case. The proportion of total dollars devoted to placement services averaged 67.8 percent for children in the experimental group compared to 94.7 percent for children in the matched comparison group. The large difference in placement costs reflects the lower likelihood of placement and shorter average placement durations experienced by experimental group children.
- Total savings during the 60-month waiver extension amounted to \$31,107,318. Of this total, cumulative and provisional foster care maintenance savings amounted to \$22,211,309, while cumulative and provisional administrative savings amounted to \$8,869,009.

### **WEB LINK**

The Phase II Final Evaluation Report is available at the following Web site:

<http://www.iarstl.org/papers/Indiana%20IV-E%20Final%20Evaluation%20Report-2011.pdf>

# IOWA

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship <sup>1</sup>
<b>APPROVAL DATE:</b>	March 31, 2006
<b>IMPLEMENTATION DATE:</b>	February 1, 2007
<b>COMPLETION DATE:</b>	September 1, 2010
<b>FINAL EVALUATION REPORT DATE:</b>	January 26, 2010

## BACKGROUND

Iowa's waiver demonstration was approved in March 2006 and was implemented in February 2007. The scheduled completion date for the waiver demonstration was January 31, 2012. The final evaluation report was to be submitted to the Children's Bureau no later than July 31, 2012. In October 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act, which allows States to use title IV-E funds to provide subsidies to caregivers that assume legal guardianship of related children in their care. Iowa decided to terminate its subsidized guardianship waiver early in order to opt into the Federal guardianship program.

## TARGET POPULATION

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

- A determination was made that reunification and adoption were not viable permanency options for the child;
- The child had a permanency goal of transfer of custody or guardianship to a relative, transfer of custody or guardianship to a suitable person, or Another Planned Permanent Living Arrangement (APPLA);
- The child had been in licensed foster care for at least six of the past 12 months;
- If older than age 14, the child consented to the guardianship;

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<sup>1</sup> Based on information submitted by the State as of January 2010.

## **IOWA – SUBSIDIZED GUARDIANSHIP**

- The child was 12 years of age or older or, if under 12 years of age, was part of a sibling group with a child aged 12 or older; and
- The child had been in continuous placement with the prospective guardian for the past six months.

The State was able to make an exception to the requirement of six months in continuous placement with the prospective guardian if the prospective guardian was a relative with whom the child had an existing close bond, and if an expedited move to permanency was deemed to be in the child's best interests.

Both relatives and non-relatives who met the following criteria were eligible to participate in Iowa's guardianship demonstration:

- The prospective guardian had a significant relationship with the child and demonstrated a willingness to make a long-term commitment to the child's care;
- Safety factors that prompted the child's involvement with Child Protective Services had been resolved and the placement did not require continued oversight; and
- An assessment of the prospective guardian and of the guardian's home yielded positive results that supported the decision to place the child in the legal custody of the guardian.

## **JURISDICTION**

Iowa's subsidized guardianship demonstration was implemented statewide.

## **INTERVENTION**

Iowa's demonstration provided the following supports and services to eligible caregivers who assumed permanent guardianship of children in the legal custody of the State:

1. Guardianship Subsidy Payment: Caregivers awarded guardianship under the demonstration received a monthly subsidy no greater than the child's monthly foster care maintenance payment in effect at the time guardianship was awarded. Monetary compensation did not include special issuances for clothing, child care, or school fees that are typically available to children in foster care.
2. Payment for Non-Recurring Expenses: Guardians received a one-time maximum payment of \$700 (equal to that allowed under the State's adoption subsidy program) for costs and legal fees associated with establishing the guardianship.
3. Pre- and Post-Permanency Supports and Services: Services and supports that paralleled those offered to adoptive families were available to eligible children and caregivers. Services available prior to the transfer of guardianship included preliminary screenings to determine the appropriateness of guardianship; Family Team Meetings; assessment of the home and of

## IOWA – SUBSIDIZED GUARDIANSHIP

the prospective guardian's relationship with the child; and assistance in applying for subsidized guardianship. Services available following the establishment of guardianship included referrals to community services and assistance with the adoption application process, should a guardian have sought to adopt the child after the finalization of the guardianship.

4. Education and Training Vouchers: Children who entered subsidized guardianship after the age of 16 were eligible to receive education and training vouchers funded through the Chafee Foster Care Independence Program.

The guardianship casework process in Iowa involved several distinct steps:

1. Family Team Meeting and Assessment: If appropriate for an eligible child, the case manager convened a Family Team Meeting to review the child's permanency options. If adoption was ruled out and there was interest in guardianship, the caseworker completed a full assessment to determine the appropriateness of guardianship for the family. Once the assessment was completed, the caseworker assisted with the completion of the Subsidized Guardianship Agreement.
2. Finalization of Guardianship: The signed Subsidized Guardianship Agreement was presented to the Probate or Juvenile Court for approval and was finalized based on a review of the Guardianship Agreement and a judicial determination that guardianship was in the best interests of the child.
3. Annual Guardianship Review: The Court completes an annual review of the guardianship arrangement to assess whether the child continues to reside in the home of the guardian and whether necessary services are in place to support the guardianship arrangement.

## EVALUATION DESIGN

The State's evaluation included process, outcome, and cost analysis components. The State's evaluators utilized an experimental research design with random assignment to experimental and control groups. Youth were eligible for random assignment to the demonstration after eligibility criteria related to age, permanency goal, and placement duration were met (See Target Population above).

### Sample Size

Children in the eligible target population were assigned to the experimental and control groups at a 2:1 ratio. As of February 2009, 1,987 youth had been assigned to the demonstration, of which 1,381 were assigned to the experimental group and 606 were assigned to the control group.

### Process Evaluation

The process evaluation examined the implementation of the waiver and the role of subsidized guardianship in increasing permanence. Data sources for the process study included case-

## IOWA – SUBSIDIZED GUARDIANSHIP

specific interviews with case managers; semi-structured interviews with case managers, supervisors, and child welfare administrators; and a survey of court workers (e.g., judges and attorneys).

### Outcome Evaluation

Iowa's outcome evaluation compared the experimental and control groups for significant differences in child safety, permanency, and placement stability.

### Cost Study

Iowa's cost analysis examined the costs of key elements of services received by children in the experimental group and compared these costs with those of usual services received by children in the control group.

## EVALUATION FINDINGS

### Process Evaluation

1. Training/Knowledge Gaps: Although there were several training opportunities for case managers, the data suggest that on-going training on the mechanics of guardianship, identifying potential guardians, and the benefits of guardianship would have been beneficial. Case managers reported difficulty comparing and contrasting guardianship with other available permanency options and weighing the benefits of guardianship against a loss of service and monetary support. Stakeholders such as judges, attorneys, and juvenile court service workers did not receive training. Training these populations may have helped to promote buy-in and wider program use.
2. Assessment Factors: Caseworkers reported exploring a variety of factors when considering guardianship, including the relationship between the child, the potential guardian, and the birth family; the guardian's commitment to the child; the potential loss of services; and the status of the child's current placement. About half of the interviewed workers reported convening a Family Team Meeting to discuss guardianship. Reasons reported by workers for not pursuing guardianship include the child's ineligibility; lack of youth interest; concerns about the loss of services and financial supports; lack of caregiver interest in making a commitment to the youth; youth instability; and caseworkers' lack of knowledge about the guardianship program.
3. Program Issues: Reasons for the under-utilization of the subsidized guardianship program noted by workers and supervisors included the loss of medical and financial benefits for children 18 and older; loss of daycare subsidies; loss of clothing allowances; frustration with the random assignment component of the waiver's evaluation; and restrictive eligibility criteria (e.g., age requirements).
4. Perceived Benefits: Workers and supervisors noted several benefits of guardianship, including physical and emotional stability, a lifelong family connection, the possibility of

## IOWA – SUBSIDIZED GUARDIANSHIP

ongoing contact with the child’s biological family, and the child’s removal from the child welfare system. Workers noted that it was difficult to communicate the benefits of guardianship as compared to other alternatives.

### Outcome Evaluation

As of February 2009, 20 children in the experimental group had exited to subsidized guardianship. Interviews conducted with the case managers of 747 youth assigned to the experimental group indicated that 19 youth (3 percent) were in the process of having guardianships established and that 33 youth (4 percent) were being considered for guardianship.

1. Exits to Permanency: No significant differences were observed between the experimental and control groups in permanency outcomes. Based on the child’s last known placement status at the time of data extraction in February 2009, 214 children (15.5 percent) in the experimental group and 95 children (15.7 percent) in the control group achieved permanency through reunification, transfer of custody to another parent, guardianship (either subsidized or unsubsidized), or adoption.
2. Placement Duration: No statistically significant differences were observed between the experimental and control groups in time spent in out-of-home placement. As of February 2009, experimental group children had spent an average of 3.96 years in placement, whereas the average time in care for control group children was essentially identical at 3.95 years.
3. Maltreatment Recurrence: There were no statistically significant differences between the experimental and control groups in maltreatment recurrence, with seven percent of experimental group children and nine percent of control group children having one or more reports of maltreatment following random assignment.
4. Placement Stability: No differences were found between the experimental and control groups with regard to placement stability, with 53 percent of youth in both groups experiencing no subsequent placement changes after assignment to the waiver. At the time of the data extraction, 96 percent of adoptions in the experimental group remained intact compared with 85 percent of adoptions in the control group. Of the 20 guardianships established in the experimental group, 90 percent were intact at the time of the February 2009 data extraction.
5. Foster Care Re-entry: No significant differences were reported in foster care re-entries after the achievement of permanence, with 3.5 percent of experimental group children re-entering care following permanence compared to 4 percent of control group children.

### Cost Analysis

The mean total cost of services for children assigned to the experimental group was \$353.05 less than the mean cost of services for children assigned to the control group (\$20,199.90 versus \$20,552.95 respectively). The total mean cost of services for children that exited to subsidized guardianship was \$15,411.20.

# IOWA

**DEMONSTRATION TYPE:** Performance-Based Payments/ Managed Care

**APPROVAL DATE:** March 31, 2006

**EXPECTED IMPLEMENTATION DATE:** Terminated prior to implementation on March 6, 2008

## BACKGROUND

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

## TARGET POPULATION

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

## INTERVENTION

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

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

# MAINE

<b>DEMONSTRATION TYPE:</b>	Adoption Services <sup>1</sup>
<b>APPROVAL DATE:</b>	September 17, 1998
<b>IMPLEMENTATION DATE:</b>	April 1, 1999 <sup>2</sup>
<b>COMPLETION DATE:</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 —Gided Services,” to families that choose to adopt.

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

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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

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

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

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

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

### EVALUATION DESIGN

The evaluation included process and outcome components, as well as a cost analysis. Families were randomly assigned to 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 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.

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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

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

### Outcome Study

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

## EVALUATION FINDINGS

### Process Evaluation

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

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

A total of 228 families over the life of the project (94 experimental group families and 134 control group families) either decided to drop out of the project or were asked to leave the demonstration.<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).

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

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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.

## MAINE – ADOPTION SERVICES

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

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

### Outcome Evaluation

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

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

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

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

## MAINE – ADOPTION SERVICES

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

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

### Cost Study

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

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

### WEB LINKS

Maine's December 2004 Final Report is available on the following Web site:  
[http://muskie.usm.maine.edu/Publications/ipsi/maine\\_adopt\\_guides\\_05.pdf](http://muskie.usm.maine.edu/Publications/ipsi/maine_adopt_guides_05.pdf)

# MARYLAND

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship/ Kinship Permanence <sup>1</sup>
<b>APPROVAL DATE:</b>	April 17, 1997
<b>IMPLEMENTATION DATE:</b>	March 1, 1998
<b>COMPLETION DATE:</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 subsidized guardianship to children for whom family reunification and adoption were not viable permanency options. To be eligible for the demonstration, children must have been living in the stable home of a relative or kinship caregiver for a minimum of six months. Maryland included in its demonstration both title IV-E-eligible and non-IV-E-eligible children.

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

## JURISDICTION

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

## INTERVENTION

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

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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 a subsidized 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.

## **MARYLAND – SUBSIDIZED GUARDIANSHIP/KINSHIP PERMANENCE**

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

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

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

### **EVALUATION DESIGN**

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

### **EVALUATION FINDINGS**

#### *Process Evaluation*

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

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

#### *Outcome Evaluation*

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

## **MARYLAND – SUBSIDIZED GUARDIANSHIP/KINSHIP PERMANENCE**

There did not appear to be significant differences in the permanency rates of children in the experimental and control groups, calculated as the sum of the number of children who exited care as a result of reunification, adoption, or guardianship in the control and experimental groups divided by the number of children assigned to each group.<sup>3</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.

### **WEB LINK**

Research findings for the State's subsidized guardianship/kinship permanence waiver demonstration are available at the following Web site: <http://www.rhycenter.umaryland.edu/gap/>

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<sup>3</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>APPROVAL DATE:</b>	September 16, 1999
<b>IMPLEMENTATION DATE:</b>	January 1, 2000
<b>COMPLETION DATE:</b>	December 31, 2002 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	October 31, 2002
<b>FINAL EVALUATION REPORT DATE:</b>	N/A Terminated early on December 31, 2002

## TARGET POPULATION

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

## JURISDICTION

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

## INTERVENTION

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

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

<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.

