
Indiana Child Welfare Demonstration-Extension Interim Evaluation Report

Prepared for the
Indiana Department of Child Services

by

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Chapter 1

Introduction

A. Overview of the Demonstration

The Department of Health and Human Services originally approved the State of Indiana's child welfare waiver demonstration on July 18, 1997. The IV-E foster care project was authorized for five years and it ran from January 1, 1998 through December 31, 2002, administered by the Family and Social Services Administration (FSSA). The project continued after 2002 under an interim understanding and in 2005 the state received formal approval from DHHS to operate the waiver for an additional five years, beginning on July 1, 2005 through June 30, 2010.

Under the renewed terms and conditions issued in 2005, and modified slightly in 2007, the state of Indiana is allowed to expand both eligibility and services beyond what is otherwise permitted under title IV-E of the Social Security Act. Through a waiver of Section 472(a) the state is permitted to expend title IV-E funds for children and families who are not normally eligible under Part E of title IV of the Act. This includes children who have not been judicially removed from the home and children who remain in the custody of a parent. It also includes children who have been adjudicated as juvenile delinquents and children from families who do not meet the income requirements for eligibility under title IV-E. Through a waiver of Section 474(a)(3)(E) and 45 CFR 1356.60(c)(3) the state is allowed use IV-FC funds for services that are not normally covered under Part E of title IV of the Act, that is, for services other than foster care that are consistent with the underlying purpose and goals of the demonstration. The Terms and Conditions limit the number of children who can be assigned to the waiver group to 4,000 at any one time.

The primary change in the Terms and Conditions for the five-year extension involves the manner in which the cost neutrality of the project is calculated. Costs associated with a statistically representative sample of matched comparison group cases are being used to determine the cost neutrality limit.

The Indiana project is unique or nearly unique in a number of ways. It is one of only a small number of flexible funding Demonstrations testing alternatives to traditional foster care.

It is statewide in scope, and counties are allowed a certain level of discretion in the nature and scope of the program locally. It allows broad participation of the full range of CPS cases from low to high risk and permits the inclusion of juvenile delinquency cases. Children may be assigned to the waiver (experimental) group if they are already in out-of-home placement or at risk of placement but still at home. The Terms and Conditions of the Demonstration also allow children from families who do not meet title IV-E income criteria to be included along with children in IV-E eligible cases.

1. Purpose

The Indiana Child Welfare Waiver Demonstration is designed to provide home and community-based alternatives to group and institutional care and to insure children are protected in safer environments with supportive services. Its fundamental purpose is to reduce out-of-home placements and, when placements are made, on expediting family reunification. The project was envisioned as both a more cost effective response to child abuse and neglect and adolescent delinquency and one that was expected to lead to improved family functioning and child well-being.

2. Background and Context

The current extension is being operated within the context of the original project and its evaluation. Prior to the start of the extension a number of organizational and administrative changes were made to the project in an attempt to improve both the operation of the demonstration and its outcomes. The following is a brief summary of the findings of the original evaluation and of the organizational changes put in place at the start of the extension period.

Findings of the Original Evaluation. The original evaluation, as the current one, consisted of three distinct studies: a process study, an impact study and a cost effectiveness study. The process study found that utilization of the waiver during the original 60-month demonstration period varied considerably across the state, both in regards to how it was used and how much it was used. Differences were found in the procedures for assigning cases to the waiver, the types of cases targeted, the kinds of services emphasized, and the nature of inter-agency agreements entered into. There were differences as well in the composition, strengths and histories of the county collaboratives that formed the basis of most planning groups. Process study findings indicated that many counties made good use of the waiver during the demonstration, operating strong intensive services programs that were integrated into their broader child protection systems. Some of these counties were very active in utilizing their waiver slots. More often, however, counties underutilized the waiver, using fewer, sometimes many fewer, of the slots available to them. A number of counties had difficulty identifying as

many eligible and appropriate cases as had been anticipated at the start of the demonstration. At the conclusion of the demonstration period, a large majority of administrators responsible for county waiver programs, including all who used the waiver extensively and many who used it more sparingly, held a positive attitude toward the waiver and wanted to see it continued.

The impact study found positive outcomes associated with the waiver that were statistically significant in a number of areas. Families with access to waiver dollars received not just more services, but a greater diversity of services and more services provided by community-based organizations, than families without access to waiver funds. In particular, the waiver increased the provision of family-oriented services that promoted family stability and services that addressed basic household needs. Other outcomes that were statistically significant, although not always programmatically robust, included a reduction in children placed in out-of-home foster and institutional care, shortened length of time in foster-care, increased reunifications of children with their parents, improved educational experiences among children, and increased family satisfaction. Such outcomes were found primarily in the minority of counties that utilized the waiver more actively and with greater fidelity to the intensive services model.

The cost effectiveness study revealed that costs were lowered and cost-effectiveness increased in counties with active waiver programs for three major child welfare measures: placement avoidance, length of placement, and reunification.

The conclusion of the evaluation report advised continuation of the waiver but made a number of recommendations for expanding and improving the program that were suggested by process and impact study findings. These included: 1) providing increased and more active monitoring and oversight of county waiver programs; 2) ensuring that clear, concise guidelines are provided to counties on how the waiver may and may not be used; 3) providing on-going training to county administrators, family case managers and bookkeepers; 4) providing structured opportunities for counties to learn about exemplary programs and best practices identified in other parts of the state; and 5) establishing a method for identifying IV-E eligible families at a point in time when this information can impact case planning and decision making.

Best Practice Initiative. There is another initiative in the state that is expected to impact the waiver. This is a best practice demonstration being carried out by the Casey Foundation. This initiative began in DCS regions 9, 10 and 18 and is being rolled out in all regions of the state. Key goals of this project are lowered caseloads and improved permanency outcomes. This latter, in particular, is central to Indiana's waiver and the interaction between the Casey initiative and the waiver demonstration will be a focus of the waiver evaluation.

3. Service Intervention Strategy

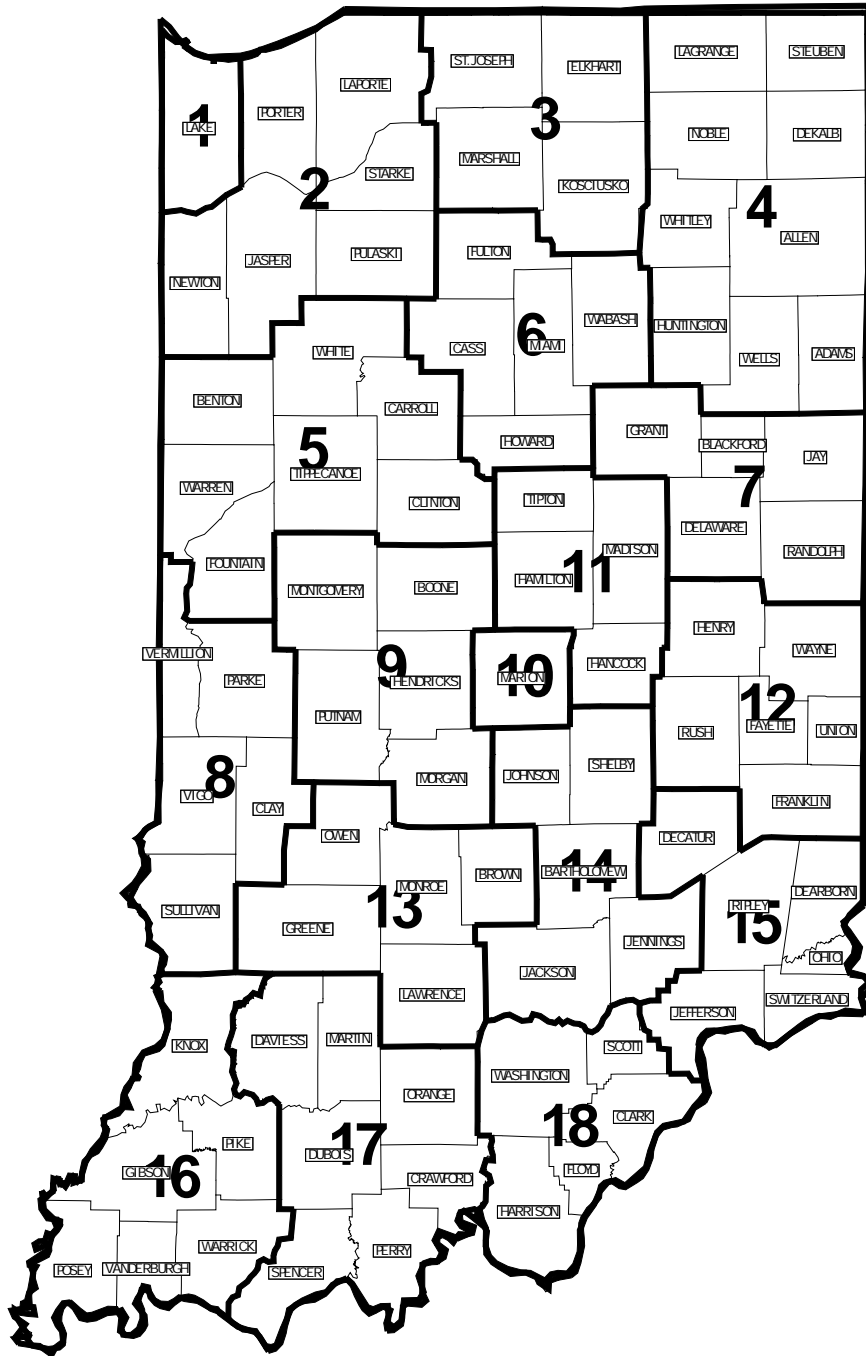
The flexible nature of the demonstration means that there is wide latitude in what kinds of services may be provided to children and to their families in order to achieve program goals of avoiding or limiting out-of-home placement. The terms and conditions specify that the state must “develop and deliver services to meet the individual needs of each child and family” but do not prescribe nor proscribe what such services may or may not be other than to identify them within the general parameter of community-based and wraparound in nature. Among the services more often provided to waiver children and families during the initial 60-month demonstration period, when compared with control children and families, were such things as assistance with basic household needs (such as utility and rent payments), assistance with basic needs of children in placement (such as clothing and school supplies), child care and respite care services, education-related assistance, homemaker and home management assistance, and wide-ranging family preservation services.

The evaluation of the original 60-month demonstration period found considerable variation among counties in the manner and extent to which the waiver was utilized as well as in the types of services provided in individual cases. It is a goal of the state during the extension period to bring greater uniformity to service approaches across the state and to increase utilization of the waiver by county offices.

4. Implementation Status

The original demonstration project was administered and operated by the Indiana Division of Family and Children within FSSA. At the beginning of 2005 the governor created the Department of Child Services, making it a new cabinet level agency. Child Protection Services, foster care, adoption, independent living, and the Child Support Bureau were moved from FSSA into the new department, along with responsibility for the child welfare waiver demonstration. A major commitment was made to the hiring of new caseworkers. DCS received legislative approval to hire 800 new caseworkers through the end of 2008. New maximum caseloads were established that are in line with national best practice standards. DCS reorganized the administration of the agency statewide with the expansion of DCS regions from 6 to 18. (**Map 1** on the following page shows regional boundaries.)

A new training program for DCS management and staffs was implemented across the state. The program has been multi-tiered and aimed at regional managers, supervisors, Family Case Managers (FCM's) and bookkeepers. This training has focused on relating the waiver demonstration to the broader mission of DCS and ensuring that managers understand the



Map 1

DCS Administrative Regions

waiver's programmatic and fiscal impact on the agency. Training provided to child welfare supervisors has emphasized best practice lessons learned from the initial demonstration period. Training of bookkeepers has focused on the new cost neutrality requirements of the demonstration and on establishing procedures for ensuring prompt and comprehensive transfer of fiscal data on waiver and control cases. A new IV-E eligibility unit has been created by DCS. DCS has located the new unit in proximity to Central Office in order to expedite eligibility determinations for children and, simultaneously, increase program participation.

Operational protocols have been developed for all levels of DCS staff, other than clerical. Those for Family Case Managers and Child Welfare Supervisors direct local-area decision making about waiver assignment and to make it more consistent across the state. The protocols provide a detailed, step-by-step guide about who should do what, when, where and why, and with what documentation. In addition, a new "SharePoint" internet website has been constructed through which waiver experiences and successes can be shared, questions asked and publicly answered, and best practices made available to all counties. Targeted site visits have been made and technical assistance provided to counties that have underutilized the waiver in the past or used it inappropriately. The practice of allocating a specific number of waiver "slots" to counties has been replaced with a system of regional budgeting. The new allocation procedure provides greater flexibility and is integrated into the ICWIS accounting subsystem, allowing quicker assessment of fiscal activity.

These activities were part of a new emphasis placed on the waiver demonstration as the extension got underway. The waiver was viewed as part of the new effort to improve child welfare programs in the state. Managers within the department responsible for the waiver took steps to provide more vigorous oversight of the demonstration and to place greater emphasis and focus on it within the new department. An increase in the utilization of the waiver across the state was given a high priority as was a fuller integration of the demonstration into child welfare practice at the county level. Efforts were made to link the waiver to the state's intensive services initiatives, to place a greater focus on child and family well-being, to strengthen the state-region-county program structure, to encourage county and regional administrators to make greater and more effective use of the waiver, and, through pro-active technical assistance, to support the efforts of counties to improve their waiver programs. These efforts were complicated by the increase in hundreds of new Family Case Managers who required training, turnover in county and regional administrators, a change in state administrators responsible for the demonstration, and the retirement of the program field manager.

B. Methodology

1. Design

The nature and scope of the waiver demonstration in Indiana constrain and shape the evaluation. A randomly assigned control group is not possible, nor is a comparison group of children and families from counties not participating in the Demonstration. However, because the number of children that can be assigned to the Treatment group at any one time is limited to 4,000, other children being served by local offices and not assigned to the waiver group are available to serve as control cases. During the original demonstration a quasi-experimental design was developed based on a pair-matching methodology. As each newly assigned waiver group child is identified, the remainder of the ICWIS extract of children never assigned to the experimental group is searched for children that most resemble the waiver group child. The group of never-assigned children is much larger than the waiver group and forms a pool of potential comparison children. The method for selecting the best pair matches utilizes concurrent weighting of cases on a number of relevant variables. The non-waiver child with the most similar score to each newly assigned waiver child is selected as the match for the waiver child. This process is repeated for each new child added to the waiver group.

The impact study utilizes the matched comparison group design. The analysis is building upon the prior evaluation, determining whether outcomes achieved during the initial demonstration are sustained, improved upon, and extended across a greater number of counties. It is also examining whether additional positive outcomes are achieved as a result of program and management improvements. The underlying goals of the project have been translated into a set of research questions that are shaping the impact study. These research questions are listed below.

The process study is monitoring the implementation of the demonstration, assessing the diversity of local office approaches to the waiver, and identifying process and operational factors judged to influence program outcomes. In assessing the similarities and dissimilarities in the way counties approach the demonstration, the study is focusing on the organizational, service, situational and community dimensions of the program. Throughout the evaluation, waiver utilization patterns are being tracked and challenges assessed.

The process study is focusing on the extent to which the state is able to achieve the new goals established for the demonstration, namely, 1) increasing utilization overall, 2) expanding the effective use of the demonstration treatment to a larger number of counties, 3) improving management and operations of the demonstration, 4) improving model fidelity across all

counties, and 5) developing a strategy for replicating lessons learned about permanency during the original demonstration period.

The process and impact studies, while distinct, overlap in a number of critical ways, including research methods, data collection and analysis. In addition, because the process study yields information pertaining to variations in the program across the state—which involves differences in the intervention or treatment being assessed in the impact study—the two studies are integrally linked. Variations in the program represent differences in the experimental treatment and counties are distinguished as having more active or less active demonstration programs. Findings from the process study about these variations are introduced as appropriate into outcome analyses in the impact study.

The matched comparison group design of the impact study also forms the basis of both the cost-effectiveness study and cost neutrality analysis. The cost-effectiveness study can be seen as a part of, or as an extension of, the impact evaluation because it involves comparisons of costs for demonstration treatment and control cases. This study concerns a wide range of costs incurred for children and families served by local DCS offices from local, state and federal sources.

In most IV-E Child Welfare Demonstrations, cost neutrality is determined by comparing costs incurred by treatment cases with costs incurred by randomly assigned control cases, or by average costs of cases in comparison regions or counties not participating in the demonstration. Because such methods are not possible here, costs incurred by waiver cases are being compared to costs incurred by the matched comparison group.

2. Research Questions

The goals that involve program implementation were enumerated in the description of the evaluation design described above. These goals are guiding the process study and involve the treatment condition being tested in this demonstration. The assumption in any human services demonstration is that change in treatment or practice is a precondition for changes in outcomes; if you want to change outcomes you must first change practice. The question for the process study is: Has practice changed? The question for the impact study is: Has this change been sufficient to produce desired outcomes?

The Indiana Demonstration has four major desired outcomes or goals: 1) Preventing out-of-home placements, particularly in restrictive institutional settings; 2) Reducing lengths of stay in out-of-home care; 3) Decreasing the incidence and recurrence of child maltreatment; and 4) Enhancing child and family well-being.

These goals have shaped the research questions that are guiding the impact evaluation. These research questions are:

1. Are fewer treatment children with substantiated dispositions of child abuse or neglect removed from their homes and placed in substitute care during the original case than control children?
2. Are fewer treatment children with substantiated dispositions of child abuse or neglect removed from their homes and placed in:
 - a) Restrictive institutional settings during the original case than control children?
 - b) Out-of-state facilities during the original case than control children?
3. Do more treatment children achieve permanency through reunification, adoption or guardianship than control children?
4. Considering only children that exit out-of-home placement:
 - a) Do treatment children spend less time in placement than control children?
 - b) Do treatment children that are reunited, adopted or placed with guardians spend less time in placement than similar control children?
5. Considering only children in out-of-home placement, do treatment children spend less time in placement in institutional settings and out-of-state facilities?
6. After case closure, do treatment children experience lower recurrence of (substantiated) abuse and neglect reports than control children?
7. Among children who were placed and exited placement for reunification, do treatment children re-enter out-of-home care less frequently than control children?
8. Do added services made available through the demonstration:
 - a) Facilitate permanency of treatment children?
 - b) Reduce the risk of future child abuse and neglect?
9. Are certain approaches to service delivery taken by particular counties more effective in working with specific types of families or children?
10. Do demonstration treatment children experience improved services relevant to child development?

11. Does the school performance of treatment children improve?
12. Does the well being of treatment children and their families improve?
13. Are caregivers of treatment children more satisfied?

3. Data Collection Procedures and Evaluation Activities

Major data sources for the evaluation include extractions from the Indiana Child Welfare Information System (ICWIS, detailed case-specific information collected from family case managers on a sample of cases, site visits to county offices coupled with interviews of DFC administrative and family case management, surveys of county directors and their staffs, surveys and interviews with waiver and control-group families, interviews with regional administrators of DFC and demonstration champions, and a review of a wide variety of documentary material.

ICWIS Data Extractions and the Research Database. During the original demonstration, evaluators received monthly ICWIS data extracts. These extracts included data entered into ICWIS beginning in 1997, and for some variables the extracts included data brought forward from the earlier state data system. The evaluators continued to receive these ICWIS extracts through the end of the original five-year demonstration, the bridge period, and into the extension. In April 2005, in consultation with DCS staff, evaluators reviewed changes in ICWIS and proposed changes to the data received covering a broader set of data tables and data fields than previously received, including additional data on child abuse and neglect incidents and new data on the needs and characteristics of children, caregivers, and families. The changes meant that evaluators began to receive data on all cases active in the system. Cost data entered by local offices became included in the extraction as it was brought into ICWIS. Monthly data extractions and uploads to the evaluators under the new design implemented with the demonstration extension began in September 2006, and the process was corrected and finalized in November 2006. Since then, uploads have continued on a monthly basis with some additional corrections and additions. The types of children on whom data is received includes all children active in ICWIS from January 2002 to the date of the extraction as well as all children ever assigned to the waiver on or after January 1, 1998. The research database has been revised and updated to include new data fields received in the new ICWIS extractions, which comes to evaluators in 35 separate data tables.

Control Group Selection. Following the research plan, and based on the expanded ICWIS files, evaluators revised and refined the control group selection procedures developed

during the original demonstration period. As described above, control group selection is based on pair-matching procedures. Pair matching is accomplished by weighted comparisons of each child assigned to the waiver with the entire population of non-waiver children in active cases in Indiana. New children are assigned to the waiver and enter the experimental study group on an ongoing basis. The control group, correspondingly, is constructed incrementally and continually. Each time a child is assigned to the waiver the evaluators select and assign a similar child to the control group. The object of this matching *is not* to produce matched pairs for analytic purposes. It is to produce matched groups, which are a consequence of pair matching. By incrementally adding to the control group children who are individually matched with children added to the experimental group the overall characteristics of groups are similar.

As evaluators receive monthly ICWIS file extracts, the children who were assigned to the waiver during the previous month are identified and added to the research database. In this process, information on the history and present characteristics of each child is incorporated into the database. The experimental group, accordingly, grows in size as the demonstration proceeds. While experimental group children retain this designation throughout the demonstration, they pass out of active status as their cases close, although some children later return to the system in reopened cases. As each newly assigned experimental child is identified, the pool of the ICWIS extract of children never assigned to a study group is searched for children that most closely resemble the Treatment child. The method for selecting the best pair matches utilizes concurrent weighting of cases on a number of relevant variables. Summary scores are calculated for each child in the non-waiver pool based on weighted matching variables. Using the same method, a summary score will also be developed for each newly assigned waiver child. The non-waiver child with the most similar score is assigned as a match to the experimental child. This process is repeated for each new child added to the experimental group.

Concurrent weighting means that some variables are considered more important for matching purposes than others. For example, IV-E eligibility is a critically important variable, particularly because the control group will be used for cost neutrality calculations. Thus, this variable will be assigned a larger relative weight. A software program has been developed to determine the pair matches and it is run each month after a new ICWIS extraction is received. Because many variables are used in this process, the procedure is not expected to yield perfect matches for each waiver-control pair. Over the course of the project, and because of the large number of children involved, differences will tend to even out with the result that the experimental and control groups should be highly comparable.

The following variables are used in the pair-matching procedure, weighted as indicated in parentheses:

1. IV-E eligibility. This variable had a 100 percent weight, that is, IV-E eligible waiver children could only be matched with IV-E eligible non-waiver children. Conversely, non-IV-E eligible waiver children could only be matched with non-IV-E eligible non-waiver children
2. Case Type (weight=64). These included service (voluntary, court request, court ordered), service (adoption, AG, DOC, IL), SRA, IA, CHINS, and Delinquent.
3. Special Needs (64): psychological, medical, developmental disabilities and disabilities.
4. Case Begin Data (50).
5. Placement/Removal status (36).
6. Case County (32).
7. Age (16).
8. Physical Abuse (12).
9. Sexual Abuse (12).
10. Neglect (8).
11. Gender (8).
12. Number of Caregivers (8).

Case-Specific Worker Data Instrument. The research design called for intensive data collection for random samples of experimental and control cases. The instrument that was utilized during the original waiver period was updated. The procedure was changed from a mailed survey to an email/web-based form accessed on the evaluator's website at a private web address. The instrument collects information on case characteristics, problems related to children and their families, services provided, and updated contact information. A 20 percent sample of cases is selected as children are assigned to the waiver and as the matching comparison cases are chosen. The sample is restricted to cases that entered the study population after the beginning of the extension in July 2005. When cases in the sample close family case managers are sent an email asking them to access the web-based survey via a link that is provided. Information is requested of only one child in any selected case and no caseworker is asked to complete more than one survey within a two-month period.

Through the first 27 months of the extension, 536 surveys have been requested and 404 (75.4 percent) have thus far been completed; the survey is continually in process. Of the 404 completed surveys, 229 involve waiver children and 175 involve control children. (As will be seen in Chapter 3, this difference results from the achievement of one of the project's goals: the cases of waiver children tend to close sooner than those of the matching control group.) Just

under a third (31.7 percent) of the children were in out-of-home placement when they entered the study population, while the others (68.3 percent) were living in their homes.

Family Surveys. As waiver and comparison cases close families are surveyed. They are asked for information in three general areas: 1) their satisfaction with the way they were treated and their involvement in case planning; 2) the services they received; and 3) issues related to child and family well-being. Efforts have been made thus far to survey 2,767 families in the two study groups. Of these, 655 could not be contacted with information available to evaluators. Of the remaining, 473 (22.4 percent) have responded to the survey in time to be included in this report. Of these, 62.8 percent are waiver cases and 37.2 percent are matched/control cases. More than three in four (77.1 percent) involve child protection cases, while 22.9 percent involve juvenile delinquency cases. Like the case-specific survey, the family survey will be a continual process through the end of the evaluation.

Site Visits. Site visits have been made and DCS staffs interviewed in 43 counties; at least one county in each of the 18 DCS regions has been visited. In addition, researchers met with the waiver field manager on three occasions and attended region-wide waiver training sessions in two regions. As some smaller counties share county directors and supervisors with one another, there were a few cases in which interviews took place in a neighboring office (Carroll County staff were interviewed in Clinton County, Sullivan in Knox, Ohio in Jefferson, and Vermillion in Parke).

During the first half of the demonstration extension, site visits were made to the following counties: Adams, Allen (2), Bartholomew (2), Benton, Blackford, Boone, Carroll, Clark, Clay, Clinton, Crawford, Delaware, Daviees, Floyd, Gibson, Greene, Huntington, Jackson, Jefferson, Knox, Lake (2), LaPorte, Madison, Marion, Marshall, Monroe, Montgomery, Ohio, Orange, Owen, Parke, Porter, Pulaski, St. Joseph, Sullivan, Switzerland, Vanderburgh, Vermillion, Vigo, Wabash, Warren, Wayne, and Wells. **Map 2** highlights the counties to which site visits have been made.