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

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

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

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

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

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

### **EVALUATION DESIGN**

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

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

### **EVALUATION FINDINGS**

#### *Process Evaluation*

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

## MARYLAND – MANAGED CARE PAYMENT SYSTEM

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

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

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

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

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

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

## MARYLAND – MANAGED CARE PAYMENT SYSTEM

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

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

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

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

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

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

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

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

### *Outcome Evaluation*

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

### **WEB LINK**

Research findings for the State's managed care payment system waiver demonstration are available at the following Web site: [http://www.rhycenter.umaryland.edu/managed\\_care/](http://www.rhycenter.umaryland.edu/managed_care/)

# MARYLAND

<b>DEMONSTRATION TYPE:</b>	Services for Caregivers with Substance Use Disorders <sup>1</sup>
<b>APPROVAL DATE:</b>	September 16, 1999
<b>IMPLEMENTATION DATE:</b>	October 1, 2001
<b>COMPLETION DATE:</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 treatment. Local child welfare agencies were responsible for coordinating the teams. Other team members assumed the lead in their particular area of expertise.

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

<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 – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS**

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

### **EVALUATION DESIGN**

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

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

### **EVALUATION FINDINGS**

#### *Process Evaluation*

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

As a result of the lower-than-anticipated referrals, the project evaluators conducted an intake study and facilitated focus groups with participating staff to identify problems and recommend strategies for increasing enrollment. The evaluators reviewed 913 cases that entered intake in the three participating jurisdictions between October 1, 2001 and December 31, 2002. They found that the percentage of intake cases with identified substance abuse either stated or implied in the referral was lower than expected<sup>3</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:

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<sup>3</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 were not available.

## MARYLAND – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

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

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

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

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

## MARYLAND – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

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

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

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

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

# MICHIGAN

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVAL DATE:</b>	December 19, 1997
<b>IMPLEMENTATION DATE:</b>	October 1, 1999
<b>COMPLETION DATE:</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 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,

<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 effective March 2005.

## MICHIGAN – MANAGED CARE PAYMENT SYSTEM

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

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

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

### EVALUATION DESIGN

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

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

The evaluation focused on the following outcome measures:

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

## MICHIGAN – MANAGED CARE PAYMENT SYSTEM

### Study Limitations

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

## EVALUATION FINDINGS

### Process Evaluation

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

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

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

## MICHIGAN – MANAGED CARE PAYMENT SYSTEM

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

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

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

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

### Outcome Evaluation

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

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

## MICHIGAN – MANAGED CARE PAYMENT SYSTEM

- 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>APPROVAL DATE:</b>	March 31, 2006
<b>EXPECTED IMPLEMENTATION DATE:</b>	Terminated prior to implementation on June 29, 2007

## BACKGROUND

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

## TARGET POPULATION

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

## INTERVENTION

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

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

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

# MINNESOTA

<b>DEMONSTRATION TYPE:</b>	Continuous Benefit Program/ Subsidized Guardianship <sup>1</sup>
<b>APPROVAL DATE:</b>	September 10, 2004
<b>IMPLEMENTATION DATE:</b>	November 17, 2005
<b>COMPLETION DATE:</b>	September 30, 2010
<b>INTERIM EVALUATION REPORT DATE:</b>	July 30, 2008
<b>FINAL EVALUATION REPORT DATE:</b>	May 20, 2011

## TARGET POPULATION

The target population for Minnesota's demonstration included title IV-E-eligible children ages 0–18 for whom reunification was 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 could participate in the demonstration.<sup>2</sup> Minnesota's demonstration placed particular emphasis on American Indian and African American children in long-term foster care and children with special needs. Special needs children included those who are older; part of a sibling group; or who had intense psychological, physical, and behavioral problems.

## JURISDICTION

The State operated its demonstration in five counties: Cass, Carlton, Dakota, Hennepin, and Ramsey. Dakota, Hennepin, and Ramsey are Minnesota's most populous counties. Cass and Carlton Counties have significant American Indian populations and are located in greater Minnesota.<sup>3</sup>

## INTERVENTION

Minnesota's title IV-E waiver, known as the Minnesota Permanency Demonstration (MnPD), expanded 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 adopted or accepted permanent legal and physical custody (i.e., guardianship) of children in their care. The overall goal of the demonstration was to increase the willingness of foster families to adopt or assume guardianship

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<sup>1</sup> Based on information provided by the State as of April 2011.

<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/SUBSIDIZED GUARDIANSHIP

of children by eliminating financial barriers to these permanency options. Under the State's traditional subsidy programs, counties may negotiate guardianship and adoption subsidy payments with foster caregivers that are approximately 50 percent lower than foster care maintenance payments. In contrast, caregivers who adopt or assume guardianship of a child under the MnPD demonstration were offered a monthly payment equal to the child's existing monthly foster care maintenance payment. Participating caregivers must have had to 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 were eligible to participate in the demonstration.<sup>4</sup>

### EVALUATION DESIGN

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

#### *Sample Size*

In Hennepin and Ramsey Counties, the State randomly assigned eligible families in open child protective services cases to the experimental and control groups at a 1:1 ratio. In Cass, Carlton, and Dakota Counties the experimental cases were matched with comparison cases at a 1:1 ratio. The siblings of a primary target child (the "reference" child) were exempt from random assignment in order to keep sibling groups together to the fullest extent possible.

A total of 641 children were assigned to the experimental group, including 488 children from Hennepin and Ramsey Counties and 153 from Carlton, Cass, and Dakota Counties. The control group consisted of 609 children, including 456 from Hennepin and Ramsey Counties that were randomly assigned and 153 children from Carlton, Cass, and Dakota Counties.

#### *Process Evaluation*

The State's process evaluation explored issues related to program implementation, group assignment, group demographics, program utilization, and caregivers' perceptions and decision-making regarding the MnPD program. Data sources for the evaluation included the State's SACWIS database (SSIS); case-specific surveys with caseworkers; interviews and surveys with foster family caregivers; and site visits and interviews with administrative, supervisory, and field staff.

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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.

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM/SUBSIDIZED GUARDIANSHIP

### Outcome Evaluation

The State's outcome evaluation compared the experimental and control/comparison groups for significant differences in safety, permanence, stability, and well-being.

### Cost Study

The State's cost analysis compared 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 examined 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 conducted a cost analysis to determine average costs per case in the experimental and control groups as well as among selected subgroups (e.g., by race and age group).

### Evaluation Issues

Two issues that impacted the strength of the State's evaluation included the uneven implementation of the demonstration, with each participating county identifying and assigning children to the MnPD project using different and sometimes inconsistent processes; and the bifurcated nature of the evaluation design, with Hennepin and Ramsey Counties implementing an experimental design while Carlton, Cass, and Dakota Counties utilized a quasi-experimental design. In addition, the existence of an Adoption Equalization Program (AEP) affected exits to permanency through adoption in Ramsey County. The AEP program provides additional financial assistance to low-income caregivers who seek to adopt children in their care. During the course of the demonstration AEP led to 37 additional finalized adoptions among control group caregivers as well as one additional adoption in the experimental group. Although the existence of AEP contaminated the control group and weakened the State's experimental research design, its effects provided further evidence that financial incentives have an impact on permanency rates.

## EVALUATION FINDINGS

### Process Evaluation

- Child Demographics: Among the 641 children assigned to the experimental group, 312 were boys and 329 were girls; 45 percent were African American, 20 percent were American Indian, and 32 percent were white. About 45 percent had one or more disabilities. The mean age of all children was 8.4 years.
- Program Utilization: Among children assigned to the experimental group, around 524 (82 percent) lived in a home in which the caregiver was known to have been offered the MnPD benefit. Offers were made less frequently in cases in which project manager's assigned children directly to the waiver without first consulting with caseworkers. Other common reasons for not offering the MnPD benefit included a child's opposition to permanency with his/her caregiver, the placement being on the verge of disruption, and caseworkers'

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM/SUBSIDIZED GUARDIANSHIP

reservations about the suitability of the foster caregiver's home as a permanent living arrangement.

- Caregiver Decision Making: Among the 524 caregivers who were known to have been offered the MnPD benefit, at least 445 (85 percent) accepted it. Among surveyed caregivers, 70 percent reported that the offer of the MnPD single benefit option played a “very important” or “somewhat important” role in their decision. Among caregivers who declined the MnPD benefit, the most common reasons included concerns about the long-term financial burdens of assuming legal responsibility for the eligible child, the cost of child care, the age of the child (i.e., too old to adopt or assume permanent legal custody), the child's opposition to permanency with the caregiver, and reluctance to make a permanent commitment to the child in their care.

### Outcome Evaluation

- Exits to Permanency: By the end of the State's demonstration almost 72 percent of children assigned to the experimental group had moved to permanency through adoption, transfer of legal and physical custody (i.e., guardianship), or reunification compared with 64 percent of children assigned to the control/matched comparison group, a cumulative difference of 8 percent. Most of the observed difference in permanency rates was due to transfers of legal and physical custody in the experimental group. Specifically, 48.4 percent of children in the experimental group were adopted, just slightly more than the number of adopted children in the control/matched comparison group (47.7 percent). In contrast, 21.2 percent of children in the experimental group moved to permanency through transfer of legal and physical custody compared to 7.9 percent of children in the control/matched comparison group. Detailed findings by race/ethnicity and disability status are described below.
  - Ethnicity: Permanency outcomes for experimental group children were positive for all ethnic groups, with higher proportions of American Indian, African American, and White children assigned to the experimental group achieving permanency than their control group counterparts. Specifically, 66.9 percent of American Indian children in the experimental group exited to permanency compared to 34.9 percent of children in the control/matched comparison group; 64.6 percent of African American children in the experimental group exited to permanency compared to 58.8 percent of children in the control/matched comparison group; and 76.5 percent of white children in the experimental group exited to permanency compared to 58.8 percent of children in the control/matched comparison group.
  - Disability Status: Children with disabilities achieved permanency at a higher rate through the MnPD demonstration, with 69.6 percent of experimental group children with a diagnosed disability moving to permanency through adoption or transfer of permanent legal and physical custody compared with 58 percent of experimental group children without a disability.

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM/SUBSIDIZED GUARDIANSHIP

- Caregiver Relationship to Child: The State’s demonstration had a significant positive impact on the assumption of permanent legal and physical custody by relatives, with children living in Hennepin and Ramsey Counties exiting to this permanency outcome more often with relatives than with non-relatives in both the experimental group (31.6 percent versus 15.5 percent) and the control group (6.5 percent versus 2.1 percent). Limiting the analysis of adoption outcomes to the randomly assigned sample in Hennepin County, the MnPD demonstration increased adoptions by non-relative caregivers more than it did by relative caregivers. Specifically, 63.8 percent of non-relative caregivers in the experimental group and 53.4 percent of non-relative caregivers in the control group adopted; in contrast, only 42.2 percent of relatives in the experimental group and 55.3 percent of relatives in the control group adopted. Similar findings were observed among caregivers in the non-random sample in Cass, Carlton, and Dakota Counties, lending support to the conclusion that the MnPD continuous benefit led more often to adoption outcomes among non-relative foster caregivers.
- Time in Care: Children in the experimental group exited to permanency more quickly than children in the control/comparison group. Across all participating counties, the mean number of days in foster care following assignment to the demonstration was 625 days among children in the experimental group compared to 758 days for children in the control/matched comparison group, a statistically significant difference of 133 days in favor of the experimental group.
- Placement Stability: The availability of the MnPD benefit to not have a negative impact on placement stability. Across all participating counties experimental group children had an average of 2 changes in foster care settings while control/matched comparison group children experienced an average of 2.2 relocations; this difference was not statistically significant. Post-permanency disruptions of adoptions, guardianships, and reunifications occurred among 20 experimental group cases and 26 control/matched comparison group cases; these rates were too low to allow for meaningful analysis.
- Safety: The availability of the MnPD benefit did not increase a child’s risk of experiencing repeat maltreatment. Across all participating counties a total of 22 percent of experimental group children experienced at least one new maltreatment report following assignment to the demonstration compared with 22.7 percent of control/matched comparison group children; this difference was not statistically significant.
- Well-Being: Findings from caregiver surveys indicate more positive trends in well-being outcomes for children who exited to permanency through adoption or transfer of legal custody than for children who did not achieve permanency, particularly in the areas of emotional wellness, caregiver-child relationships, school participation, and health. For example, 45.7 percent of surveyed caregivers who adopted or assumed legal custody of a child reported that the child’s well-being was “excellent”; in contrast, only 21 percent of the caregivers of children who had not attained permanence rated the child’s well-being as excellent.

## MINNESOTA – CONTINUOUS BENEFIT PROGRAM/SUBSIDIZED GUARDIANSHIP

### *Cost Evaluation*

The cost analysis considered all county, State and Federal costs available to Minnesota's evaluators, including costs associated with foster care maintenance, administrative costs, Adoption Assistance, Relative Custody Assistance, Adoption Assistance child care, and MnPD payments. Total mean costs were calculated as \$46,894 for experimental group children and \$51,457 for control group children, for an average savings of \$4,563 per child. The pattern of higher costs for control children was found among white and African American children as well as among children with special needs. Savings in the control and experimental groups were less for younger children than for preteens (ages 10 to 12 years) and younger teens (ages 13 to 15). Thus, the greatest savings were found in the 10-to-15-year age range. Little difference in costs was found between experimental and control group children aged 16 and older, although overall costs for these children were less in general because they aged out of the system more quickly.

### **WEB LINKS**

General information and progress reports for Minnesota's Permanency Demonstration are available at the following Web site: [http://www.dhs.state.mn.us/main/dhs16\\_137480](http://www.dhs.state.mn.us/main/dhs16_137480)

The Final Evaluation Report is available at the following Web site: <http://www.iarstl.org/papers/MnPD%20Final%20Report-2011.pdf>

# MISSISSIPPI

<b>DEMONSTRATION TYPE:</b>	Intensive Service Options <sup>1</sup>
<b>APPROVAL DATE:</b>	September 17, 1998
<b>IMPLEMENTATION DATE:</b>	April 1, 2001
<b>COMPLETION DATE:</b>	September 30, 2004
<b>INTERIM EVALUATION REPORT DATE:</b>	N/A
<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), (2) not in State custody but who had been removed from the physical custody of their original caretaker and whose permanency plan was reunification, or (3) not in State custody but determined to be at risk of future maltreatment or out-of-home placement. In addition, waiver services were targeted at the parents, foster parents or potential foster parents, custodial relatives, siblings, and adoptive or potential adoptive parents of these eligible children.

## JURISDICTION

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

## INTERVENTION

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

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

## **MISSISSIPPI – INTENSIVE SERVICE OPTIONS**

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

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

### **EVALUATION DESIGN**

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

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

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

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

### **EVALUATION FINDINGS**

#### *Process Evaluation*

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

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

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

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

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

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

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

## MISSISSIPPI – INTENSIVE SERVICE OPTIONS

### Outcome Evaluation

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

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

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

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

## MISSISSIPPI – INTENSIVE SERVICE OPTIONS

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

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

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

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

# MONTANA

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship <sup>1</sup>
<b>APPROVAL DATE:</b>	September 29, 1998
<b>IMPLEMENTATION DATE:</b>	June 21, 2001
<b>COMPLETION DATE:</b>	December 31, 2008
<b>INTERIM EVALUATION REPORT DATES:</b>	October 1, 2001 October 1, 2002 February 6, 2004 February 17, 2005 <sup>2</sup>
<b>FINAL EVALUATION REPORT DATE:</b>	November 13, 2006

## BACKGROUND

Montana's waiver demonstration was approved in September 1998 and implementation began in May 2001 with the first random assignments. The scheduled completion date for the waiver was March 2006; however, Montana was granted short-term extensions through December 31, 2008 while the Children's Bureau (CB) and the State discussed the State's interest in a long-term waiver extension. In October 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act, which allows States to use title IV-E funds to provide financial subsidies to caregivers that assume legal guardianship of related children in their care. In light of the new Federal legislation, the State decided to terminate its waiver demonstration as of the end of its last short-term extension period (December 31, 2008) in order to opt into the new Federal guardianship assistance program.

## TARGET POPULATION

Montana's Subsidized Guardianship/Kinship Permanence demonstration targeted title IV-E-eligible children in State or Tribal custody who had been in out-of-home placement with a prospective guardian for at least six months. In addition, a child must have been designated as a "child with special needs" to be eligible to participate in the demonstration. Initially, the 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.

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<sup>1</sup> Based on information submitted by the State as of February 2009.

<sup>2</sup> Montana has submitted annual evaluation reports in lieu of an interim evaluation report.

## **MONTANA – SUBSIDIZED GUARDIANSHIP**

### **JURISDICTION**

Montana implemented its demonstration statewide and in cooperation with seven Tribes throughout the State.

### **INTERVENTION**

Montana's subsidized guardianship demonstration allowed foster caregivers to assume legal custody of a child while retaining the child's title IV-E eligibility; either the State or a Tribal court could approve subsidized guardianship arrangements. The guardianship subsidy paid to a foster caregiver could not exceed the foster care payment in effect for the child at the time that guardianship was awarded. Additional social, financial, and medical services and supports were available to participating families that paralleled those services and supports available to adoptive families.

### **EVALUATION DESIGN**

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

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

In addition, Montana's evaluation was designed to track several permanency and safety-related outcomes, including: (1) number of children that exit out-of-home placement to guardianship, reunification, or adoption; (2) number of disrupted guardianship placements; and (3) rate of subsequent reports of abuse and/or neglect. The State's final evaluation report contained limited information on these outcomes.

### **EVALUATION FINDINGS**

#### *Process Findings*

- A total of 284 children were assigned to the demonstration between May 2001 and July 2007, exceeding the State's original target by 44 children. Of these children, 232 were assigned to

## MONTANA – SUBSIDIZED GUARDIANSHIP

the experimental group and 52 were assigned to the control group, which equated to an assignment ratio of about 4.5 to 1.

- Among the 232 children assigned to the experimental group, 127 (55 percent) were American Indian, 100 (43 percent) were Caucasian, six (2 percent) were black, and one (< 1 percent) was of mixed-race (American Indian and Caucasian) heritage. Of the 52 children assigned to the control group, 28 (54 percent) were American Indian, 21 (40 percent) were Caucasian, one (2 percent) was of mixed American Indian-Caucasian heritage, and two (4 percent) were multi-racial (American Indian, Caucasian, and Black). Of the 155 American Indian children assignment to the demonstration, 56 (36 percent) were under state court jurisdiction and 99 (64 percent) were under tribal court jurisdiction.

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.

### 1. Advantages of Guardianship:

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

### 2. Disadvantages of Guardianship:

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

### 3. Barriers to the Establishment of Guardianship:

- On occasion, the initial placement with the caregiver disrupted after the child’s assignment to the experimental group.

## MONTANA – SUBSIDIZED GUARDIANSHIP

- Internal bureaucratic problems within the child welfare and judicial systems sometimes caused delays in completing required paperwork or resulted in postponements of court hearings.
- Caregivers sometimes declined the guardianship offer due to concerns about assuming legal liability for children placed in their care.
- During staff shortages, the child welfare system typically placed 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 subsidized 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 more generous subsidies (e.g., for clothing and school allowances) and greater access to health and social services that they could otherwise not afford.
- 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 and misunderstandings about the evaluation’s random assignment design 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.

### Outcome Findings

- Overall, the State’s demonstration succeeded in increasing permanency rates among experimental group children. Of the 232 children assigned to the experimental group, 159 exited to guardianship, 11 exited to adoption<sup>3</sup>, and 11 were reunified with a parent, for a net permanency rate of 78 percent. In addition, 38 children in the experimental group aged out of foster care, 2 were runaways, and 1 became deceased. Of the 52 children assigned to the control group, 12 exited to guardianship, 11 exited to adoption, and 9 were reunified with a parent, for a net permanency rate of 61.5 percent. Of the remaining control group children, 12 aged out of foster care and four remained in foster care as of the waiver’s termination date.

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<sup>3</sup> Does not include children for whom guardianship was established who were subsequently adopted by the guardian.

## MONTANA – SUBSIDIZED GUARDIANSHIP

- Although children under tribal court jurisdiction in all seven reservations in Montana were eligible for assignment to the demonstration, children from only six reservations were ever referred for assignment and children from only four reservations ever had guardianships established.
- As of the waiver’s termination date (December 31, 2008), 96 children were still receiving title IV-E guardianship subsidies.

The analysis of data from surveys administered to youth, caregivers, and child welfare workers revealed no statistically significant differences between the experimental and control groups in perceptions of stability and well-being, school performance, safety, engagement in risky behaviors, access to and satisfaction with services and supports, and overall quality of life. In addition, no statistically significant differences were found across these domains when survey scores were compared longitudinally over the first, second, and third years of the demonstration. Although the survey data revealed few significant findings, caregivers and youth noted many benefits of subsidized 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 guardianships were generally more involved in community activities because of caregivers’ enhanced authority to make decisions regarding the child’s participation in recreational activities, sports, and religious or cultural events.
- School Performance: In most interviews, caregivers reported that youth had maintained school performance or had shown improvement during the past one or two years. Caregivers who reported the most academic improvement tended to be those who had assumed guardianship of children in their care.

### WEB LINK

The Fourth Annual Report is available at the following Web site:

<http://www.healthmanagement.com/files/MT%20IVE%20Eval%204th%20Report.pdf>

# NEW HAMPSHIRE

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

## TARGET POPULATION

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

## JURISDICTION

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

## INTERVENTION

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

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

<sup>2</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 – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

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

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

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

### EVALUATION DESIGN

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

#### *Sample Size*

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

## NEW HAMPSHIRE – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

### Process Evaluation

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

### Outcome Evaluation

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

## EVALUATION FINDINGS

### Process Evaluation

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

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

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

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

### Outcome Findings

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

## NEW HAMPSHIRE – SERVICES FOR CAREGIVERS WITH SUBSTANCE USE DISORDERS

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

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

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

# NEW MEXICO

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

## TARGET POPULATION

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

## JURISDICTION

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

## INTERVENTION

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

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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 subsidized guardianship demonstration with two components: (1) a Tribal custody guardianship program, and (2) a State custody guardianship program.

<sup>2</sup> Based on information submitted by the State as of December 2005.

## NEW MEXICO – TRIBAL ADMINISTRATION OF TITLE IV-E FUNDS

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

### EVALUATION DESIGN

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

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

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

### Process Evaluation

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

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

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

## NEW MEXICO – TRIBAL ADMINISTRATION OF TITLE IV-E FUNDS

### Outcomes Evaluation

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

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

### EVALUATION FINDINGS

#### Process Evaluation

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

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

## NEW MEXICO – TRIBAL ADMINISTRATION OF TITLE IV-E FUNDS

5. Development of Multidisciplinary and Interagency Relationships: The Pueblo worked with Tribal courts to ensure that child welfare court orders incorporated appropriate title IV-E language. These changes were expected to increase access for otherwise eligible children to title IV-E funds. In addition, the Pueblo began a formal collaboration with the local police department to facilitate a rapid and efficient response to domestic violence incidents that required the involvement of the Tribal social services department.
6. Monitoring, Reporting, and Data Collection: A monitoring system was developed to track court review hearings to ensure that children maintain their title IV-E eligibility.
7. Implementation Barriers: New Mexico noted several administrative, financial, regulatory, and cultural barriers to fuller Tribal participation in the demonstration. Common challenges included the following:
  - The lack of administrative processes to provide matching funds to Tribes;
  - New Mexico’s eligibility guidelines for title IV-E, which made it difficult for Tribal children to qualify for IV-E funds;
  - Lags in obtaining reimbursement from the State for foster care maintenance payments; and
  - The lack of expertise in the development of cost allocation plans.

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

### Outcome Evaluation

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

1. Placement Setting: Different patterns in placement settings emerged between children in the experimental group (Zuni) and those in the comparison group (Navajo). For example, more Zuni youth were placed in non-Native American foster homes or in institutional settings, with four (26.7 percent) Zuni children living in residential treatment centers (RTCs) and another four (26.7 percent) living in non-Native American foster homes as of May 2005. In contrast, no Navajo children were living in RTCs or non-Native American foster homes by

## NEW MEXICO – TRIBAL ADMINISTRATION OF TITLE IV-E FUNDS

this date. Furthermore, more Navajo children were placed in relative foster care or entered subsidized 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.

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

## NEW MEXICO

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

### TARGET POPULATION

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

### JURISDICTION

Participation in the Tribal custody component was open to nine Tribes and Pueblos in New Mexico, including eight with Joint Powers Agreements (Cochiti Pueblo, Jicarilla Apache Nation, Nambe Pueblo, Navajo Nation, Picuris Pueblo, Santa Clara, Taos, and Santa Ana Pueblo) and one with a title IV-E waiver agreement (Pueblo of Zuni).<sup>3</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.

### 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

<sup>1</sup> Based on information submitted by the State as of December 2005.

<sup>2</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>3</sup> See separate profile describing New Mexico's Administration of title IV-E funds waiver demonstration.

## NEW MEXICO – STATE AND TRIBAL SUBSIDIZED GUARDIANSHIP

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, subsidized guardianship payments were similar to, but could not exceed, the State's adoption assistance payment rate.

### EVALUATION DESIGN

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

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

- Tribal Subsidized Guardianship Component: The evaluation of the Tribal guardianship component involved a comparison group design in which outcomes for Native American children in Tribal custody who entered subsidized 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 subsidized guardianship, whereas children in the control group were not eligible for the guardianship subsidy. All children were assigned to either the experimental or control group immediately upon entering the State's child welfare system.

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

### EVALUATION FINDINGS

#### Process Evaluation

##### 1. Tribal Custody Component:

- As of September 2005, a total of 40 children entered guardianship through the Tribal custody component.
- Native American children in Tribal custody who entered subsidized guardianship had somewhat different demographic characteristics than Native American children in State

## NEW MEXICO – STATE AND TRIBAL SUBSIDIZED GUARDIANSHIP

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

### 2. State Custody Component:

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

### Outcome Evaluation

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

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

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

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

## NEW MEXICO – STATE AND TRIBAL SUBSIDIZED GUARDIANSHIP

- 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/ Subsidized Guardianship – Phase I <sup>1</sup>
<b>APPROVAL DATE:</b>	November 14, 1996
<b>IMPLEMENTATION DATE:</b>	July 1, 1997
<b>COMPLETION DATE:</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 who were at imminent risk of placement or who were already in placement. Each participating county, however, could choose to implement initiatives that affected some or all of these children.