Evaluators have made 10 separate trips to the state and interviewed 142 staff in local DCS offices in addition to 7 trips for meetings with state administrators, technical support staff, and financial management and ICWIS staff. Evaluators have also attended the annual Child Welfare Demonstration Projects meetings in Washington DC with representatives from Indiana.

A short summary of the waiver program in counties that have been visited is included in this report. Similarities and variations in waiver programs in different counties can be seen in these summaries as well as the varying roles of the courts and probation office.

Cost Analyses. Evaluators are conducting two cost analyses as part of this evaluation, one involving the cost neutrality of the project and a second pertaining to the cost effectiveness study. The cost neutrality analysis involves federal Title IV-E funds only, while the cost effectiveness study involves any and all costs for which data are available. Both analyses, as noted above, will utilize the pair-matching design that was originally developed for the impact study. Costs associated with waiver cases are being compared with costs associated with the matching comparison cases. For the cost effectiveness analysis the primary data source will be ICWIS, into which cost data is being entered for most counties. This analysis will be done during the final year of the evaluation and the expectation is that data from all counties will be available at that time. For the cost neutrality analysis there are three sources of data. 1) The actual amounts of claims for IV-E maintenance and administrative costs are being obtained from the state's quarterly federal claim reports. 2) The numbers of waiver and comparison children are obtained from ICWIS. And 3) monthly Title IV-E claims submitted by local county offices to the state for reimbursement. The latter data source is being used to identify costs related to comparison cases in the comparison sample. This is a systematic sample of 20.8 percent of comparison children (a sample size that exceeds the minimum requirements specified in the Research Plan and Terms and Conditions.)

3. Additional Features: Special Projects

Two special projects comprise the current study and distinguish it from the evaluation of the original demonstration.

Case studies. A more intensive study of small samples of waiver and control cases is being conducted. The study has targeted a minimum of 50 waiver and 50 control cases. The cases are being purposively selected from among the case-specific survey samples and from cases in which family responses have been received, with a particular emphasis on counties with more active waiver programs. Researchers are targeting matched cases for the study, that is, when a waiver child is selected for the sample, the child's match from the control group will also be selected. This kind of selection is a goal of the study but may not be fully achievable and may require substitution of control cases for some waiver-control pairs. This need arises in part from another goal of sample selection, which is to select cases in which family members have agreed to be interviewed. In this way the study can include interviews of family members to obtain more detailed information on family strengths and needs and the perspectives of family members on their experiences with the Child Protection Services system.

The evaluators have recently been provided with consistent remote access to ICWIS with rights to view information entered on study cases. While select ICWIS data tables are downloaded monthly from the state to IAR, narrative information is necessarily limited. Access

to ICWIS has opened the way to caseworker narrative data on the current cases at the point of waiver assignment as well as past and future reports, investigations and cases. This is a rich source of added data that should provide evaluators with a deeper understanding of what occurred in waiver and control families before, during and after pair-waiver assignment.

The study will attempt to describe and link the following general variables:

1. Family risk levels
2. Past and ongoing child safety issues
3. Services needed versus services received
4. Service and assistance gaps
5. Effects of services on well-being of families as a whole
6. Effects of out-of-home placement and services on the well-being of children
7. Specific actions, assistance and services made possible through the waiver that were more difficult or impossible without the waiver
8. Attitudes of family members and workers

The analysis will attempt to link this information with systematic data on outcomes that is being generated as part of the larger study, and if successful, will answer several additional research questions.

1. What specific risk characteristics were addressed for waiver families and children that were not addressed or were less likely to be addressed for controls? How were they addressed?
2. What changed in families or family members, including waiver/control children, as a result of such assistance or services?
3. How permanent were such changes?
4. What was the reaction of families to the waiver?

Focus on Juvenile Delinquents. One of the unique aspects of the Indiana child welfare demonstration is the inclusion of juvenile delinquency cases. Through the first half of the extension 14 percent of the cases assigned to the waiver have involved children adjudicated as delinquents. Because of the nature of the demonstration and its focus on child protection cases, the juvenile delinquent waiver cases have received only marginal independent examination. Now, however, in a separate restricted but focused study that evaluators are beginning, the impact of the demonstration on this subset of cases will be examined more closely. The study will look at child participant interventions and outcomes in these cases, and it will include a cost effectiveness analysis.

In order to take a comprehensive look at this type of case the study will be limited geographically to an area 1) in which the waiver is judged to have been used actively, effectively, and with fidelity to the basic program model, 2) where the number of juvenile delinquency cases assigned to the waiver is sufficient for the study, and 3) in which evaluators are able to obtain the full cooperation of CPS, juvenile, and probation officials, including full access to data.

The study will develop a profile of juvenile delinquent children receiving services through the waiver, examine the reason for their inclusion, the reason for service provision, the types of services provided, the length of service provision, and service costs. It will look at recurrence, placement and permanency outcomes, and it will assess the relation between intervention and outcomes.

Data sources include ICWIS; the QUEST database and case management system; surveys of families, case managers/probation officers, service providers and other case-specific stakeholders who are identified in individual cases; interviews with DCS and county probation office personnel; and county cost data.

Chapter 2

Process Analysis

This chapter consists of six parts. The first is a summary and update on the utilization of the waiver across the state. The second part is a presentation of the characteristics of cases assigned to the waiver. The third section is a discussion of the variability in the implementation and use of the waiver from county to county and how this is being handled in the study of outcomes. The fourth part is an analysis of the types of services being provided to waiver children and their families and how these vary from services provided in control cases. The fifth part is a summary of findings from the recently completed survey of county directors. And the final section is a summary of the waiver programs in select counties.

A. Waiver Utilization

Waiver Assignments. The last month for which ICWIS data extracts were received in time to be included in this Interim report was September 2007. All cumulative data provided in this report on the demonstration extension, therefore, covers a 27-month period from July 1, 2005 through September 30, 2007.

The total number of children assigned to the waiver at any time during the waiver extension can be seen plotted in **Figure 1**. This includes 824 children carried in from the bridge period and active as of July 1, 2005, and 4,236 children placed on the waiver after the start of the extension period (in “new cases”). The graph also shows the number of active waiver cases for each month of the extension period.

Table 1 shows the number of children statewide who were assigned to the waiver each month from the beginning of the extension period by IV-E eligibility status. While, overall, the percent of cases that were not IV-E eligible has remained higher than the percent of eligible cases, the proportion of the latter has been slowly growing. During the first six-month period the percent of children assigned to the waiver that were IV-E eligible (counting carry-in cases) was 38 percent. During the most recent months the percent has risen to 47 percent. **Figure 2** shows the upward trend in the assignment of cases that are IV-E eligible over the first twenty-seven months of the demonstration extension.

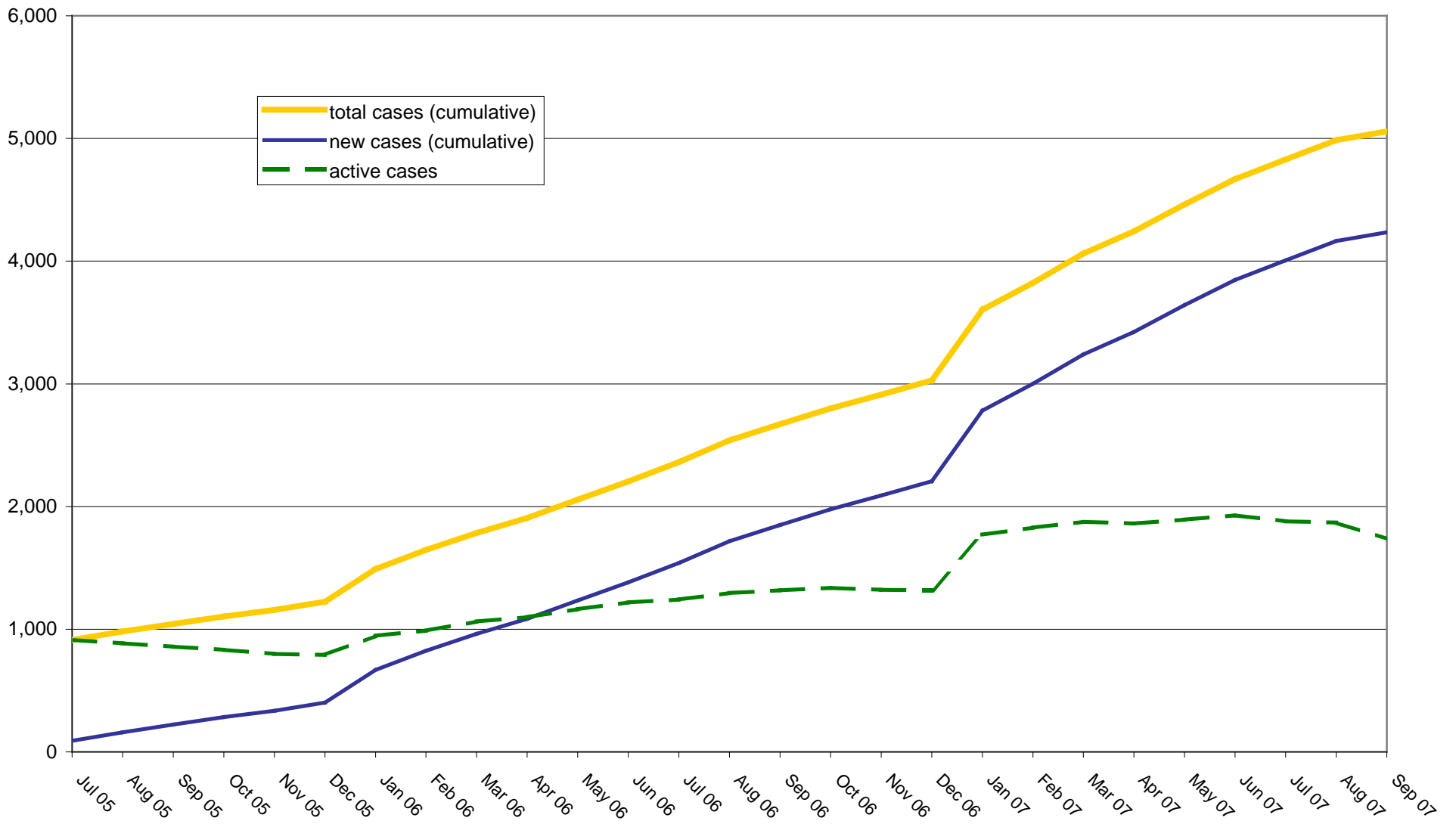


Figure 1. Children in Waiver Cases between July 2005 and May 2007

Table 1. Number of Children Assigned to the Waiver by Month

Month	IV-E	Non IV-E	Total	% IV-E
Jul 05	40	50	90	44.4%
Aug 05	22	48	70	31.4%
Sep 05	26	36	62	41.9%
Oct 05	22	39	61	36.1%
Nov 05	23	29	52	44.2%
Dec 05	23	45	68	33.8%
Jan 06	132	134	266	49.6%
Feb 06	69	86	155	44.5%
Mar 06	66	72	138	47.8%
Apr 06	59	64	123	48.0%
May 06	83	67	150	55.3%
Jun 06	63	84	147	42.9%
Jul 06	79	79	158	50.0%
Aug 06	76	102	178	42.7%
Sep 06	69	62	131	52.7%
Oct 06	57	72	129	44.2%
Nov 06	48	64	112	42.9%
Dec 06	49	67	116	42.2%
Jan 07	265	312	577	45.9%
Feb 07	97	121	218	44.5%
Mar 07	113	125	238	47.5%
Apr 07	73	110	183	39.9%
May 07	103	116	219	47.0%
Jun 07	82	124	206	39.8%
Jul 07	70	90	160	43.8%
Aug 07	75	82	157	47.8%
Sep 07	34	38	72	47.2%

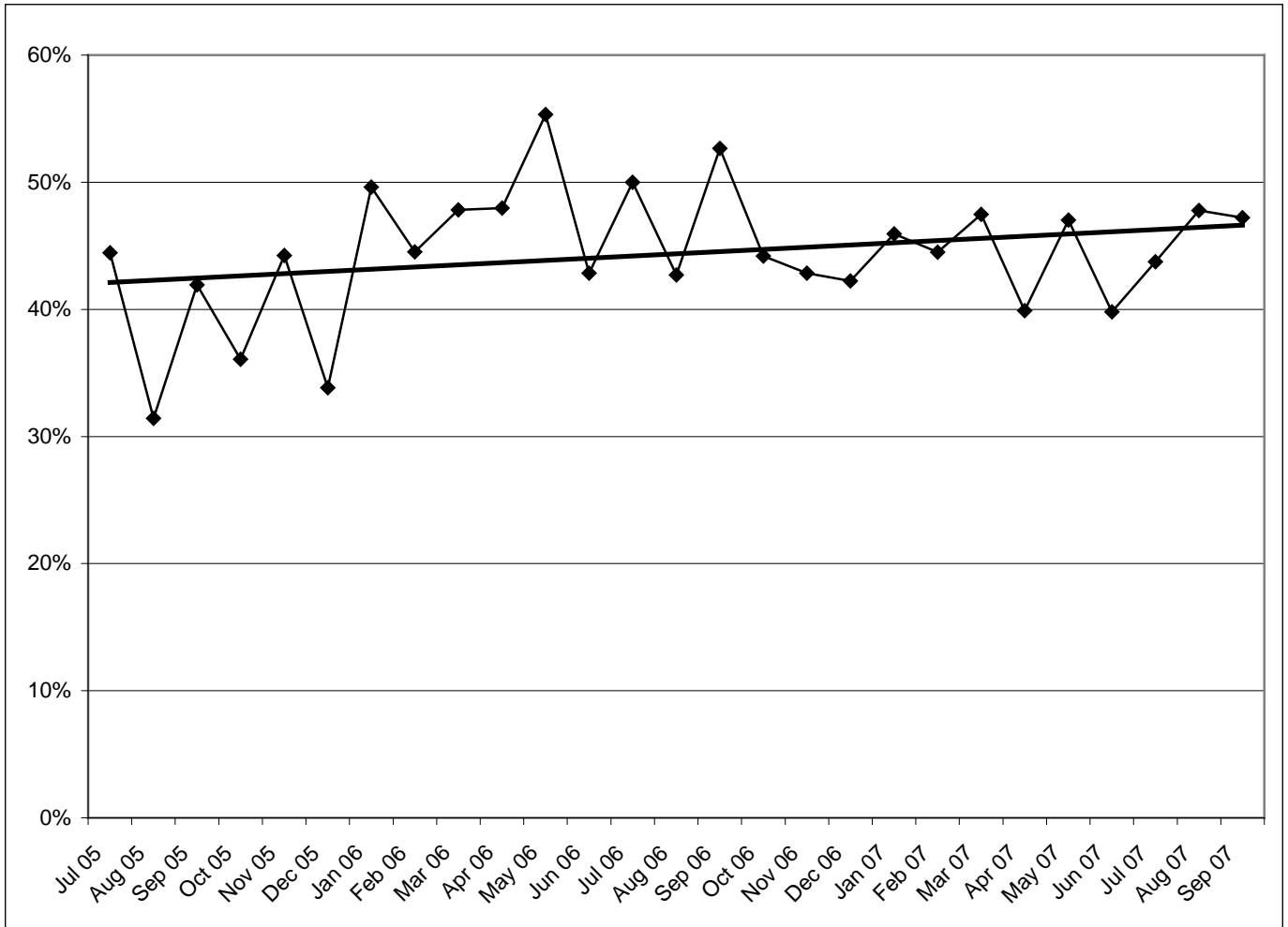


Figure 2. Percentage of Cases Assigned to the Waiver that are IV-E Eligible

The number of active waiver cases is an indicator of waiver usage. And by this measure usage has generally been increasing over time. If we break down the demonstration extension to this point into half-year periods (and in the case of the most recent period, three months), we find that the average monthly number of active waiver children rose steadily during the first 24 months.

<u>Semi-Annual Program Periods</u>	<u>Monthly Average of Active Waiver Cases</u>
1 st 6 months	846
2 nd 6 months	1,080
3 rd 6 months	1,305
4 th 6 months	1,860
5 th 3 months	1,828

Figure 3 shows the cumulative number of children assigned to the waiver each month from the beginning of the original demonstration in January 1998 through the current stage of the project. The figure also shows the number of active waiver cases in each project month, although the number of active waiver cases can be seen more clearly in **Figure 4**. As will be noticed the number of active cases began declining during the bridge period and the momentum of this downward usage continued into the first quarter of the extension. But from the start of 2007 the number turned upward. **Figure 5** shows the cumulative number of children assigned to the waiver broken down by IV-E eligibility status.

Table 2 provides waiver usage figures for counties and regions. It shows, in the first data column, the total number of active waiver cases from July 1, 2005 through September 30, 2007. This includes the number of new cases assigned to the waiver during the extension period and cases carried in from the bridge period. The second data column shows the number of waiver cases allocated to each county and region, an annual figure that has here been extrapolated across the 27-month reporting period.

The third data column in **Table 2** shows the number of assigned cases as a percent of the number of allocated cases. This percent is a measure of waiver utilization and permits comparisons to be made across counties and regions. As can be seen, there are two counties, Vermillion and Martin, that did not have any active waiver cases during the extension period. Among the other 90 counties, the range in the utilization percentage runs from a low of 11.3 percent to a high of 194.4 percent. The figure can exceed 100 percent as funding allocations during a given year are shifted from counties that underutilize the program to counties that are using it more actively. There are 25 counties and four regions (Regions 5, 9, 13, and 16) with utilization figures over 100 percent. The lowest percentage regional utilization figure is 24.3 percent (Region 2).

The final data column in the table shows the percent of cases assigned to the waiver that are IV-E eligible. The range varies from a low of 0 percent (in Starke and Vermillion counties) and 14.8 percent (Newton) to a high of 90.9 percent (Morgan) and 92.3 percent (Tipton). The range among regions runs from a low of 26.6 percent in Region 3 to a high of 54.2 in Region 1 (which consists of the single county of Lake).

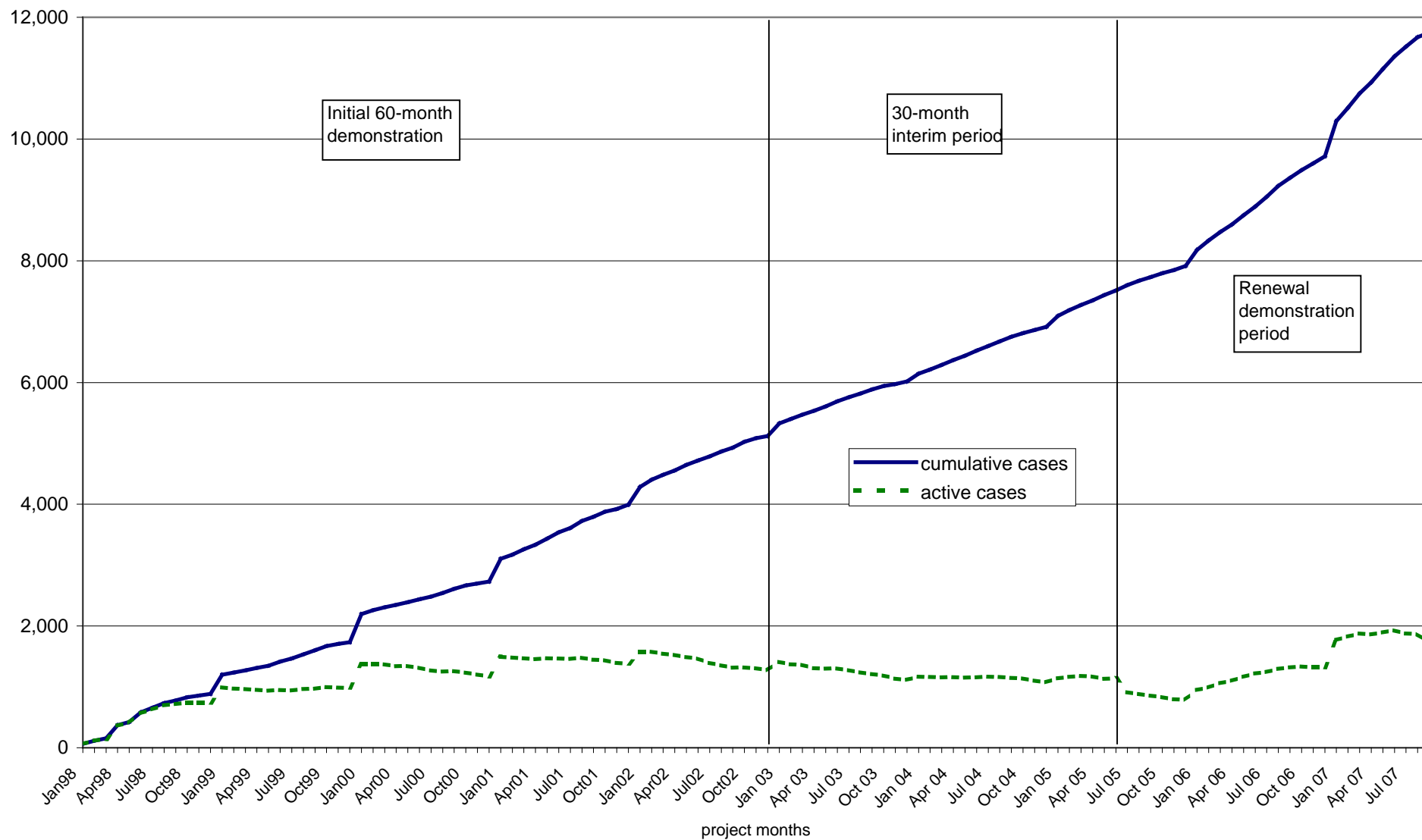


Figure 3. Cumulative Number of Children Assigned to the Waiver and Active Waiver Children by Month, 1998-2007