## JURISDICTION

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

## INTERVENTION

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

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

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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/SUBSIDIZED GUARDIANSHIP – PHASE I

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

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

### *Financial Structure*

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

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

### **EVALUATION DESIGN**

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

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

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 Evaluation

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

#### Outcome Evaluation

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

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

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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/SUBSIDIZED GUARDIANSHIP – PHASE I**

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

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

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

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

### **EVALUATION FINDINGS - SUBSIDIZED GUARDIANSHIP**

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

Initially, the subsidized 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 subsidized 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 subsidized 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/SUBSIDIZED GUARDIANSHIP – PHASE I

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

During site visits in SFY99 and SFY00, staff in seven counties also expressed “confusion about specific assisted guardianship rules.” Even in counties that had established guardianships, staff noted that they had been confused about State support for subsidized 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 subsidized guardianships (n=17), the Final Evaluation Report noted that, “assisted guardianship met the needs of some African-American adolescents who resisted the idea of Termination of Parental Rights.” They also noted that “...SS (Department of Social Services) staff experience with subsidized 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>

### WEB LINK

The Phase I Final Evaluation Report is available at the following Web site:  
<http://www.unc.edu/~lynnu/newaivrpt.htm>

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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 are not viable options.

# NORTH CAROLINA

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

## BACKGROUND

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

## TARGET POPULATION

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

## JURISDICTION

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

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<sup>1</sup> Based on information submitted by the State as of April 2008.

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

### INTERVENTION

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

### EVALUATION DESIGN

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

#### *Sampling Plan*

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

#### *Process Evaluation*

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

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

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

### Outcome Evaluation

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

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

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

### Cost Analysis

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

## EVALUATION FINDINGS

### Process Evaluation

#### 1. Availability and Utilization of Child Welfare Services:

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

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

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

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

### Outcome Evaluation

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

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

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

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

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

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

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

# OHIO

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase I <sup>1</sup>
<b>APPROVAL DATE:</b>	February 14, 1997
<b>IMPLEMENTATION DATE:</b>	October 1, 1997
<b>COMPLETION DATE:</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 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.

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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**

Common strategies included expanding the array of services, creating capitated contracts for services, improving case management and coordination, increasing competition among providers, establishing utilization review mechanisms, and developing quality assurance systems. Throughout the project, experimental counties received ongoing support and assistance from the State through bimonthly meetings and monthly comprehensive data reports.

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

### **EVALUATION DESIGN**

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

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

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

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

## OHIO – FLEXIBLE FUNDING – PHASE I

### EVALUATION FINDINGS

#### Process Evaluation

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

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

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

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

- *Case management:* No significant differences emerged between experimental and comparison counties in terms of family involvement in case decision-making, team conferencing, and screening processes.
- *Financing:* Although some demonstration counties made greater use of managed care contracting mechanisms, too few counties participated in managed care to identify a systematic effect across all experimental counties.
- *Competition:* Both experimental and comparison counties sought to increase competition by expanding agency foster homes through increased per diem payments and other methods.
- *Utilization review and quality assurance:* Experimental counties were only slightly more likely to conduct formal reviews of children entering placement or already in placement.

## OHIO – FLEXIBLE FUNDING – PHASE I

- *Services array*: Few differences emerged between the two groups in terms of improved service availability, the nature of new services, or timely access to services.
- *Interagency collaboration*: Both experimental and comparison counties have developed strong relations with child welfare organizations, juvenile courts, and mental health agencies.

### Study Limitations

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

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

### Cost Neutrality Findings

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

### Outcome Evaluation

Overall, Ohio's final report presented mixed results. Although some changes were noted as a result of the demonstration, they were not strong enough to reform the State's child welfare system fundamentally. In addition, observed changes were neither large nor targeted enough to

## OHIO – FLEXIBLE FUNDING – PHASE I

create statistically significant differences in foster care expenditures or child and family outcomes. In addition, the waiver did not significantly affect the following:

- *Permanency*: The waiver had no significant effects on reunification rates, adoption rates, or median length of stay prior to reunification or adoption.<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 recommended 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>APPROVAL DATE:</b>	October 1, 2004
<b>IMPLEMENTATION DATE:</b>	October 1, 2004
<b>COMPLETION DATE:</b>	September 30, 2010 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	August 20, 2007
<b>FINAL EVALUATION REPORT DATE:</b>	May 28, 2010

## TARGET POPULATION

The target population for Ohio’s Phase II waiver demonstration (known as ProtectOHIO) included children ages 0–17 who were at risk of or in out-of-home placement, and their parents or caregivers. Both IV-E-eligible and non-IV-E-eligible children were eligible for the demonstration.

## JURISDICTION

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

## INTERVENTION

Participating counties used title IV-E funds flexibly to prevent the unnecessary removal of children from their homes and to increase permanency rates for children in out-of-home placement. For Phase II, the State selected five distinct “core intervention strategies” to serve as the focus of waiver activities. All 18 participating counties implemented Family Team Meetings (FTM), which bring together immediate family members, social service professionals, and other important support resources (e.g., friends, extended family) to jointly plan for and make crucial decisions regarding a child in or at risk of placement. A trained facilitator in each county

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<sup>1</sup> Based on information submitted by the State as of May 2010. All evaluation reports associated with Ohio’s demonstration are available at the following Web site: <http://jfs.ohio.gov/ocf/pohio.stm>

<sup>2</sup> Ohio’s five-year waiver extension was originally scheduled to end on September 30, 2009 but continued through short-term extensions until September 30, 2010.

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

supports the FTM process. In addition to FTMs, each participating county implemented at least one of the following core intervention strategies:

- *Supervised visitations* between parents/caregivers and children in placement (12 counties);
- *Kinship support* services to facilitate and maintain kinship placements (six counties);
- *Managed care strategies*, especially the use of case rate contracting (one county); and
- *Enhanced mental health/substance abuse services* (four counties).

### **EVALUATION DESIGN**

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

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

The evaluation had separate components for all of the waiver's core service strategies and involved analyses at both the county and case levels using numerous data sources, including a stand-alone Access database, site visits, telephone interviews, case record reviews, Web-based surveys, and SACWIS administrative data. In 2009, site visits to experimental and comparison counties were conducted to observe FTMs and supervised visitations. In 2008, telephone interviews explored FTMs, kinship supports, mental health and substance abuse services, adoption, and relationships between Public Child Serving Agencies (PCSAs) and the courts. In 2008–2009, four Web-based surveys collected data on kinship cases, the perspectives of PCSA staff regarding the waiver's impact, PCSA managers and substance abuse providers' perspectives on the MHSA service system, and staff practices related to supervised visitation.

### **PROCESS EVALUATION FINDINGS**

Major findings from the State's process evaluation are summarized below.

- Interviews with PCSA managers revealed that experimental county PCSAs and juvenile courts communicate better than their counterparts in comparison counties and have a larger array of programs and staffing options to serve delinquent youth.

## OHIO – FLEXIBLE FUNDING – PHASE II

- Family Team Meetings: Since 2005, 18 experimental counties have provided over 21,000 FTMs to approximately 6,850 families. Children had an average of three FTMs, which were typically held during an initial planning meeting or as part of a quarterly case review. FTMs were intended to bring together a varied mix of people; the FTMs included in the study had five attendees on average. Parents and primary caregivers (regarded as the most important participants) were in attendance at almost three-quarters of the meetings. In addition, findings suggested that offering meetings at flexible times and locations, combined with transportation assistance, increased parents' attendance.
  - FTM-type services were not limited to experimental counties, with over half of comparison counties (13 of 17) providing services that were similar to the ProtectOHIO FTM model. However, experimental counties were far more likely than comparison counties to use an independent facilitator (94 percent versus 38 percent), to target all open cases for ongoing services (100 percent versus 54 percent), and to hold meetings over the course of the case (100 percent versus 38 percent).
  - An FTM fidelity analysis based on case-level process data revealed considerable variation across the experimental sites. On average, 63 percent of the children had their subsequent FTM within 100 days of their previous FTM, while 49 percent of the FTMs had a minimum grouping of attendees that included at least one parent or primary caregiver, at least one PCSA staff person, and at least one other person. All counties had an independent facilitator leading the FTMs; a little over half of them received a moderate amount of training.
- Supervised Visitation: The 12 counties implementing the Supervised Visitation strategy provided 30,661 supervised visitation episodes to 2,206 children. Mothers appeared at scheduled visits more often than fathers (82 percent versus 74 percent). Visits occurred in special visitation facilities more often than in PCSA offices and generally met specified guidelines for duration and frequency (i.e., at least one hour long and at least once per week). In addition, the visit supervisor was equally likely to be a dedicated visitation worker (48 percent) as not, with the dedicated workers more likely to monitor longer visits. Structured activities—the centerpiece of the Supervised Visitation strategy—were planned and completed for 72 percent of visits.
  - Other experimental counties and comparison counties implemented models that resembled the Supervised Visitation strategy. No substantial differences emerged between these groups in terms of visit location, frequency, or duration. However, Supervised Visitation counties were substantially more likely to help parents engage in structured activities with their children than were other experimental and comparison counties (100 percent, 33 percent, and 53 percent respectively).
- Kinship Supports: Five of the six Kinship counties (83 percent) had a designated staff person to support kinship caregivers compared to 5 of 12 other experimental counties (42 percent) and 9 of the 17 comparison counties (53 percent). Kinship counties also provided ~~hard~~ goods and services (e.g., assistance with rent and utility bills) to more kinship families than

## OHIO – FLEXIBLE FUNDING – PHASE II

did other experimental counties or comparison counties (83 percent versus 42 percent and 18 percent, respectively).

- Survey results indicated that Kinship counties offered legal custody to kinship caregivers more often than other experimental counties and comparison counties. In addition, kinship caregivers living in Kinship counties were involved in FTMs more often.
- Enhanced Mental Health/Substance Abuse Services (MHSA): Four experimental group counties chose to implement the MHSA strategy. The evaluation compared the timing and receipt of services in cases served before implementation of the strategy with the timing and receipt of services in cases served after its implementation. Selected key findings are noted below:
  - In Belmont County, “post-group” parents were 34 percent more likely to receive in-house psychological assessments than “pre-group” parents, and were 20 percent more likely to receive drug treatment services than the pre-group. For individuals in need of drug treatment, the average time from case opening to case closure decreased from 743 days in the pre-group to 350 days in the post-group. In addition, for cases in need of mental health services, the average time from case opening to case closure fell from 684 days to 334 days.
  - In Muskingum County, the proportion of post-group children receiving mental health services increased by 33 percent over the pre-group, while increasing by 57 percent for parents. In addition, the cases of post-group families in need of mental health services closed 168 days earlier on average than the cases of their pre-group counterparts.

## OUTCOME EVALUATION FINDINGS

*Trajectory Analysis:* The State posited that successful implementation of ProtectOHIO would be evidenced by increased in-home service utilization and lower placement utilization while avoiding any increase in maltreatment risk. Findings from a trajectory analysis that was completed to explore this hypothesis are noted below:

- Between 1994 and 2006, both experimental and comparison counties experienced very little change in the percentage of children with a subsequent maltreatment investigation, thus suggesting that children faced no additional risk of abuse or neglect under the waiver demonstration.
- By the end of the 2006, experimental counties had served a substantially larger portion of children in-home than had comparison counties (18.7 percent versus 10.5 percent); this trend suggests that the waiver stimulus may have helped experimental counties maintain historical levels of in-home services in the midst of budgetary pressures (which were also felt by comparison counties) to reduce in-home services.
- Children served in-home in the experimental counties were no more likely to be the subject of a subsequent maltreatment investigation than were comparison county children. Thus,

## OHIO – FLEXIBLE FUNDING – PHASE II

regardless of whether they were served in-home or in placement, children in the experimental counties remained as safe as their counterparts in the comparison counties.

*Placement Outcomes Analysis:* This study examined the effects of the Phase II waiver demonstration on foster care placements, specifically focusing on its effects on length of stay in foster care and placement dispositions relative to pre-waiver conditions and to the State’s Phase I demonstration. The State’s evaluation team used counterfactual imputations to estimate what would have happened in the absence of the waiver. Key findings are noted below:

- The Phase II waiver demonstration had no overall effect on the median duration of placements, but there were significant effects in certain experimental counties: four counties experienced decreases in the overall duration of placements and two counties experienced increases. However, the average length of time until adoption was shortened under the Phase II demonstration by an average of two months relative to what it would have been without a waiver, suggesting increase momentum since the Phase I demonstration.
- A significant waiver effect was observed on the proportion of children in placement who exited to the custody of kin (2 percent more) and who exited to reunification (4 percent less); although negative, this latter finding actually represented a lessening of the trend that developed during the Phase I waiver demonstration.
- The Phase II waiver demonstration slightly increased exits to adoption (1 percent more) relative to the predicted adoption rate without a waiver.
- Foster care re-entry rates among children who exited their first foster care placements to the custody of either their parents or kin remained unchanged throughout the Phase I and II demonstrations, suggesting that the waiver demonstration did not compromise children’s safety.