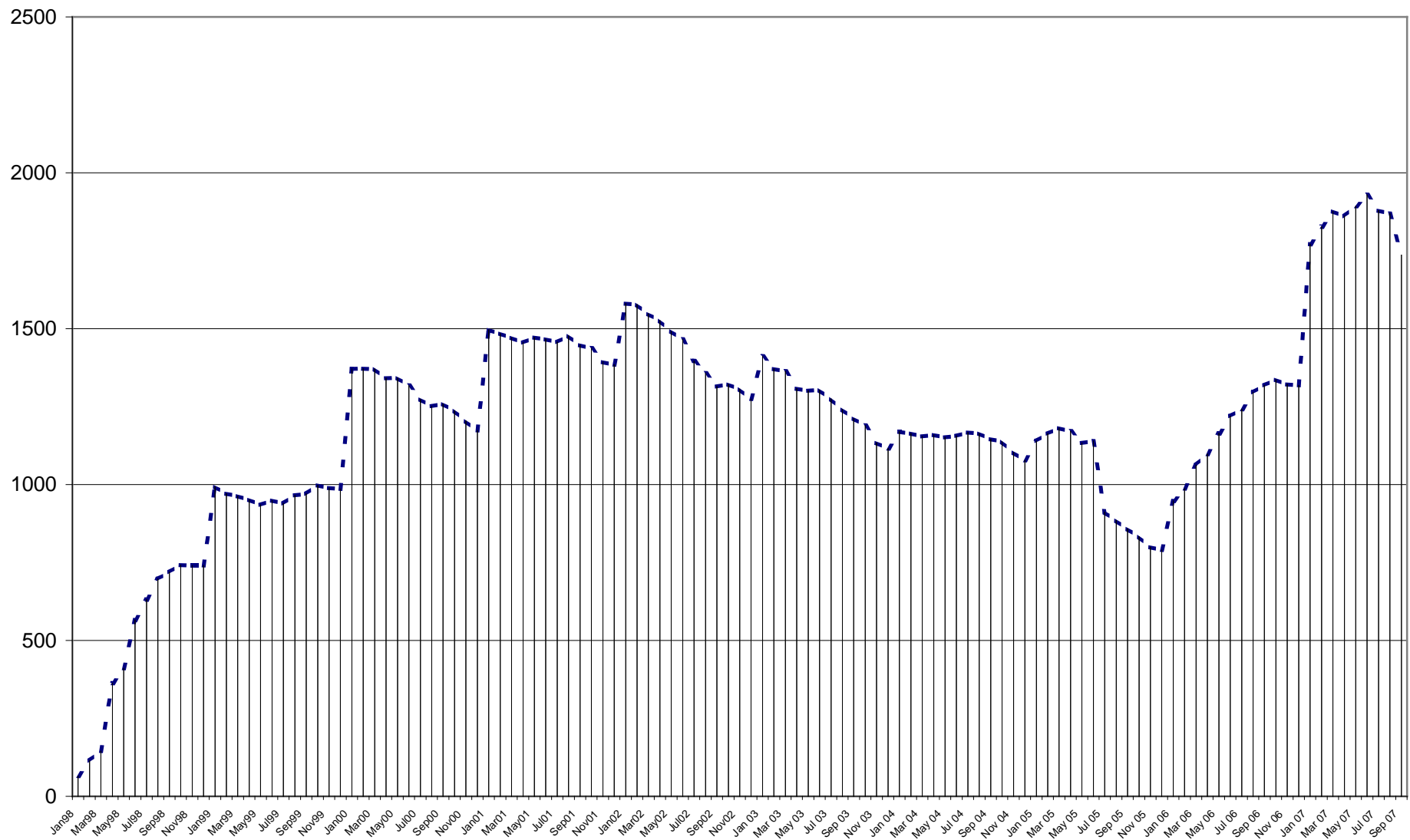


Figure 4. Active Waiver Children by Month, 1998-2007

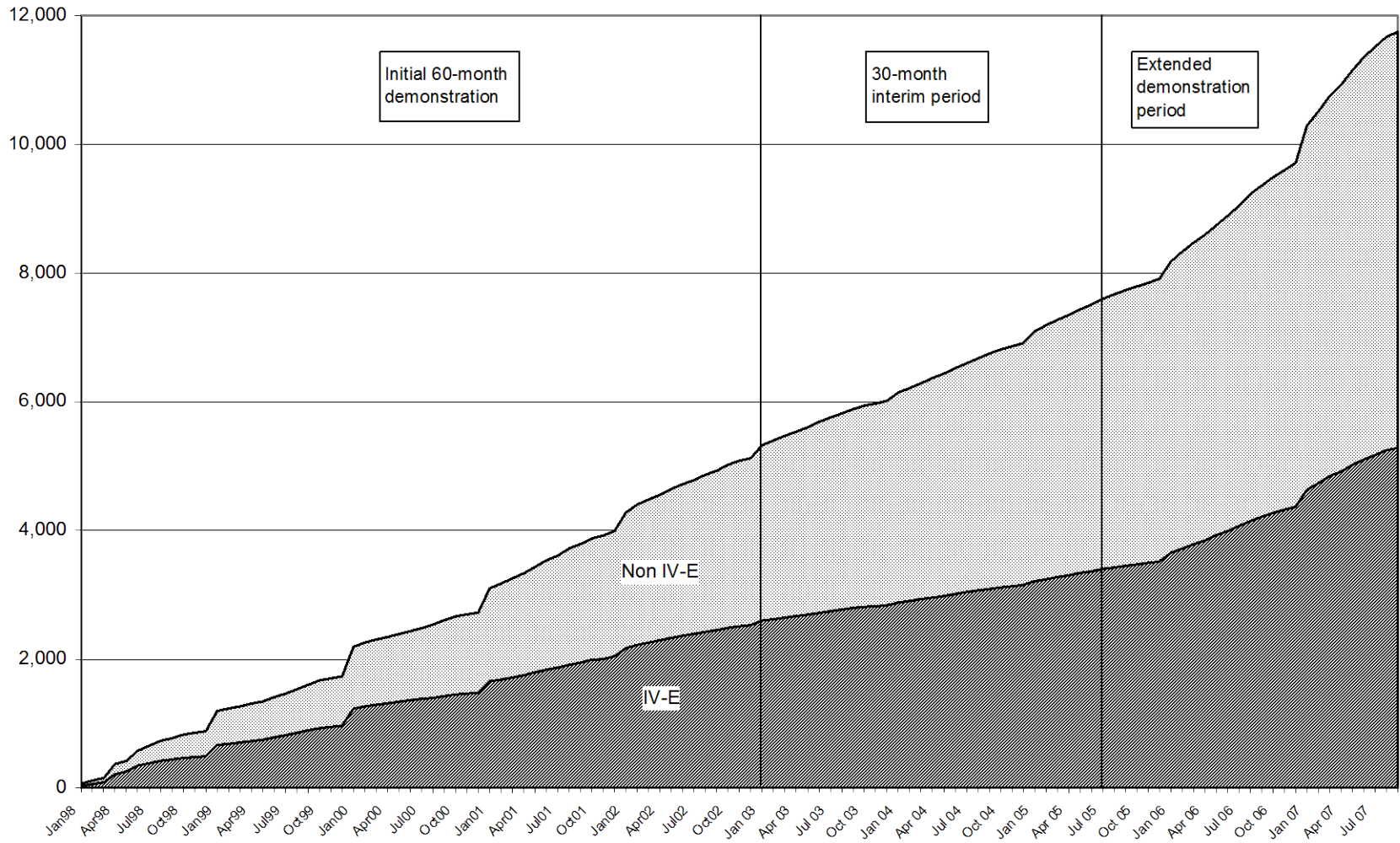


Figure 5. Cumulative Number of Children Assigned to the Waiver by IV-E Eligibility Status

Table 2- Number of Waiver Cases by County and Region

Region	County	Total Waiver Cases (7/1/05-9/30/07)	Waiver Case Allocation	Utilization Percentage (total cases/ allocation)	Percent of Waiver Cases that are IV-E eligible
Region 1	Lake	542	833	65.1%	54.2%
		542	833	65.1%	54.2%
Region 2	Jasper	18	20	88.9%	50.0%
	LaPorte	178	137	129.7%	46.1%
	Newton	27	18	150.0%	14.8%
	Porter	46	169	27.3%	37.0%
	Pulaski	29	20	143.2%	62.1%
	Starke	3	23	13.3%	0.0%
		301	387	77.8%	43.2%
Region 3	Elkhart	26	230	11.3%	38.5%
	Kosciusko	5	29	17.1%	20.0%
	Marshall	6	52	11.6%	33.3%
	Saint Joseph	91	218	41.7%	23.1%
		128	529	24.2%	26.6%
Region 4	Adams	52	61	85.6%	21.2%
	Allen	211	360	58.6%	36.0%
	DeKalb	75	68	111.1%	28.0%
	Huntington	15	34	44.4%	20.0%
	LaGrange	49	43	114.6%	28.6%
	Noble	14	29	47.9%	28.6%
	Steuben	10	29	34.2%	50.0%
	Wells	48	52	92.8%	35.4%
	Whitley	9	11	80.0%	22.2%
		483	686	70.4%	31.7%
Region 5	Benton	22	18	122.2%	27.3%
	Carroll	4	16	25.4%	50.0%
	Clinton	94	79	119.4%	42.6%
	Fountain	11	11	97.8%	18.2%
	Tippecanoe	222	173	128.1%	37.8%
	Warren	19	11	168.9%	31.6%
	White	8	9	88.9%	37.5%
		380	317	119.8%	37.6%
Region 6	Cass	82	68	121.5%	29.3%
	Fulton	5	11	44.4%	40.0%
	Howard	16	104	15.5%	37.5%
	Miami	44	50	88.9%	38.6%
	Wabash	57	70	81.7%	26.3%
		204	302	67.7%	31.4%

Region 7	Blackford	20	18	111.1%	45.0%
	Delaware	104	239	43.6%	36.5%
	Grant	34	65	52.1%	67.6%
	Jay	9	25	36.4%	66.7%
	Randolph	13	32	41.3%	46.2%
		180	378	47.6%	45.6%
Region 8	Clay	23	27	85.2%	69.6%
	Parke	45	63	71.4%	28.9%
	Sullivan	8	23	35.6%	62.5%
	Vermillion	0	11	0.0%	-
	Vigo	99	122	81.5%	57.6%
		175	245	71.4%	52.0%
Region 9	Boone	70	36	194.4%	30.0%
	Hendricks	20	52	38.6%	30.0%
	Montgomery	77	41	190.1%	63.6%
	Morgan	11	41	27.2%	90.9%
	Putnam	44	32	139.7%	43.2%
		222	200	110.9%	47.3%
Region 10	Marion	567	844	67.2%	52.2%
		567	844	67.2%	52.2%
Region 11	Hamilton	12	20	59.3%	66.7%
	Hancock	17	41	42.0%	47.1%
	Madison	174	223	78.1%	39.1%
	Tipton	13	14	96.3%	92.3%
		216	297	72.7%	44.4%
Region 12	Fayette	27	52	52.2%	37.0%
	Franklin	15	32	47.6%	60.0%
	Henry	14	59	23.9%	57.1%
	Rush	14	18	77.8%	57.1%
	Union	11	11	97.8%	63.6%
	Wayne	28	110	25.4%	50.0%
		109	281	38.8%	51.4%
Region 13	Brown	8	27	29.6%	25.0%
	Greene	127	72	176.4%	33.1%
	Lawrence	39	54	72.2%	38.5%
	Monroe	123	104	118.8%	43.9%
	Owen	59	59	100.9%	50.8%
		356	315	113.0%	40.2%
Region 14	Bartholomew	17	86	19.9%	47.1%
	Jackson	35	27	129.6%	51.4%
	Jennings	26	54	48.1%	50.0%
	Johnson	12	54	22.2%	41.7%
	Shelby	33	56	58.7%	27.3%
		123	277	44.4%	43.1%

Region 15	Dearborn	30	32	95.2%	53.3%
	Decatur	30	20	148.1%	43.3%
	Jefferson	33	25	133.3%	54.5%
	Ohio	10	14	74.1%	30.0%
	Ripley	29	47	61.4%	44.8%
	Switzerland	11	14	81.5%	45.5%
		143	151	94.9%	47.6%
Region 16	Gibson	81	56	144.0%	33.3%
	Knox	71	50	143.4%	47.9%
	Pike	54	29	184.6%	38.9%
	Posey	13	18	72.2%	61.5%
	Vanderburgh	334	223	149.9%	51.2%
	Warrick	33	43	77.2%	18.2%
		586	419	140.0%	45.6%
Region 17	Crawford	20	41	49.4%	30.0%
	Daviess	17	25	68.7%	47.1%
	DuBois	23	29	78.6%	21.7%
	Martin	0	16	0.0%	-
	Orange	6	20	29.6%	33.3%
	Perry	10	36	27.8%	70.0%
	Spencer	12	11	106.7%	50.0%
		88	178	49.5%	38.6%
Region 18	Clark	101	164	61.5%	55.4%
	Floyd	41	101	40.5%	46.3%
	Harrison	10	27	37.0%	80.0%
	Scott	48	65	73.6%	39.6%
	Washington	16	29	54.7%	37.5%
		216	387	55.8%	50.0%

B. Case Characteristics

This section provides an overview of the characteristics of cases assigned to the waiver during the demonstration extension, as well as a comparison of waiver cases with matching control cases.

Cases Types. Children who have been assigned to the waiver during the extension period fall within five case types: CHINS, Informal Adjustment, Service Referral, Services, and Delinquent. 1) CHINS (children in need of services) cases involve children with substantiated maltreatment reports at the highest level of criticality and who have been made wards of the state or county. These children may be either in out-of-home placement or remain in their own homes. 2) Informal Adjustment (IA) cases involve less severe but substantiated reports of abuse or neglect in families with a limited

history of maltreatment. 3) SRA or Service Referral cases have historically involved less severe but substantiated reports of families with no previous CPS history. However, as of July 1, 2007, this category has been eliminated functionally and legally from the state's child protection system. Children of this case type already in the system will be shifted to another category (generally CHINS or IA) if their cases are expected to remain open any length of time. 4) Service cases are those in which the safety of children is judged not to be at risk. Historically, this category has included a set of voluntary cases, but there has been a push to phase these cases out of the system, leaving only those in which a substantiation of maltreatment has been formally made. This transition is underway but not as yet completed. 5) The final type involves delinquent wards referred from the juvenile court probation services.

Figure 6 shows the frequency of different case types at the time of waiver assignment for all children assigned to the demonstration that are in the study population. This includes children assigned following the beginning of the extension as well as those carried in from the bridge period. Slightly less than half (46.1 percent) have been CHINS cases. About one in five cases (18.8 percent) have been informal adjustment cases, 5.7 percent have been (the discontinued) SRA cases, and 13.4 percent have been Service cases. 15.9 percent of the cases have involved delinquent wards.

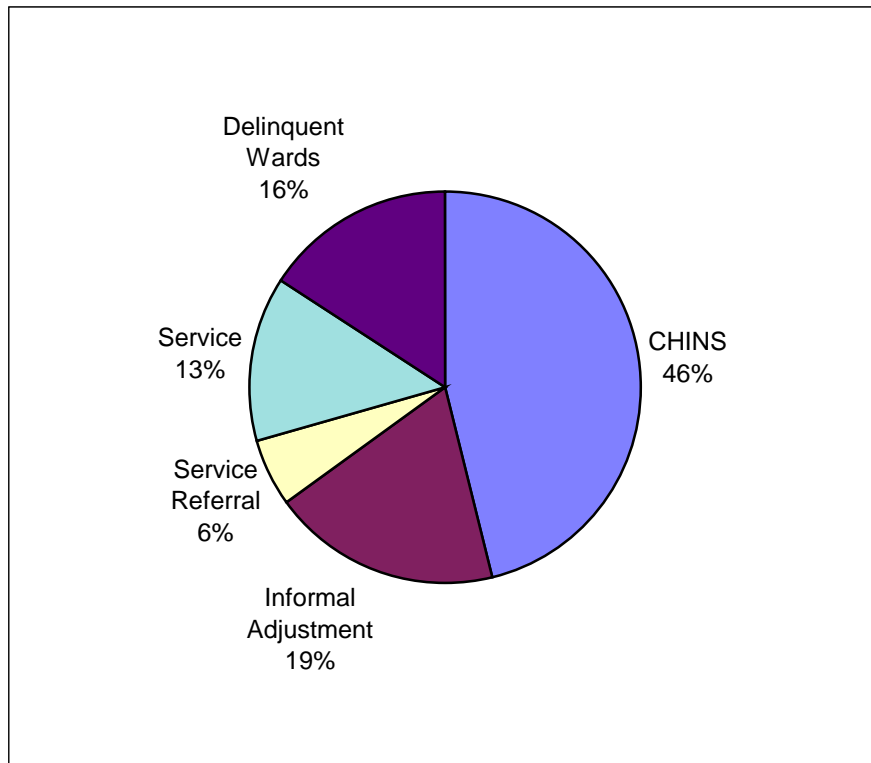


Figure 6. Percent of Waiver Children by Case Type

Case type is not a static thing but may change while the case is open. DCS policies have also altered the configuration of cases by type. **Table 3** shows the percentage of waiver cases by case types for different groups or at different points in time. The first data column shows the breakdown for all waiver cases in the study population at the time of assignment. These are the same figures as in Figure 6 above. The second data column also involves all waiver cases in the study population but as of 9/30/07 (the final data date for this report). Some shifts can be seen, although generally not large ones, in the distribution of waiver cases by type. The third data column shows the categorization involving only cases that were assigned to the waiver from the start of the extension period; that is, no cases carried in from the bridge period. Larger changes can be seen here. And finally, the last data column shows the distribution by type of cases that were assigned between 7/1/07 and 9/30/07. Here we can see the shift to a greater percentage of CHINS and IA cases and very few SRA and Services cases (the former representing anomalies that will likely be changed to another type).