*Three Strategy Analyses:* An intent-to-treat approach using SACWIS data was used to analyze outcomes for the FTM and Supervised Visitation waiver components, while outcomes from the Kinship Supports component were analyzed using survey data; all three analyses focused on differences among the county groups. Key findings from these studies are highlighted below:

- The cases of children in FTM counties remained open for significantly less time than the cases of comparison county children (an average of 329 days versus 366 days).
- Children in FTM counties were significantly less likely to go into out-of-home placement than were comparison county children (15 percent versus 17 percent).
- Children in placement in FTM counties were significantly more likely to be placed with kin caregivers (who include both blood relatives and other people with a close personal bond with the child such as a family friend or godparent) than their comparison group counterparts (47 percent versus 40 percent), and were less likely to be placed with strangers in licensed family foster care (46 percent versus 53 percent).

## OHIO – FLEXIBLE FUNDING – PHASE II

- Children in FTM counties were less likely to have a subsequent case opening within a year of case closure than children in comparison counties (11 percent versus 12 percent). While statistically significant, the observed effect was small.
- Children in Supervised Visitation counties had shorter case episodes than comparison county children (a mean difference of 43 days).
- Supervised Visitation counties did not differ from other county groups in rates of case reopening after case closure, indicating that the intervention had not compromised child safety.
- Relative to comparison counties, children in Supervised Visitation counties were less likely to be reunified (46 percent versus 60 percent) but more likely to be placed with kin (41 percent versus 33 percent).
- Children in Kinship counties were more likely to enter into the legal custody of a kinship caregiver than children in comparison counties (48 percent versus 28 percent). Conversely, children in Kinship counties were significantly less likely to reunify with a birth parent than children in the comparison counties (20 percent versus 36 percent).
- Average time spent in kinship placements was longer in Kinship counties than in comparison group counties (216 days versus 150 days).

### COST ANALYSIS FINDINGS

The fiscal analysis examined changes in spending patterns over time by comparing each year in the second waiver demonstration period (2005–2008) to the baseline year of 2004.

- Declines in the number of paid placement days and in the average daily costs of foster care occurred in both experimental and comparison groups; differences between the two groups were not statistically significant and cannot be attributed to the waiver intervention.
- Between 2004 and 2008 average annual foster care expenditures as a share of total child welfare expenditures decreased in 26 of 33 counties. This change was significantly associated with a county's evaluation assignment status, with the largest decreases (11 percent) occurring in experimental counties while the largest increases (11 percent) were found in comparison counties.

All but one of the original experimental counties received capped allocations of IV-E waiver dollars that were greater than what they would have received through regular IV-E reimbursement. Altogether, these 12 counties received an additional \$27.9 million during the first four years of the waiver, of which \$22 million were spent on non-foster care services. However, the \$52 million in total added spending on non-foster care services by experimental counties far exceeded the \$22 million in reallocated waiver dollars.

# OHIO

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase III <sup>1</sup>
<b>APPROVAL DATE:</b>	March 8, 2011
<b>IMPLEMENTATION DATE:</b>	Retroactive from October 1, 2010
<b>EXPECTED COMPLETION DATE:</b>	September 30, 2015
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	August 30, 2013
<b>FINAL EVALUATION REPORT EXPECTED:</b>	March 31, 2016

## TARGET POPULATION

The target population for Ohio’s Phase III waiver demonstration (known as ProtectOHIO) includes children ages 0–17 who are at risk of, currently in, or who enter out-of-home placement during the demonstration period, as well as their parents or caregivers. Both title IV-E-eligible and non-eligible children may receive waiver-funded services through the demonstration.

## JURISDICTION

Phase III of the demonstration is operating in the 18 counties that participated in Ohio’s previous Phase II waiver demonstration, specifically Ashtabula, Belmont, Clark, Coshocton, Crawford, Fairfield, Franklin, Greene, Hamilton, Hardin, Highland, Lorain, Medina, Muskingum, Portage, Richland, Stark, and Vinton Counties.

## INTERVENTION

Participating counties will 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 III, the State has selected two distinct “core intervention strategies” to serve as the focus of waiver activities. All 18 participating counties will implement both of these intervention strategies, which are briefly described below:

- *Family Team Meetings (FTM)*, which bring together immediate family members, social service professionals, and other important support resources (e.g., friends and extended family) to jointly plan for and make crucial decisions regarding a child in or at risk of placement.

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<sup>1</sup> All evaluation reports associated with Ohio’s demonstration are available at the following Web site: <http://jfs.ohio.gov/ocf/pohio.stm>

## **OHIO – FLEXIBLE FUNDING – PHASE III**

- *Kinship Supports*, which increase attention to and support for kinship caregivers and their families, ensuring that kinship caregivers have the support they need to meet the child’s physical, emotional, financial, and basic needs. The strategy includes a set of core activities specifically related to the kinship caregiver including home assessment, needs assessment, support planning, and service referral and provision.

In addition to these core strategies, any county that implemented the Supervised Visitation strategy during Phase II of the States waiver demonstration may choose to continue to implement it during Phase III. Participating counties will also have the option to spend flexible funds on other supportive services that prevent placement and promote permanency for children in out-of-home care.

### **EVALUATION DESIGN**

The State will implement a comparison county design for the evaluation of its Phase III waiver demonstration, with the 18 ProtectOHIO counties comprising the experimental group and the 17 non-participating comparison counties that comprised the comparison group during Phase II serving once again as the comparison group for Phase III. In forming the comparison group the evaluation team considered several relevant variables to ensure comparability with experimental group counties, including local demographics (e.g., population size and density, racial composition, poverty rates), caseload characteristics (e.g., maltreatment substantiation rates and out-of-home placement rates) and the availability of other child welfare programs and services. The evaluation team is in the process of developing a detailed evaluation plan that will provide more specific information regarding the evaluation, including sample sizes, data collection activities, and analytical methods. This evaluation plan is due in June 2011.

### **PROCESS AND OUTCOME EVALUATION FINDINGS**

Evaluation findings are pending the continued implementation of Ohio’s Phase III waiver demonstration.

# OREGON

<b>DEMONSTRATION TYPE:</b>	Flexible Funding/Subsidized Guardianship – Phase I <sup>1</sup>
<b>APPROVAL DATE:</b>	October 31, 1996
<b>IMPLEMENTATION DATE:</b>	July 1, 1997
<b>COMPLETION DATE:</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 were eligible to participate in the demonstration.

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

## JURISDICTION

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

## INTERVENTION

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

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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/SUBSIDIZED GUARDIANSHIP – PHASE I

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.

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

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

2. 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 have been at least 12 years old if the prospective guardian was not a relative.

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

### EVALUATION DESIGN

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

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

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

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

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

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

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

### EVALUATION FINDINGS

#### Process Evaluation

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

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

#### Study Limitations

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

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

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

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

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

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

### 1. Innovative Services:

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

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

### 2. Use of 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 relatives of the children. More than half of local child welfare agencies

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

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

### Outcome Evaluation

The State maintains that its demonstration resulted in an increase in partnerships between local child welfare agencies and their community partners. Access to flexible title IV-E and State SOC funding contributed to increased numbers of children being maintained in their homes, reducing removal rates.<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.
- *Placement stability:* Access to SOC or title IV-E funds was associated with an increased likelihood of children changing out-of-home placements within one year. However, it is not possible to determine whether this finding reflected positive or negative outcomes since data regarding the reason for placement changes were not collected.
- *Subsequent maltreatment:* SOC and title IV-E funds were not associated with re-abuse or neglect of children by their original caretakers within one year of the original incident.

### Cost Analysis

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

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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

<b>DEMONSTRATION TYPE:</b>	Flexible Funding /Subsidized Guardianship – Phase II <sup>1</sup>
<b>APPROVAL DATE:</b>	March 24, 2004
<b>IMPLEMENTATION DATE:</b>	April 1, 2004
<b>EXPECTED COMPLETION DATE:</b>	A short-term extension was granted until June 30, 2011 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	October 31, 2006
<b>FINAL EVALUATION REPORT DATE:</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 continues to make subsidized guardianship available as a permanency option. Changes to the demonstration since its approval include the termination of the special study of Family Decision Meeting Service Coordination (FDM-SC), an expansion in the scope and intensity of its current evaluation of subsidized guardianship, and the initiation of an evaluation component to study enhanced visitation services (EVS) in more detail.

## TARGET POPULATION

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

## JURISDICTION

1. **Flexible Use of Funds:** During Phase II of the demonstration, almost all counties in the State (referred to in Oregon as child welfare “branches”), along with Native American Tribes that have a formalized title IV-E agreement with the State, may receive flexible 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.

<sup>1</sup> Based on information submitted by the State as of February 2010. The final evaluation report is available at the following Web site: [http://www.ccf.pdx.edu/cwp/pgCWP\\_evaluation.php](http://www.ccf.pdx.edu/cwp/pgCWP_evaluation.php)

<sup>2</sup> Oregon’s five-year waiver extension was scheduled to end on March 31, 2009.

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

2. Family Decision Meeting Service Coordination (FDM-SC): The child welfare branches in Multnomah, Josephine, and Yamhill Counties served as experimental sites for the special study of FDM-SC, while the child welfare branches in Clackamas and Lane Counties served as comparisons sites.
3. Subsidized Guardianship: Subsidized guardianship is available to all eligible families statewide during the Phase II waiver extension.
4. Enhanced Visitation Services: Child welfare branches in 12 counties used title IV-E funds to provide EVS. Eight are still currently active and three counties—Linn, Josephine, and Clatsop—were part of an in depth evaluation.

### INTERVENTION

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

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

### EVALUATION DESIGN

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

1. Flexible Use of Funds: The process evaluation for the flexible funding demonstration component involved 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 were synthesized to explore the types and duration of services provided under the demonstration, the extent of community engagement in the provision of services, the methods employed by the State for monitoring and resolving problems with the use of flexible funds, and the strategies used by child welfare branches to maintain cost neutrality.

The outcome evaluation for this waiver component involved monitoring the progress of branches on pre-selected Child and Family Services Review (CFSR) outcomes, including foster care re-entries, maltreatment recurrence, length of time to achieve reunification and adoption, and stability of foster care placements. Progress was 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 were implementing similar types of services and/or tracking the same CFSR outcomes, cross-site analyses and syntheses were conducted to the extent possible.

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

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

3. Enhanced Visitation Services: The process evaluation for EVS examined differences in the implementation of enhanced visitation programs among the child welfare branches that provide this service in Linn and Josephine counties, while the outcome study explored differences in safety and permanency outcomes between several study groups. The EVS study sample included a total of 142 cases involving 207 children, of which 72 cases (108 children) were from the experimental branches of Linn and Josephine Counties and 70 cases

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

(99 children) were from the comparison branches of Jackson and Clatsop Counties. Part of the evaluation also included a matched-case comparison research design in which children who participated in EVS (n=21) were matched with a group of children residing in two comparison child welfare branches (n=21) based on selected demographic and case characteristics.

### EVALUATION FINDINGS

The following section summarizes findings as of September 2009 for the three active waiver demonstration components.

Flexible Use of Funds: Branches with a waiver plan did not demonstrate uniformly stronger performance on CFSR outcomes than control branches. Overall, the State improved .9 percent on maltreatment recurrence over its statewide CFSR baseline, with waiver branches improving .6 percent and control branches improving 1.1 percent over their baseline performance. With regard to length of time to reunification there was an overall decline in performance—down 5.2 percent for the State as a whole and down 5 percent for both waiver and control branches compared with their baseline performance. However, waiver branches showed substantially greater improvement in length of time to adoption, with a 5.6 percent improvement over their baseline performance compared to .9 percent improvement for control branches. Similarly, waiver branches improved 1.9 percent on foster care re-entries over their baseline performance compared to a .4 percent improvement for control branches

Subsidized Guardianship: From an initial sample of 18,876 children who exited substitute care between February 1, 2002 and December 31, 2006, 986 (5.2 percent) exited to guardianship; 12,162 (64 percent) were reunified; 3,662 (20 percent) were adopted; and 2,063 (10.9 percent) had an “other” disposition. Key outcome findings for those children that exited through guardianship are as follows:

- Native American children who exited substitute care were substantially more likely to do so through guardianship than children from other racial/ethnic groups. Altogether, 13.1 percent of Native American children who exited substitute care did so through guardianship compared to 8.6 percent of Asian children, 4.6 percent of White children, and 4.1 percent of Black children.
- Children who exited to guardianship spent an average of 25.86 months in substitute care and were on average 9.4 years old at the time of the guardianship disposition.
- Overall, 70 percent of guardianships were established with relatives. Native American children were much less likely to be placed with relatives (47.8 percent) than Black or White children (82.6 percent and 77.3 percent, respectively).
- Twenty-four months following permanency, children in guardianship were less likely to have re-entered foster care than children who were reunified (4.3 percent compared to 14.7 percent).

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

- Twenty-four months following permanency, children who exited to guardianship were significantly less likely to have a founded abuse assessment than those who were reunified (2.1 percent compared to 16.3 percent).

*Use of Subsidized Guardianship (the “Offered, Accepted, Refused” Study):* A web-based survey of caseworkers was conducted in an effort to better understand the subsidized guardianship population, the conditions under which subsidized guardianship is offered, and the reasons why it is accepted or refused. Responses were received from caseworkers regarding 72 cases that were eligible for SG. Major findings from the survey are highlighted below:

- Of the 72 cases that met the subsidized guardianship eligibility criteria, caseworkers reported approaching 59 caregivers in these cases (82 percent) to assess their interest in subsidized guardianship. The most frequent reasons given by caseworkers for not approaching caregivers about subsidized guardianship were that the youth would strongly object to subsidized guardianship (38 percent), the youth would emancipate soon or already had emancipated (31 percent), and the plan was for permanent foster care (15 percent).
- Of the 59 caregivers that were approached about subsidized guardianship, 29 (49 percent) chose to pursue SG while 30 (51 percent) chose not to pursue subsidized guardianship. The reasons most frequently reported by caregivers for not pursuing subsidized guardianship included caregiver concerns about losing financial support (reported by 60 percent of caregivers), losing access to other services for the child (47 percent), assuming legal liability for the child (37 percent), losing casework services (33 percent), and losing medical coverage for the child (27 percent).
- Of the cases in which caregivers chose not to pursue subsidized guardianship, 62 percent had a permanency plan of long-term foster care, 14 percent had a plan of another planned permanent living arrangement (APPLA), 14 percent had a plan of legal guardianship without a subsidy, 7 percent had a plan of reunification, and 3 percent had a plan of emancipation/independent living.
- Of the cases in which the caregiver chose to pursue subsidized guardianship, 38 percent of youth had entered subsidized guardianship at time of the survey and an additional 45 percent were moving toward but had not yet finalized subsidized guardianship.

*Guardianship Dissolutions:* In an effort to determine the reasons for subsidized guardianship dissolutions, a review of 44 cases was conducted in which subsidized guardianships ended between 2002 and 2006. Of those guardianships that ended, the most frequently cited reasons included: 1) the caregiver was not willing to deal with the youth’s behavior; 2) the caregiver was not able to provide care for the youth (in a few instances the caregiver had died); 3) the guardianship ended because of a planful reunification with the child’s birth or “psychological” parents and siblings; 4) the youth returned to foster care with different caregivers; 5) problematic youth behavior; and 6) subsidized guardianship no longer made financial sense (e.g., the youth became eligible for SSI payments that exceeded the guardianship subsidy).

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

Enhanced Visitation Services: The evaluation of EVS focused on differences in permanency and safety in four study groups: 1) all cases in the experimental branch sample (Josephine and Linn Counties), 2) all cases in the comparison branch sample (Jackson and Clatsop Counties), 3) cases in the experimental branch sample that actually received EVS, and 4) cases in the experimental branch sample that did not receive EVS. In addition, a sample of children receiving EVS was compared with a matched sample of children from the comparison branches. Major findings are as follows:

- Among cases in the experimental branches, only 21 cases (36 children) actually received EVS (approximately 30 percent of all experimental group cases). In general, the two intervention branches implemented very different EVS programs, with Josephine County offering EVS to a much larger percentage of its target population than Linn County (72 percent of children compared to 17 percent of children). However, Linn County implemented a more comprehensive and intensive EVS project, with longer visits that involved more targeted work on parenting skills.
- Overall, children in the experimental branches had a higher rate of reunification (76.2 percent) than children in comparison branches (66.7 percent). However, when examining the sample of children in the experimental group only, children in Josephine County who received EVS had a higher rate of reunification (87 percent) than children in Linn County who received EVS (54 percent). These findings may be influenced by the fact that cases in Linn County that received EVS tended to have more risk factors such as developmental challenges, financial stress, homelessness, and prior CWS involvement.
- Overall, children in the intervention sample who received EVS had a lower average time to reunification (206.7 days) than children in the matched comparison sample (250.9 days). However, when examining cases in the experimental branches only, children who did not receive EVS were reunified more quickly (in 167.4 days on average) than children who received EVS (in 215.1 days on average). As noted above, this finding may be due to the fact that cases in the experimental branches that did not receive EVS tended to have fewer risk factors.
- Children in comparison branches who were reunified appeared to be less safe overall than children in the experimental branches. Specifically, children in comparison branches had a higher rate of re-abuse and/or re-entry (28.6 percent) than children in the experimental branches (18.8 percent).

Case reviews were conducted on the 42 cases in the matched sample of intervention cases and comparison cases. Major findings include: (1) Substance abuse was a barrier to reunification in about two-thirds of cases in both groups; (2) Domestic violence was a barrier to reunification in more comparison group cases (38 percent) than experimental group cases (28 percent); (3) Experimental group cases had a higher rate (62 percent) of regular parent-child visits while the child was in substitute care than the comparison group (38 percent); and (4) Two-thirds of experimental group cases were categorized as having high-quality visits (e.g., in terms of parent-child interaction, demonstration of parenting skills, parenting competence) throughout the case versus less than half of comparison group cases.

# OREGON

<b>DEMONSTRATION TYPE:</b>	Flexible Funding – Phase III <sup>1</sup>
<b>APPROVAL DATE:</b>	July 8, 2011
<b>IMPLEMENTATION DATE:</b>	July 1, 2011
<b>EXPECTED COMPLETION DATE:</b>	June 30, 2016
<b>INTERIM EVALUATION REPORT EXPECTED:</b>	March 1, 2014
<b>FINAL EVALUATION REPORT EXPECTED:</b>	December 31, 2016

## BACKGROUND

During its second five-year waiver extension (Phase III), Oregon is continuing its demonstration of the flexible use of title IV-E funds to implement innovative child welfare service programs. Changes to the demonstration from its prior (Phase II) waiver extension include:

- A focus on implementing just two innovative child welfare programs: Relationship-Based Visitation (RBV) and Parent Mentoring.
- A shift from a comparison site research design to an experimental research design to evaluate the impact of the demonstration.
- Discontinuation of a separate Subsidized Guardianship demonstration component.

## TARGET POPULATION

The target population for the RBV component includes families in which: (1) at least one child under the age of 13 has been in out-of-home placement (not including residential treatment) for at least 14 days and no more than 30 days at the time of initial identification; (2) the child's placement in out-of-home care occurred during the study recruitment period; (3) at least one parent has been approved for visitation outside of an office of the Oregon Department for Human Services (DHS); (4) at least one parent has participated in two or more visits with a child; and (5) the parent has a documented need for parenting services in his/her child welfare case plan.

Caregivers eligible for Parent Mentoring include those who have an active child welfare case in a participating child welfare district (see below) and who have been identified as potentially in need of substance abuse treatment. Methods for determining a need for substance abuse treatment include, but are not limited to, a court petition that indicates that the use of alcohol or drugs interferes with the ability to safely parent, parent self-disclosure, a court order that requires an alcohol and drug assessment, law enforcement involvement, or a psychological or mental

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<sup>1</sup> Based on information submitted by the State as of January 2012.

## **OREGON – FLEXIBLE FUNDING – PHASE III**

health evaluation that indicates a need for an alcohol and drug assessment.

### **JURISDICTION**

5. Relationship Based Visitation: RBV is being provided in 29 counties within 13 child welfare districts throughout the State.
6. Parent Mentoring: Parent Mentoring is being provided in seven counties within four child welfare districts throughout the State.

### **INTERVENTION**

5. Relationship Based Visitation (RBV): RBV is an enhanced visitation model utilizing an evidence-based parent training program to facilitate visits between children in substitute care and their parents. Visits will include the delivery of at least 16 weekly sessions of the evidence-based Nurturing Parent Program (NPP) curriculum. Parents may receive visits outside of the RBV program in accordance with their visitation plan.
6. Parent Mentoring: The Parent Mentoring program utilizes peer mentors to support parents with substance abuse issues whose children are receiving either in-home or out-of-home services. Core services provided by Parent Mentors include intensive outreach efforts to referred parents; regular face-to-face contacts with parents; non-judgmental, empathic support and encouragement; modeling sober lifestyles and assisting enrolled caregivers in developing their own culturally appropriate recovery networks and resources; and provision of information and referrals to address enrolled families' immediate and ongoing service and resource needs. The parent mentor will also support the parent through the process of involvement in the child welfare system.

### **EVALUATION DESIGN**

The evaluation of the Phase III demonstration includes process and outcome components, as well as a cost analysis. Each demonstration component will be evaluated separately using an experimental research design involving random assignment to an experimental group (eligible for RBV or Parent Mentoring services) and a control group (eligible for traditional services). The outcome evaluations for both demonstration components will examine the impact of Oregon's Phase III waiver demonstration on key child welfare outcomes, including length of stay in out-of-home care, rates of reunification, length of time to reunification or another permanent living arrangement, length of time to case closure, rates of maltreatment recurrence, and rates of foster care re-entry. Specific topics that the process and outcome evaluations of each demonstration component will address are outlined below.

4. Relationship Based Visitation: Specific issues that the process evaluation will examine include the implementation of RBV in the experimental group, including implementation challenges and successes; the level of fidelity to the RBV model maintained by contracted service providers; level of collaboration between caseworkers and contracted service providers; degree to which RBV differs from traditional visitation services; level of parent

## **OREGON – FLEXIBLE FUNDING – PHASE III**

involvement/engagement in services; level of foster parent involvement; and the ways/extent to which the implementation of RBV influences key outcomes of interest.

Specific outcomes associated with the RBV strategy that will be examined include successful achievement of competency in parenting areas as identified in each family's Family Nurturing Plan; active involvement by parents in visits with children; improved parenting attitudes and practices; more frequent demonstration of positive parenting skills; decreased parenting stress; and increased family and social support.

5. Parent Mentoring: Specific issues that the process evaluation will examine include the implementation of Parent Mentoring services in the experimental group, including implementation successes and challenges in working with parents and service providers; degree to which the program diverges from the original program plan with respect to service delivery, staffing, and client numbers and demographics (model fidelity); parental satisfaction with the mentoring process, mentoring relationship, services, and supports; parents' understanding of substance abuse treatment and child welfare system requirements; and Parent Mentors' satisfaction with program training, supervision, and agency support.

Specific outcomes associated with the Parent Mentoring strategy that will be examined include the proportion of parents that participate in substance abuse treatment; level of engagement with the recovery community; proportion of parents who participate in other services and recovery-related activities; proportion of parents that complete substance abuse treatment; and the degree to which issues of concern identified in parents' case plans are resolved.

### **PROCESS AND OUTCOME EVALUATION FINDINGS**

Evaluation findings are pending the continued implementation of Oregon's Phase III waiver demonstration.

# TENNESSEE

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship <sup>1</sup>
<b>APPROVAL DATE:</b>	October 14, 2005
<b>IMPLEMENTATION DATE:</b>	December 7, 2006
<b>COMPLETION DATE:</b>	Terminated early on March 31, 2009
<b>FINAL EVALUATION REPORT DATE:</b>	January 19, 2010

## BACKGROUND

Tennessee began its waiver demonstration in December 2006 with a scheduled completion date in November 2011. In October 2008 the Fostering Connections to Success and Increasing Adoptions Act was passed, which established a new Federal Guardianship Assistance Program (GAP) that allows States to use title IV-E funds to provide financial subsidies to caregivers that assume legal guardianship of related children in their care. Tennessee terminated its demonstration at the end of March 2009 in order to opt into the GAP.

## TARGET POPULATION

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

Both licensed relative and fully approved non-biological kin were eligible to participate in the demonstration. The definition of kin was created for the waiver and is defined as a person with whom the child has a significant social relationship that precedes the placement (such as godparent, friend, neighbor, church member, minister, or teacher), or a person (such as a foster parent) with whom the child develops a relationship over time after the child has lived with that person for an extended period.

To participate in the demonstration, a prospective guardian must have had a significant relationship with the child and demonstrated a willingness to make a long-term commitment to the child's care. Safety factors that prompted involvement with Child Protection Services must have been resolved and the placement could not require continued oversight. In addition, an

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<sup>1</sup> Based on information submitted by the State as of January 2010.

## TENNESSEE – SUBSIDIZED GUARDIANSHIP

assessment—including a home study, a criminal background check, and an abuse/neglect registry search—must have yielded results that supported the decision to place the child in the legal custody of the foster caregiver.

### JURISDICTION

Tennessee implemented its demonstration in three pilot regions of the state: Davidson County, Upper Cumberland Region, and Shelby County. In addition, children statewide who had a goal of Planned Permanent Living Arrangement (PPLA) were eligible to participate as long as they met the demonstration's other eligibility requirements. The Children's Bureau later approved a statewide expansion of the waiver demonstration that was implemented on July 1, 2008 in the Knox, North East, Smokey, and East Regions of the State. Expansion to the Mid-Cumberland region occurred on October 1, 2008 and to the Southeast and Hamilton regions on January 1, 2009.