Table 3. Case Types at Different Points

Case Type	all waiver cases — case type at time of assignment	all waiver cases case type as of 9/30/07	waiver cases from 7/1/05 forward	waiver cases from 7/1/07 forward
CHINS	46.1%	47.2%	47.8%	54.0%
Informal Adjustment	18.8%	17.3%	20.3%	26.9%
Service Referral	5.7%	5.1%	6.4%	1.8%
Service	13.4%	13.1%	11.2%	2.3%
Delinquent Wards	15.9%	17.3%	14.4%	15.1%

The following is a breakdown of other characteristics of children and families assigned to the waiver. Unless noted otherwise, it should be assumed the data refers to the state of affairs at the time of waiver assignment.

Age and Gender. The mean age of children assigned to the waiver is 9.3 years. A little under half (48.0 percent) were 13 years of age or older and about one-quarter (26.8 percent) were younger than 6 years and the remaining quarter (25.2 percent) were aged 6-12. There were a few more boys (54.9 percent) than girls (45.1 percent) assigned to the waiver. Data in ICWIS related to race and ethnicity is not reliable and, therefore, this characteristic cannot be reported with confidence.

Special Needs. One child in eight (12.4 percent) assigned to the waiver has special needs. This includes 2.4 percent with a physical disability, 4.0 percent with a mental retardation or another developmental disability, 9.1 percent with a serious psychological problem and .2 percent with a medical illness or condition; 3.3 percent of the children have more than one of these types of conditions.

Household and Caregivers. Six in ten (60.7 percent) of the waiver children come from households with two adult caregivers and 39.3 percent are from households with single caregivers. In most situations (85.4 percent) involving a single adult, the caregiver is a single mother (and, thus, 33.6 percent of all waiver children come from single-mother households). The average size of the households is 5.1, including all adults and children.

Removal and Placement. The waiver is used both to prevent the removal of children that remain at home, and to help facilitate and expedite the return or permanency of children who have been placed outside the home. There were, as a result, children who were both in their homes (72.2 percent) and in an out-of-home placement setting (27.8 percent) at the time they were assigned to the waiver. Nearly half (48.1 percent) of all children assigned to the waiver had been removed and placed outside their homes at some time in their past lives; 38.4 percent had been removed one time, while 9.7 percent had been removed two or more times.

During the period of the current open case, either prior to waiver assignment or after it, about half of the waiver children (51 percent) experienced an out-of-home placement. Of these children, 62.4 percent were placed in foster care, 14.4 percent stayed with a relative, and 29.4 percent were in institutional care. Smaller numbers of children were in correctional or secure care (3.9 percent) or resided in a group home (4.6 percent). (See **Figure 7.**) The median number of days spent in placement, across all types of placement, was 249.

Abuse and Neglect Incidents and Findings. All children assigned to the waiver through a CA/N report had an investigation that substantiated the report. These children may have experienced previous or subsequent investigations related to other allegations. As part of the pair-matching process to create the control group, data about substantiated findings of child abuse and neglect were extracted in a 60-day window prior to and 10 days after the opening of the case for children assigned to the waiver. **Table 4** shows in some detail the type of substantiated allegations received during the 70-day window for the 5,060 waiver children. By far the most prevalent type of allegation received in waiver-related cases is for environmental neglect. Lack of supervision follows as the

next most typical allegation. Less frequently seen but still common neglect allegations are lack of food, shelter and clothing and drug related conditions. Physical abuse is

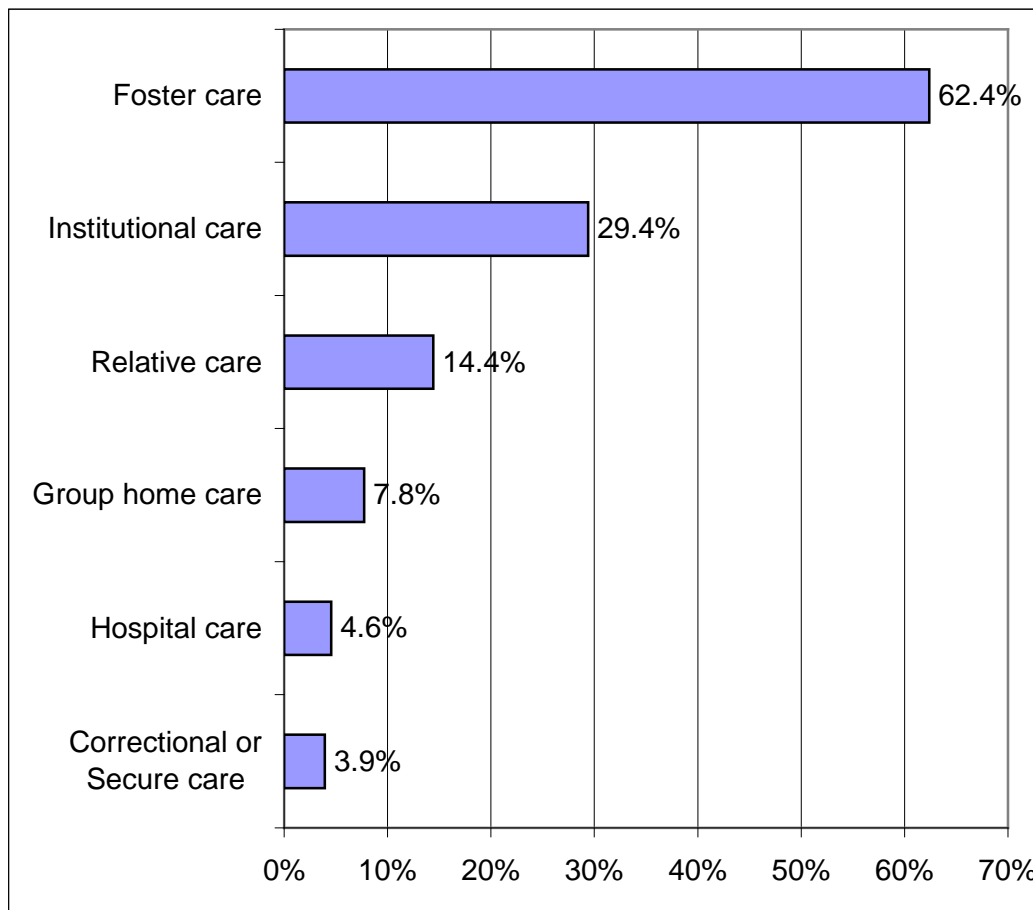


Figure 7. Placement Settings of Children Assigned to Waiver and Placed Outside of their Homes during the Current Case

reported and substantiated much less often, and when it is, it typically involves bruises/cuts/welts or inappropriate discipline.

Waiver and Control Group Comparison. Table 5 provides a comparison of the characteristics of children in the waiver and matching control study groups. The table includes variables used in the matching program discussed in the first chapter. On most variables the two groups are very similar. These matching outcomes are being monitored and adjustments will be made in the weighting of individual variables if the matches can be improved.

Table 4. Numbers and Types of Allegations made Involving Waiver Children and their Current Case

Number of Allegations	Type of Allegation
	<i>neglect</i>
955	Lack of Supervision
20	Failure to Thrive
9	Malnutrition
131	Medical Neglect
126	Educational Neglect
108	Abandonment
4	Close/Confinement
25	Lock In/Out
319	Lack of Food, Shelter, Clothing
2432	Environment Life/Health Endangering
172	Poor Hygiene
247	Drug Related Conditions (child)
1	Fetal Alcohol Syndrome
	<i>physical abuse</i>
284	Bruises/Cuts/Welts
6	Wounds/Punctures/Bites
17	Bone Fracture
8	Internal Injury
7	Skull Fractures/Brain Damage
10	Burns/Scalds
2	Asphyxiation/Suffocation
3	Shaking/Dislocation/Sprains
235	Inappropriate Discipline
2	Gunshot Wounds
6	Shaken Baby Syndrome
1	Drug Abuse Child
	<i>sexual abuse</i>
22	Incest
6	Exploitation/Pornography
2	Rape
131	Child Molesting
23	Criminal Deviate Conduct
4	Child Seduction
1	Prostitution
37	Sexual Misconduct with a Minor
2	Harmful/Obscene Performance
5367	Total

Table 5. Characteristics of Waiver and Control Children

Characteristics of Children in the Study Population	Waiver	Control/ Match
Title IV-E Eligible	44.2%	44.2%
Title IV-E Not Eligible	55.8%	55.8%
Male	54.9%	54.3%
Female	45.0%	45.7%
Mean Age	9.3%	9.3%
<1 year old	9.3%	9.2%
1-2 years old	6.1%	6.3%
3-5 years old	9.3%	9.6%
6-12 years old	24.8%	23.8%
13+ years old	28.1%	29.1%
Mean Age of CA/N children only	8.1	8.1
Mean Age of Delinquent children only	15.5	15.5
<i>Household Characteristics</i>		
Mean household size	5.1	5.1
Two or more adult caregivers	60.7%	60.6%
One adult caregiver	39.3%	39.4%
Single mother households	33.6%	32.7%
<i>Special Needs</i>		
Psychological Problems	9.1%	10.3%
Medical Conditions	0.2%	0.1%
Mental Retardation/Developmental Disabilities	4.0%	4.3%
Physical Disabilities	2.4%	2.1%
Any Special Need	12.4%	13.4%
Multiple Conditions	3.3%	3.4%
<i>Case Type at Assignment</i>		
CHINS	46.1%	54.5%
Informal Adjustment	18.8%	14.2%
Service Referral	5.7%	4.2%
Service	13.4%	10.1%
Juvenile Delinquent	15.9%	16.7%
<i>Placement History of Children</i>		
Placed at time of waiver assignment	27.8%	42.0%
Placed prior to waiver assignment	48.1%	62.0%
Removed more than once prior to waiver assignment	9.7%	9.6%
<i>Placed children who spent time in:</i>		
Foster care	67.5%	68.4%
Relative care	17.9%	18.0%
Institutional care	32.2%	38.4%
Correctional facilities	5.5%	7.5%
Other facilities/settings	22.7%	%
One type of facility	62.5%	59.4%
Two or more types of facilities	37.5%	40.6%

C. Program Variability

Throughout the first demonstration period, from 1998 to 2002, waiver activities in the state's 92 counties were monitored by the project evaluators. Within the boundaries of the state's Terms and Conditions, each county was responsible for designing and operating a program to fit local conditions and priorities. Due to unique characteristics and circumstances of each county, a considerable amount of variation was seen in program implementation. During the first two years, it was noticed that some counties were able to begin an active waiver program very quickly, while others faced more challenges in starting. As the demonstration progressed, the evaluators observed that each county also varied in how the waiver impacted practice methods and services provided.¹

The original model for the waiver program conceived by the state proposed that experimental demonstration services were to be distinct from the types of services normally provided to IV-E FC families. Waiver funding was designed to be flexible to allow for a higher intensity of services, either through frequency or duration, and to allow

¹ This issue was discussed at length in semi-annual, interim and final reports of the evaluation of the original demonstration. The following paragraphs are from the Final Evaluation Report, September 2003, and may provide a useful frame of reference for a reader unfamiliar with those earlier reports:

A number of factors affected the ability and, in some cases, the inclination of local offices to begin to utilize the waiver. These included: the resource base within the county, the receptivity of Juvenile Judges (a critical waiver participant in Indiana), the willingness of the local probation offices to participate in the program, the extent of prior inter-agency collaboration involving schools and other key institutions, the local OFC office culture and the experience and receptivity of local OFC administrators, pre-existing caseload demands, and the economic health of the county. All of these factors and more impacted the initial utilization of the waiver by a county.

During the early stages of the demonstration, for the first 12 to 18 months, what might be understood as the relative maturity of the child welfare waiver demonstration in Indiana counties varied a great deal, ranging along a programmatic dimension from less developed to more developed or, said another way, from less-fully implemented to more-fully implemented.

Responding to this reality, by the second year of the project evaluators began distinguishing certain counties as "early implementers" when compared to other counties. The distinction was based on a number of key indicators, including utilization of slots that had been allocated, specificity of targeting or prioritizing cases, utilization of a specific approach to intervention or case planning, collaborative arrangements with key institutions such as juvenile court and the probation office that reflected local conditions and needs, recognition of some new programming opportunities represented in the waiver, and identifying particular operational effects that the waiver was having on the county child welfare system and staff. Every county could be plotted somewhere along the spectrum of each of these dimensions. Counties identified as "early implementers" were more likely to be found on one end of the spectra and were distinguishable because of it.

The recognition of certain counties as early implementers had implications for the evaluation of the project. The research design of the impact study was quasi-experimental in nature. The program variations represented differences in the "experimental treatment" within the quasi-experimental design. There were essential assumptions in that design— that the flexibility allowed through the waiver would result in new or different types of case planning, new or different menus of services, and/or new or different modes of service delivery that would be available to cases assigned to the waiver but not to non-waiver cases approached in the traditional manner. Only on this basis would one expect to detect outcome differences between waiver and matched comparison cases. Where these elements of the program were undeveloped or not fully implemented, case-specific experimental effects could not reasonably be expected. (p. 30-31)

counties to offer more appropriate interventions for families, including goods and services that meet basic needs. These changes in the provision of services were intended to improve the well-being of the child and prevent or shorten out-of-home placement.

By the end of the demonstration period, all counties had observable differences in the degree to which their program adhered to the original model. Some county DCS offices saw the waiver as an opportunity to increase community and home-based services that they provide to children and families, widen the range of services available, or experiment with types of interventions that they had previously not tried in these types of cases. Other counties were more reserved in their approach to using the waiver, and employed it primarily to pay for services that they already commonly provided.

As part of the final evaluation, the project evaluators identified 25 counties that were determined to be actively using the waiver in a way most faithful to the intensive services model envisioned by the state. These counties were designated “program” counties to distinguish them as counties that achieved high program fidelity and active waiver usage. This subset of counties was used in final analyses to produce a better understanding of how the waiver, as originally planned, was changing practice and achieving its goals and impacting the lives of children and families.²

Within the present extension period, variations are still observed among county waiver programs. Differences in waiver utilization and program fidelity exist due to local office factors, including priorities of the DCS office administration; work load of Family Case Managers; relationships between DCS offices and the Juvenile Courts, probation offices, and other community institutions; financial solvency of the county; knowledge and habits of DCS bookkeepers; and staff turnover and practice methods.

During the extension, DCS has made an effort to increase the number of counties actively using the waiver and has encouraged counties to maximize the programmatic opportunities provided by the waiver. It has also attempted to create a more uniform

² Again, from the Final Evaluation Report on the original demonstration project, September 2003:

By the final year of the demonstration it was possible to distinguish a group of 25 counties firmly established at the high end of the active-use and model-fidelity spectra. These counties augmented their child protection programs in specific ways to take advantage of opportunities presented by the waiver. Frequently this involved expanding ongoing, local initiatives, most often focused on community-based and in-home services. It often involved new initiatives to bring needed services to children who would not have otherwise received them. Virtually always it involved finding new ways to increase the nature and extent of available services aimed at avoiding or shortening out-of-home placements. Distinguishing counties along these two dimensions—active utilization and fidelity to the intensive services model—resulted in the recognition of fundamental program variations that were interpreted as differences in the experimental treatment being studied in this evaluation. (p. 37)

approach. All counties have received written protocols outlining how and when to use the waiver, and many have also received technical assistance. Moreover, as this is the second iteration of the demonstration, counties have now had time to manage the waiver for several years and discover how it can best work for them. Some counties have firmly established procedures for using the waiver and have fully integrated it into their practice. Others are still revising their approach and attempting to find better ways to use it programmatically. In some parts of the state, the guidance and training local office staff received as the extension began was the first time the administration and staff felt they understood how the waiver was intended to be used. These counties are essentially beginning the waiver program anew. For counties that were already active users of the waiver, changes in policies and procedures sometimes sparked a shift in how they organized and utilized the program. All counties have evolved and progressed over time, but local offices still vary in the relative maturity and fidelity of their program.

Given the differences in operations and process that still exist, the project evaluators have distinguished a current set of 36 counties that at this stage most closely adhere to the original vision for the waiver demonstration. While a minority of the state's 92 counties, these 36 represent a majority (55.4 percent) of the state's general population and 69.5 percent of children assigned to the waiver during the demonstration extension.

It should be said that many counties that were not included in the subset of 36 counties are, in fact, making good progress in their use of the waiver. It is likely that by the end of the continuation period, additional counties will be included in this group. Depending on this progress, evaluators anticipate either that a more inclusive selection will be made or tiered categories will be developed for the final report. In order to more accurately reflect how the counties fall along the spectrum of program fidelity, this subset of counties are again referred to as "program" counties.

Identification of the current set of program counties resulted from an analysis of each county's implementation strategy along several separate but related dimensions: utilization, integration, service expansion or enhancement, administrator and staff attitudes, and program integrity. Indicators of these dimensions are:

- Number of children assigned to the waiver. Consistency in assignments and use of per-child waiver allocation.
- Adequate proportion of IV-E FC eligible children assigned.
- Following state-established protocols and remaining consistent to guidelines.
- Evidence that the waiver has impacted how Family Case Managers conducted case planning and management.

- Creativity and flexibility in purchase or development of services.
- The consistent integration of the waiver into practice, not just using it as an alternate money source.
- Deliberate use of waiver funds—children are assigned that have specific needs that can be met with waiver funds.
- The provision of critical services that the waiver can sustain for a more intense or extended intervention period.
- Potential benefits of waiver use, such as reduced out of home placements, understood at the case planning level.
- Administrator of the county office has a positive attitude towards the waiver and considers it to be an important way to provide services to families that they would not otherwise receive.
- Family Case Managers understand the waiver program and how it affects their practice.

These indicators were examined for each county using data extracted from ICWIS and qualitative information gathered through site visits and interviews with regional and state administrators. All indicators were assessed one by one as well as in conjunction with the other indicators. To be considered a waiver program county, the DCS office has to have a strong *combination* of indicators, but evidence of every indicator did not need to be present. It was possible for a county with relatively high rates of utilization from month to month not to be included as a program county if, during site visit interviews, staff exhibited only limited knowledge of the program or indicate that it does not shape case planning decisions. Conversely, a county that used the program as intended and for creative and case-appropriate services might be included even though it actually assigned only a small proportion of cases to the waiver. In general, program counties were those in which nearly all, if not all, of the indicators were positive and, when present, reinforced one another.

The following is a list of the 36 current program counties: Adams, Allen, Benton, Blackford, Boone, Cass, Clark, Clay, Clinton, Daviess, Dearborn, Decatur, Floyd, Grant, Greene, Hendricks, Jackson, Jefferson, Lake, Madison, Marion, Monroe, Montgomery, Owen, Pike, Pulaski, Putnam, Ripley, Tippecanoe, Union, Vanderburgh, Vigo, Wabash, Warren, Wayne, and White.

More detailed information on the waiver program in specific counties is provided later in this section.

D. Waiver Services

The waiver allows the state to provide services it would not otherwise be permitted to provide with IV-E funds and these services represent the presumed treatment variability between the experimental and control groups. It is only because of differences in services provided to the two study groups that differences in outcomes are expected. The effects of services on outcomes related to children and families will be considered when sufficient sample cases on which service information is collected have closed. In this report we will review key interim findings concerning the provision of services through the waiver. Detailed information on service provision is being obtained from county social workers in the case-specific sample surveys and through surveys of families. Both surveys are conducted when cases are closed. In the final year of the demonstration, surveys will include cases that remain open. (ICWIS contains certain information about services provided to waiver cases in most but not all counties. In addition, service data for control group cases is not as yet entered into ICWIS systematically for all control group cases.

1. Worker Reports

County social workers are providing information about specific waiver and matching control cases selected in the study sample. This includes information about services provided to children and their families. For example, social workers have reported that 47.1 percent of the children assigned to the waiver received services they would not have without the demonstration. Similarly, half (50.6 percent) of the families of waiver children were reported to have received services because of the waiver, that is, services they would not have otherwise received. In addition, workers reported that services were provided with significantly greater intensity or duration in about one in four (22.5 percent) waiver cases.

Waiver services provided to children who remained in their parental homes were seen by social workers as preventing out-of-home placement in nearly half (48.1 percent) of these cases. Similarly, waiver-related services provided in cases in which a child had been placed out of their home were viewed by workers as shortening time in placement for 45.1 percent of these children.

Comparing waiver and matching cases in which children were placed in out-of-home care interim findings suggest positive trends and some significant differences (see **Figure 8**). (Differences were greater when the analysis was restricted to those waiver cases in program counties; see **Figure 9**). A significant difference was found in the

frequency with which services were provided in the home after reunification. Positive trends were found in differences in the percent of cases in which services were provided to children while in placement to facilitate reunification. Waiver children who were not placed in out-of-home care were more likely to receive services to prevent placement than matching control children (88.7 percent vs. 73.6 percent; $p < .04$). An even higher percentage (93.9 percent) of waiver children from program counties were likely to receive such services. (See **Figure 10**).

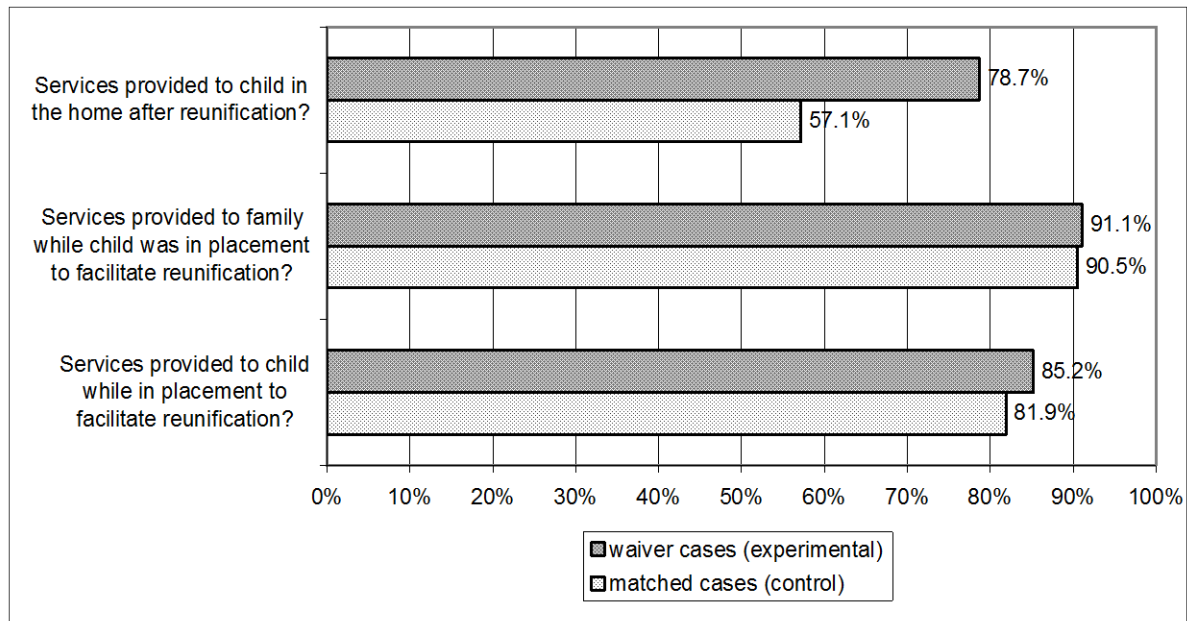


Figure 8. Services Provided to Waiver and Control Children in Placement – Worker Reports

Types of Services Provided. In the case-specific sample survey, workers are asked whether or not certain services were provided. Altogether they are asked about 34 types of services. A list of these services can be seen in **Table 6**, which lists the services from more often to less often provided. The table shows the percentage of cases that were provided specific services according to social workers. As can be seen, the raw percentages show a larger percentage of waiver cases receiving 23 of the 34 services in the list. The difference in the provision of services to the two groups of cases was statistically significant ($p < .05$) for 8 of the services—services related to household needs ($p = .000$), homemaker services ($p = .003$), services to address basic needs ($p = .008$), transportation assistance ($p = .019$), housing-related assistance ($p = .000$), money management assistance ($p = .023$), life skills training for a child ($p = .008$), and childcare ($p = .051$). In each of these eight instances, services were more likely to be provided to waiver children and their families.