### INTERVENTION

Tennessee's waiver demonstration provided a financial subsidy and post-permanency support services to foster caregivers who assume permanent guardianship of children in the legal custody of the State. Specific services and supports include the following:

1. Guardianship Subsidy Payment: Caregivers awarded guardianship under the demonstration received a monthly guardianship subsidy equal to the State's base monthly foster care subsidy.
2. Post-permanency Supports and Services: Post-permanency supports and services were offered to participating caregivers and children. These supports and services included individual and family therapy, case management services, support groups, respite care, crisis intervention, educational opportunities, information and referral services, children's activity groups, and recreational activities.
3. Financial Assistance to Finalize Guardianship: Participating caregivers received financial assistance of up to \$1,000 to cover legal fees and other non-recurring costs associated with finalizing the guardianship.
4. Education and Training Vouchers: Children who enter subsidized guardianship after reaching 15 years of age were eligible to receive education and training vouchers funded through the Chafee Foster Care Independence Program (CFCIP). The State made CFCIP-funded education and training vouchers available to all eligible children statewide who entered into either subsidized guardianship or adoption.

### EVALUATION DESIGN

The evaluation of the State's guardianship demonstration included process, outcome, and cost analysis components and used an experimental research design to evaluate the demonstration in the three pilot regions. Using a random assignment ratio of 1:1, the caregivers of children

## TENNESSEE – SUBSIDIZED GUARDIANSHIP

assigned to the experimental group were offered the subsidized guardianship option while children assigned to the control group had the traditional permanency options available to them per existing State policy, including subsidized adoption and unsubsidized permanent guardianship. In addition, children with a permanency goal of PPLA who met eligibility for the demonstration before October 1, 2007 were assigned to a special non-experimental study group that was tracked separately.

### Sample Size

As of March 2009, the evaluation sample included 729 sibling clusters with 1,122 children. Of these 1,122 children, 649 children were assigned to the experimental group and 473 children were assigned to the control group. In total, 351 children were assigned to the PPLA group.

### Process Evaluation

The process evaluation examined program implementation and the role of subsidized guardianship in increasing permanency through focus groups with casework professionals and court personnel (e.g., judges, attorneys, guardians ad litem); observations of and participation in agency trainings and meetings; document review; and on-line surveys of case managers and caregivers.

### Outcome Evaluation

Utilizing secondary administrative data (including the State's SACWIS known as TNkids and AFCARS) and primary data collected through telephone interviews with caregivers, Tennessee's outcome evaluation compared the experimental and control groups for significant differences in child safety, permanency, and placement stability.

### Cost Study

The State's cost analysis compared 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 included an examination of the use of major funding sources, including all relevant Federal sources such as titles IV-A, IV-B, IV-E, and XIX of the Social Security Act, as well as State and local funds.

## EVALUATION FINDINGS

### Process Evaluation

- Misconceptions/Misunderstandings about Guardianship: Caseworkers expressed confusion about certain aspects of the demonstration, including the purpose of and procedures for random assignment; the differences between the permanency goals of subsidized guardianship and adoption; the assignment process for PPLA cases; the adoption rule-out policy; and the availability of post-permanency services.

## TENNESSEE – SUBSIDIZED GUARDIANSHIP

- Benefits of Guardianship: Various stakeholders (including caregivers, court personnel, and case managers) reported an overall positive perception of subsidized guardianship and noted that it can be a positive permanency alternative for some families. More specifically, 89 percent agreed that guardianship was positive because it does not require the termination of parental rights; 69 percent agreed that a year was adequate time to rule out reunification; and 65 percent indicated that subsidized guardianship is as permanent as adoption.
- Disadvantages of Guardianship: The actual or perceived loss of services, including placement services associated with the transfer of guardianship, was perceived as a disadvantage of guardianship by caseworkers and caregivers.
- Barriers to Establishment: Barriers to the establishment of guardianship noted by caseworkers included the random assignment requirement of the evaluation, which prevented workers from offering subsidized guardianship to control group families that could have otherwise benefited from the program, as well as a strong belief among some workers that adoption is more permanent than guardianship.
- Permanency Planning: Forty-two percent of experimental group caregivers indicated that becoming a guardian without adoption was the best plan for the child compared to 13 percent of caregivers in the control group. In the absence of the guardianship option, 62 percent of caregivers in the control group thought adopting the child was the best plan, compared to 39 percent of caregivers in the experimental group.
- Offer and Acceptance of Subsidized Guardianship: Overall, there were no significant differences between interviewed caregivers of children in the experimental and control groups in the frequency with which guardianship or legal custody were discussed. The topic of adoption was broached more frequently with the caregivers of children in the control group (91 percent) than with the caregivers of children in the experimental group (83 percent).

Among the caregivers of the 338 children assigned to the experimental group who participated in telephone interviews, the caregivers of 231 children (68 percent) reported that they had been informed of the SG option. Of these caregivers, 31.7 percent planned to adopt and 63.4 percent planned to pursue SG. In contrast, 84.7 percent of all uninformed caregivers intended to adopt.

### Outcome Evaluation

- Permanency Rates: As of October 2009, the net permanency rate (combined exits to guardianship, adoption, reunification with parents, and living with relatives/kin) was 74.69 percent for the experimental group compared with 65.95 percent for the control group, a statistically significant difference of 8.74 percent.
- Adoptions versus Guardianships: As of October 2009, 27.1 percent of children in the experimental group were adopted compared to 43.2 percent of children in the control group. Guardianship was a far more prevalent outcome in the experimental group (29.43 percent)

## TENNESSEE – SUBSIDIZED GUARDIANSHIP

than in the control group (4.32 percent). These findings suggest that guardianship did supplant adoption to some degree.

- Reunification: The availability of guardianship had no impact on reunification rates, with 12.17 percent of children in the experimental group and 12.12 percent of children in the control group reunifying.
- Relatives versus Kin: Adoptions by kin were equal in the experimental and control groups (21.82 percent versus 21.67 percent, respectively), but were more common among relatives in the control group (47.86 percent) than in the experimental group (26.64 percent). Exits to guardianship were more common in the experimental group among relatives and kin (31.30 percent and 22.40 percent, respectively) than among control group relatives and kin (5.05 percent and 1.30 percent, respectively).
- Stability: Among children randomized to the experimental group, 79.5 percent in relative homes were stably adopted, discharged to permanent guardianship or legal custody, or reunified as of October 1, 2009 compared to 54.3 percent of children in kin homes. The stable permanency rate among children in relative homes who were randomized to the control group was 72.3 percent compared to 31.2 percent of children in kin homes<sup>2</sup>.

There was a marked difference in movement from the caregiver's home between experimental and control group children placed with non-biological kin (26.22 percent vs. 36.30 percent, respectively). In contrast, the difference in movement between experimental and control group children placed with relatives was less marked and was significantly lower in both groups overall (9.18 percent vs. 13.83 percent, respectively).

As of October 2009, the court vacated the guardianship orders of 20 children who had exited to guardianship (subsidized and unsubsidized combined), including 19 children from the experimental group and one from the control group. All but two of these children had exited under the subsidized guardianship option. The length of time in guardianship prior to dissolution ranged from 1.5 months to 26 months, with an average of 9.2 months. Thirteen of the 20 disrupted cases involved non-biological relationships.

### Cost Analysis

Total cumulative IV-E costs for the experimental group were \$5,041,946.10, which was \$1,133,669.91 less than the cost neutrality limit of \$6,175,616.01. Thus, the State estimates that in the absence of the waiver it would have spent more than \$1 million on unnecessary foster care costs, including the costs of foster care maintenance and administrative overhead.

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<sup>2</sup> The stable permanency rate is determined by calculating the number of children who exited the child welfare system to the care of the person with whom he or she was living at the time of assignment to the demonstration, or who was reunified with a parent.

# VIRGINIA

**DEMONSTRATION TYPE:** Subsidized Relative Custody

**APPROVAL DATE:** March 31, 2006

**EXPECTED IMPLEMENTATION DATE:** Terminated prior to implementation on September 14, 2007

## BACKGROUND

Virginia originally planned to implement its subsidized relative custody waiver no later than January 1, 2007. The State later postponed and then terminated its waiver prior to implementation due to a number of implementation barriers, including the need for State legislation to authorize subsidized relative custody as a permanency option; the need for modifications to the State's SACWIS to track data on children assigned to the demonstration; and budget constraints.

## TARGET POPULATION

Virginia's demonstration, known as the Subsidized Custody Program, planned to target title IV-E-eligible and non-IV-E-eligible children ages 0–18 for whom reunification and adoption had been ruled out as permanency options. Prospective legal custodians were to be relatives (e.g., a grandparent, uncle, aunt, older sibling, older cousin) with a significant personal relationship with the child and a demonstrated willingness to make a long-term commitment to the child's care.

## INTERVENTION

Specific service components of the demonstration were to include the following:

1. Subsidized Custody Payment: Relative caregivers would receive a monthly subsidy equal to the child's monthly foster care maintenance payment adjusted according to any special needs (e.g., physical, dental, mental health, developmental) of the child.
2. Payment for Non-Recurring Expenses: Relative custodians would receive a one-time payment to cover miscellaneous costs and legal fees necessary to establish the relative custody arrangement.
3. Pre- and Post-Permanency Supports and Services: Participating children and custodians would have access to a variety of pre- and post-permanency services, including counseling, crisis intervention, tutoring, and physical therapy as needed on a case-by-case basis.
4. Education and Training Vouchers: Children age 16 and older would be eligible for education and training vouchers funded through the Chafee Foster Care Independence Program.

## WASHINGTON

<b>DEMONSTRATION TYPE:</b>	Managed Care Payment System <sup>1</sup>
<b>APPROVAL DATE:</b>	September 29, 1998
<b>IMPLEMENTATION DATE:</b>	March 27, 2002
<b>COMPLETION DATE:</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. 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

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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

residential, in-home, and follow-up services. The RSN provided Individualized and Tailored Care (ITC) services adapted to the needs of individual children. Eligible children included those ages 8 to 17 who were involved in the child welfare system, had mental health and/or special education needs and a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis, and were at risk of entering high-cost care.

The Spokane pilot project involved a case rate financing methodology tied to foster home bed days. The State paid Spokane County a rate of \$2,400 per month per child. Spokane County then contracted with the RSN contractor, a licensed foster care agency, to take responsibility for referrals and placements; the RSN contractor in turn subcontracted with another agency to provide wraparound services and to facilitate ITC services. Spokane County terminated its pilot demonstration in November 2000 after the RSN contractor reported it was unable to continue providing services at the contracted case rate.

Clark County implemented its demonstration in March 2002 using a wraparound service model featuring Care Coordinators. Care Coordinators trained in ITC principles convened and facilitated monthly child and family team meetings to determine the strengths, needs, and appropriate services for each child and family. Through a fiscal partnership between the local CA office and the Clark County RSN, these services were purchased from a network of community-based providers. The Clark County demonstration targeted CA clients who were either at risk of need for high-cost residential care or at risk of requiring high-cost foster care services. The CA and the Clark County RSN set rates of \$4,668 and \$1,556 per month per child, respectively, for these target populations. Each agency contributed a specified proportion to these caps. Clark County's demonstration was terminated by mutual consent on June 30, 2003 with the expiration of the Clark County RSN's contract.

### EVALUATION DESIGN

Washington's evaluation consisted of process, outcome, and cost-effectiveness components. Washington randomly assigned children to experimental and control groups in both the Spokane and Clark County demonstrations. Children in the experimental groups received services using flexible funding and wraparound services, whereas children in the control groups received traditional services. The State originally expected to assign as many as 90 children in Clark County, with 45 children in the experimental group and 45 children in the control group, and to assign 300 to 400 total children over a five-year period.

The State proposed the following outcomes:

- Decrease in the proportion of children placed in facility-based care settings;
- Reduction in length of stay in facility-based care;
- Use of less restrictive family settings;
- Decreased rates of re-entry into more restrictive care settings;

## WASHINGTON – MANAGED CARE PAYMENT SYSTEM

- Shorter time frames for achieving permanency goals; and
- Increased levels of child safety, client satisfaction, and family and child well-being.

For the Clark County demonstration, Washington used the North Carolina Family Assessment Scale (NCFAS) to measure changes in child and family functioning and well-being, and the Restrictiveness of Living Situation Scales (ROLSS) to assess living situation outcomes at intake and following discharge from care.

### EVALUATION FINDINGS

#### Process Evaluation

Enrollment in both of the demonstration projects was lower than expected. At the termination of the Spokane pilot project, the County had assigned eight children to the experimental group and three children to the control group. In Clark County, 15 children (eight in the experimental group and seven in the control group) were enrolled at the time of termination. Limited bed capacity hindered higher enrollment in the Spokane pilot demonstration, in part due to the contractor's inability to recruit a sufficient number of licensed foster homes. Disagreements over eligibility criteria limited enrollment in the Clark County demonstration. For example, confusion arose across partner agencies as to whether the project could serve all children who were eligible for mental health services or only those already receiving mental health services. In addition, whereas the Clark County RSN targeted children who incurred high costs for the local mental health system, the local CA office placed more emphasis on children who were high cost to the child welfare system.

In response to lessons learned from the Spokane pilot project, the State expanded the eligibility criteria for participating in the demonstration by allowing children ages 6 and 7 to be served and by removing the requirement for a DSM diagnosis. With the exception of Clark County, however, mental health authorities and community service partners in other localities were unwilling to designate local funds to a managed care initiative and did not commit to the demonstration.

Washington's evaluation identified several financial, service-related, and contextual challenges to successful implementation:

- Inadequate payment rates and failure among stakeholders to agree on new rates;
- In Spokane County, the absence of a truly blended funding model;
- In Clark County, the RSN's inability to develop a network of placement providers, in part because the RSN was not a licensed child placement agency, which led to complicated, inefficient payment mechanisms for placement services;

## WASHINGTON – MANAGED CARE PAYMENT SYSTEM

- The local child welfare agency’s retention of control over payment for placement services in Clark County, conveying an impression of disproportionate influence over case planning and decision making;
- In Spokane County, confusion over the roles and responsibilities of CA case managers and contracted service providers;
- In Spokane County, conflicts between individualized/flexible case planning, the regulatory parameters of the courts, and State licensing requirements;
- In Clark County, philosophical differences between the local CA office and community service providers regarding the definition and goals of wraparound services; and
- Changes in local government leadership.

Despite these challenges, Washington’s evaluation highlighted the strong commitment among stakeholders at both sites to the concepts of flexible funding and tailored, wraparound services.

In response to lessons learned in the Spokane and Clark County projects, Washington’s evaluation made several recommendations for future flexible funding initiatives, including the following:

- Assess provider readiness to implement a flexible funding demonstration;
- Clarify the roles and responsibilities of participants;
- Clarify eligibility guidelines and discharge protocols;
- Enhance cross-agency training related to project implementation and the roles of participating organizations;
- Establish consensus regarding adequate payments rates and funding decisions;
- Clarify billing and payment procedures and responsibilities;
- Ensure accountability through the specification of clear performance indicators; and
- Consider the establishment of performance incentives to facilitate quality improvement and strengthen commitment to positive youth outcomes.

### Outcome Evaluation

Low enrollment and early project termination limited the collection and reporting of outcomes data for both the Spokane and Clark County demonstrations. In Spokane County, termination occurred too early to draw conclusions about program outcomes. Evaluators in Clark County collected limited data regarding children’s functioning and living arrangements, with results

## WASHINGTON – MANAGED CARE PAYMENT SYSTEM

from the NCFAS suggesting some beneficial changes in relationships between experimental group children and caregivers, siblings, and peers. ROLSS data suggested improved outcomes for both experimental and control group children in their living situations following service discharge. Structured interviews with the caregivers of children enrolled in the demonstration generally indicated enthusiasm for and satisfaction with the wraparound services model.

Evaluation results indicated different service utilization rates and costs between experimental and control group participants. Average monthly case management contacts per participant were considerably higher for the experimental group (14 contacts per month) compared with the control group (5 contacts per month); costs in the experimental group were also higher, averaging \$3,000 per participant per month compared with \$1,870 per participant per month in the control group.

Small sample sizes in the Clark County demonstration necessitate extreme caution in interpreting evaluation results and preclude drawing clear conclusions about youth outcomes, client satisfaction, service utilization, and costs.

# WISCONSIN

<b>DEMONSTRATION TYPE:</b>	Subsidized Guardianship <sup>1</sup>
<b>APPROVAL DATE:</b>	September 10, 2004
<b>IMPLEMENTATION DATE:</b>	October 14, 2005
<b>EXPECTED COMPLETION DATE:</b>	Short-term extension granted until July 31, 2011 <sup>2</sup>
<b>INTERIM EVALUATION REPORT DATE:</b>	May 30, 2008
<b>FINAL EVALUATION REPORT DATE:</b>	January 25, 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 in Milwaukee County for a minimum of 12 months. A small number of children placed with non-relatives, i.e., providers who are referred to as “like kin”<sup>3</sup>, may also participate in the demonstration. Exceptions to the 12-month placement minimum may be made in the case of children where 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 subsidized guardianship.

The demonstration also targets a special study group of children in Milwaukee County for whom guardianship had been awarded under State law as of January 1, 2006 but whose cases remain open in foster care for payment purposes.

## JURISDICTION

The State's demonstration—known as the Guardianship Permanency Initiative—is administered by the state in Milwaukee County by the Bureau of Milwaukee Child Welfare (BMCW).

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<sup>1</sup>Findings presented in this profile are based on information submitted by the State as of January 2011.

<sup>2</sup>Wisconsin's demonstration was originally scheduled to end on September 30, 2010. The State received a short-term extension through July 31, 2011 to give it more time to plan for and transition to the new Federal Guardianship Assistance Program.

<sup>3</sup>“like kin” refers to persons not related to a child by blood but with whom the child and his or her family have a close existing relationship or personal bond. Examples include godparents and close family friends.

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### INTERVENTION

Wisconsin's Guardianship Permanency Initiative seeks to improve permanency outcomes for children in out-of-home care by promoting guardianship as a permanency option, using relatives as permanency resources, and encouraging family-based permanency planning for children. The State's demonstration includes the following components:

- Guardianship subsidy payments based on the foster care payment amount in effect for a child at the time that guardianship is awarded. The subsidies may continue until a child turns 18 years old or until age 19 to facilitate a child's completion of high school or an equivalent degree.
- Support services before and during the transition to guardianship parallel those offered to adoptive families, such as preliminary screenings for guardianship, home assessments, assistance in applying for subsidies, referrals to community services, access to post-guardianship resource centers, and post-permanency support services.
- Educational resources for foster parents such as printed materials, information sessions, and educational home visits by child welfare case managers.

### EVALUATION DESIGN

The State's evaluation included process, outcome, and cost analysis components.<sup>4</sup> Using an experimental research design, the State's evaluation contractor randomly assigned 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 remained open in foster care for payment purposes, were automatically eligible for subsidized guardianship program and were exempt from random assignment. Outcomes for these cases were tracked longitudinally but not compared against outcomes observed in the control group. The assignment of these cases was referred to as "Phase I" of the demonstration.

#### *Sample Size*

Phase I of the State's guardianship demonstration began in October 2005 with the conversion of the special experimental group to the subsidized guardianship initiative. 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 group cases were identified for immediate conversion to guardianship. In addition, a number of cases were discovered with a guardianship order in place prior to January 1, 2006 who were added to the Phase I population. As of December 2009 222 children were

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<sup>4</sup>Although Wisconsin's demonstration is not scheduled to end until July 31, 2011, the State directed its evaluation contractor to complete evaluation activities early (by September 2009) so that it could use findings from the evaluation to plan for its transition to the Federal Guardianship Assistance Program.

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assigned to the special experimental group. The random assignment phase (Phase II) of the demonstration began on January 1, 2006 with the immediate assignment of 275 eligible children.

### Process Evaluation

The State's evaluation contractor conducted focus groups and interviews with legal and judicial representatives, foster caregivers and youth, and State child welfare agency case managers and supervisors to understand how the demonstration was implemented from the perspective of these stakeholders and to identify differences in services received by children in the experimental and control groups. A two-part Web-based case manager survey regarding attitudes about permanence and kinship was sent to 237 case managers between May and September 2007. In addition, the caregivers of children assigned to Phase II were interviewed by telephone three to six months after the children's assignment regarding their understanding of and opinions about guardianship and adoption and initial decisions about permanence.

### Outcome Evaluation

The State's outcome evaluation compared the experimental and control groups for statistically significant differences in safety, permanency, stability, and well-being outcomes.

### Cost Analysis

The State's cost analysis examined the costs of key services received by children in the experimental group and compares these with the costs of providing traditional services to children in the control group. The cost analysis also involved 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

#### Family Demographics:

- Caregiver surveys collected data on 486 children, including 245 experimental group children and 241 control group children. Overall, African American children accounted for about 74 percent of children in the care of surveyed caregivers, while white children accounted for 21.4 percent. Almost 92 percent of surveyed caregivers were female.

#### Offer and Acceptance of Guardianship and Adoption:

- Among case managers who completed Part 2 of the case manager survey regarding the discussion of permanency planning options with families, 5 percent indicated that they discussed only adoption, 27 percent discussed only guardianship (both subsidized and unsubsidized), 22 percent discussed both options, 22 percent discussed neither option, and 24 percent did not know what options were discussed. In cases in which neither permanency

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option was discussed at the last family meeting, case managers reported that some children were opposed to adoption (25 percent) or were too close to the age of majority (21 percent). Sixty-six percent of case managers selected “other” as a response, with the primary reasons being that the caregiver had not attended the last family meeting or that permanency decisions had already been made at a previous family meeting or court hearing.

- Altogether, results from the Part 2 surveys indicated that case managers discussed the option of guardianship (both subsidized and unsubsidized) with nearly half (49 percent) of the families in their caseloads. According to corresponding caregiver surveys, the caregivers of 148 of 251 children (59 percent) assigned to the experimental group recalled having been offered the option of SG.
- Among families in which either adoption and/or SG was discussed, case managers reported that 34 percent accepted guardianship, 36 percent accepted adoption, 25 percent accepted neither option, and 4 percent did not know which option had been selected. Among those cases in which neither option was accepted, reasons given by caregivers included that reunification had not yet been ruled out (35 percent) and concerns that the child could lose some benefits or services (16 percent).
- In cases where adoption was discussed but not accepted, 42 percent of caregivers did not want to change their family relationships by adopting the child, 20 percent were opposed to TPR, and 21 percent were concerned about behavioral issues with the child in their care. Among those families that declined adoption, case managers reported that 31 percent chose subsidized guardianship while the rest were either not interested (35 percent) or not eligible (25 percent) due to assignment to the control group.

### Perspectives on and Knowledge of Subsidized Guardianship:

- Among case managers that completed Part 1 of the case manager survey, 75 percent agreed that subsidized guardianship is a good option because it does not require termination of parental rights (TPR), while 61 percent agreed that subsidized guardianship is a good option because it affords birth parents a chance to reunite with their children in the future. When comparing guardianship to adoption, 42 percent of case managers agreed that guardianship is as permanent for children as adoption, while 59 percent did not feel that guardianship is as permanent as adoption.
- Through focus groups Milwaukee County judges, court commissioners, and court staff indicated the subsidized guardianship program was beneficial to children who were in stable placements and that it freed up significant court financial and personnel resources. However, adoption remained the preferred option of most court officials because they regarded it as more permanent. Based on follow-up questions asked of these staff in the fall of 2009, most respondents agreed that guardianship is a good addition to the permanency continuum and is appropriate for some children residing in relative care.

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### Outcome Evaluation

- As of September 30, 2009, 486 children had been randomly assigned during Phase II of the demonstration, with 245 children assigned to the experimental group and 241 children assigned to the control group. As of September 2009 only 20 children in the care of “like kin” had been randomly assigned to the demonstration. Due to the small size of this population the State’s evaluators did not conduct a separate analysis of outcomes for like kin placements.
- The availability of subsidized guardianship had a statistically significant effect on net permanency rates, with 69 percent of children assigned to the experimental group exiting to guardianship, reunification, or adoption as of September 2009 compared with 50.2 percent of control group children, a difference of 18.8 percent.
- Guardianships accounted for nearly the entire higher net permanency rate in the experimental group. Specifically, 22.9 percent of children assigned to the experimental group exited to permanent guardianship compared to 1.2 percent of children in the control group. However, the availability of subsidized guardianship did not have a statistically significant impact on reunification rates, with 5.7 percent of children in the experimental group exiting to reunification compared to 9.5 percent of children in the control group. Adoption rates were also similar in the experimental and control groups (39.2 percent and 36.5 percent, respectively), indicating that subsidized guardianship did not supplant adoption.
- The availability of subsidized guardianship had a significant positive effect on placement duration, with children assigned to the experimental group spending an average of 490 days in out-of-home care compared with 631 days for children in the control group, a difference in favor of the experimental group of 141 days.
- Child safety was not compromised when subsidized guardianship was made available as a permanency option. While fewer reports of child maltreatment (either screened in for investigation or substantiated) occurred in the experimental group (19.2 percent) than in the control group (24.5 percent), this difference was not statistically significant. When the analysis was restricted to reports that occurred after exiting to adoption or subsidized guardianship, only three percent of cases in both the experimental group and the control group had a child maltreatment report. No post-permanency maltreatment reports in either group were substantiated.
- The availability of subsidized guardianship had no negative impacts on placement stability. During the course of the evaluation 12.8 percent of children in the experimental group had one or more placement changes compared with 16.9 percent of children assigned to the control group; this difference was not statistically significant. Most placement moves involved placement into another foster home.
- There were no re-entries into foster care from adoptive homes in either the experimental or control group as of September 2009, although there were some placement disruptions prior to adoption.

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### Cost Evaluation

As of September 30, 2009 the State was in excess of the Federal cost neutrality limit (CNL) by \$219,862. Thus, the State incurred a deficit in Federal reimbursement even though total spending from both State and Federal sources was \$401,624 less for the experimental group than for the control group. The State concluded that the process used for randomizing cases failed to equalize title IV-E eligibility rates in the experimental and control groups. As an alternative, the State suggested that a more effective method for computing title IV-E claims would have been to base the CNL on the total number of title IV-E eligible days in foster care rather than on all children ever assigned to the experimental group. Using this method, the State would have shown approximate savings of \$162,000 in foster maintenance costs and substantially more administrative cost savings.