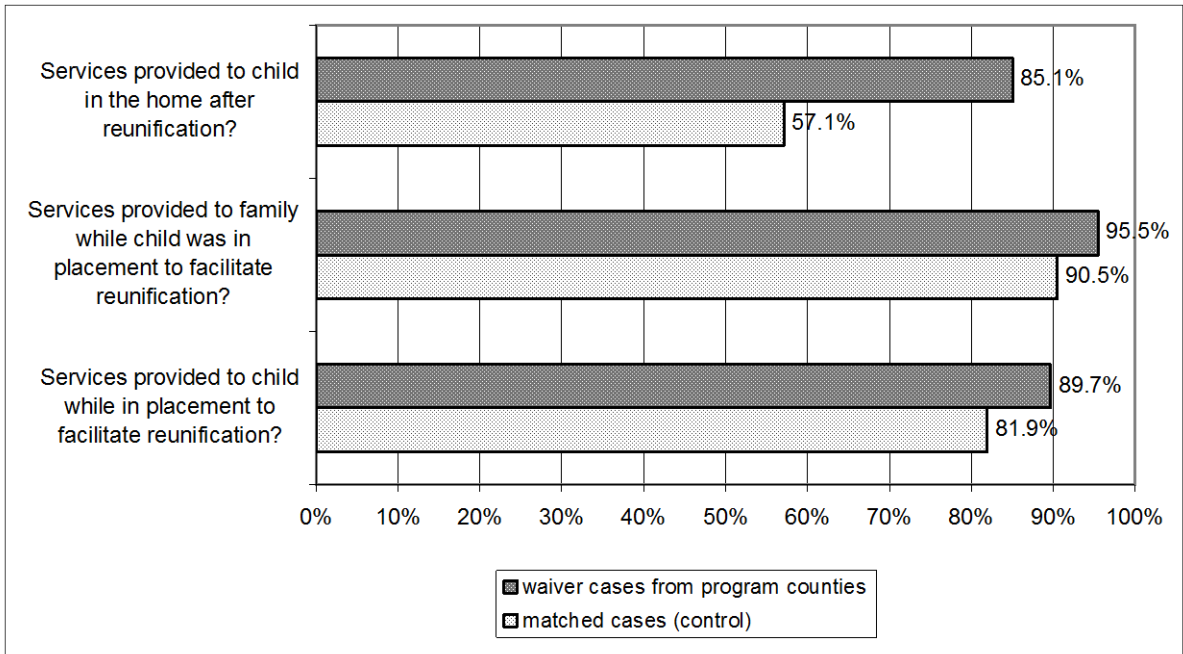


Figure 9. Services Provided to Waiver Children in Program Counties and to All Control Children – Worker Reports

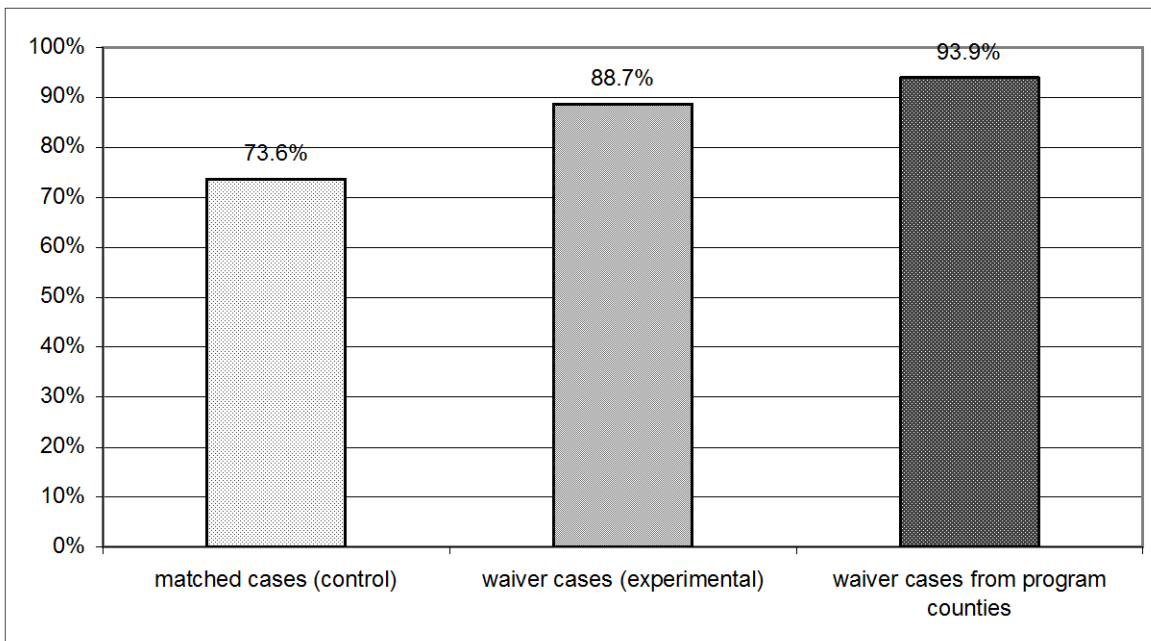


Figure 10. Percent of Children Provided Services to Avoid Out-of-Home Placement – Worker Reports

Table 6. Percent of Waiver and Control Cases that have Received Specific Services – Worker Reports

Services	matched (control) cases	waiver (exptl) cases	waiver cases from program counties	waiver cases from other counties
individual counseling	49.7%	45.9%	48.1%	40.3%
family preservation	35.4%	41.0%	41.4%	40.3%
parenting classes	32.6%	35.8%	38.3%	29.9%
household needs	12.0%	34.1%	34.0%	34.3%
homemaker services	19.4%	31.9%	35.8%	22.4%
drug abuse treatment	29.1%	26.6%	30.2%	17.9%
marital/group counseling	25.1%	26.2%	24.7%	29.9%
basic needs	13.7%	23.6%	24.7%	20.9%
transportation	14.9%	23.6%	24.7%	20.9%
basic needs to child in placement	25.7%	21.0%	24.1%	13.4%
housing-related assistance	8.0%	20.5%	22.8%	14.9%
money management	12.6%	20.5%	22.2%	16.4%
mental health services	17.7%	19.7%	19.1%	20.9%
Medicaid or other medical insurance	18.3%	19.7%	20.4%	17.9%
TANF, food stamps	10.3%	15.7%	17.9%	10.4%
education-related assistance	10.9%	12.7%	13.0%	11.9%
other financial assistance	6.9%	11.8%	11.1%	13.4%
medical or dental care	12.0%	11.4%	9.9%	14.9%
support groups	9.7%	11.4%	13.0%	7.5%
employment	10.0%	10.0%	11.1%	7.5%
life skills training for child	3.4%	10.0%	9.9%	10.4%
alcohol abuse treatment	11.4%	7.4%	8.6%	4.5%
emergency services	4.0%	6.6%	6.2%	7.5%
childcare	2.3%	6.1%	6.2%	6.0%
domestic violence	9.7%	5.7%	4.9%	7.5%
legal services	6.9%	4.8%	2.5%	10.4%
special education	4.4%	4.4%	4.9%	3.0%
recreational services	4.0%	4.4%	5.6%	1.5%
emergency shelter	1.1%	3.9%	3.7%	4.5%
assistance with family member with disability	1.1%	3.9%	4.3%	3.0%
vocational training	2.3%	3.5%	4.3%	1.5%
child support	5.1%	3.5%	3.7%	3.0%
respite/crisis nursery	2.9%	2.6%	2.5%	3.0%
transitional living arrangements	1.1%	1.3%	1.2%	1.5%

Table 6 also shows the difference in frequency of service provision in waiver cases in counties considered to have more active waiver programs compared with other counties. The raw percentages show a larger percentage of waiver cases in program counties receiving 22 of the listed services. The difference was statistically significant for four services. Waiver cases in program counties were more likely to receive homemaker services ($p=.032$), drug abuse treatment ($p=.037$), and basic needs to a child in placement ($p=.049$). Cases in other counties were more likely to receive legal services related to fees associated with permanency outcomes ($p=.016$). The difference in the provision of specific services to waiver and matching cases, according to workers, can be seen graphically in **Figure 11**.

Community-Based Service Providers. The difference in the types of services provided to waiver cases compared with control cases has less often involved services of a therapeutic character, such as counseling and substance abuse treatment, and more often involved practical assistance, such as assistance with household needs, homemaker services, housing-related assistance, help addressing basic needs like food and clothing, and transportation assistance. While therapeutic services tend to be available primarily from specialists, practical assistance is generally available from a variety of community resources. One of the objectives of the state's demonstration project is the development and utilization of community-based services. Because services involving more practical assistance tend to be available or accessible in any location, including rural parts of the state where therapeutic services and even foster homes may not be as close at hand, the demonstration is in a position to promote the instruments it needs to accomplish the outcome goals it has established. The development of community resources is not only an objective of the demonstration but also the means to accomplish more fundamental objectives.

More specifically, waiver cases were more likely to receive certain services funded from community agencies. These included homemaker services, basic household needs, housing assistance, support group assistance, help with basic needs like food and clothing, other financial assistance, education-related assistance, medical and dental care, life-skills training for a child and emergency shelter. For all of these services the between-group difference was significant at $p<.05$ (see **Figure 12**). There were other service areas in which the difference between the groups was not statistically significant at this point, but where a statistical trend was present. These areas included help with money management, transportation, employment assistance, vocational training, and child support (again, see **Figure 12**). In addition, waiver cases were more likely to receive certain unfunded services from community resources. These were housing assistance, assistance with basic household needs, and assistance with other basic

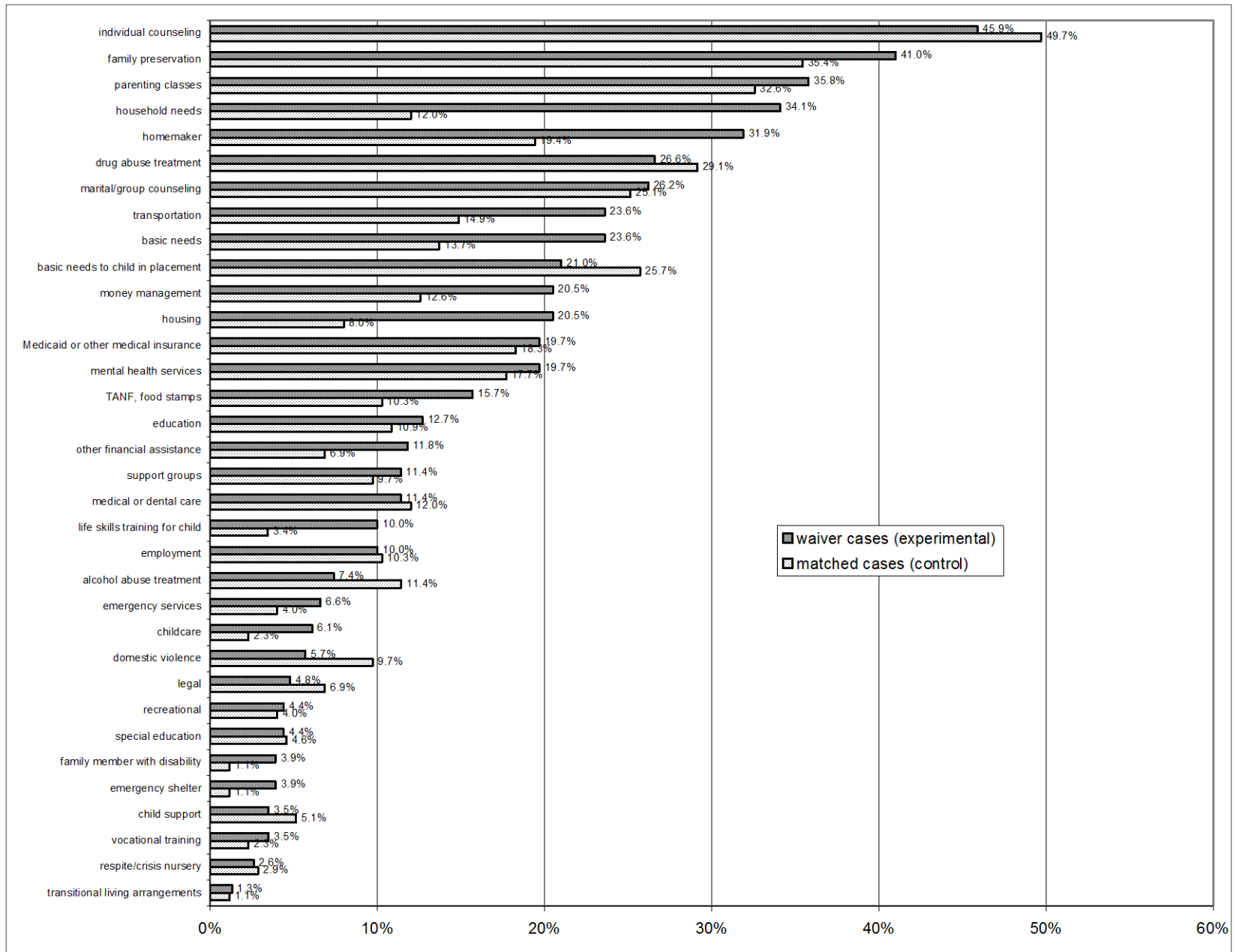


Figure 11. Percentage of Experimental and Control Cases Reported by Workers to have Received Specific Services

needs. Finally, the waiver is also leading to the provision of a greater number of different services in individual cases. The mean number of different services, among those listed in **Table 6** and **Figure 11** that were reported to have been provided to waiver group cases was 5.31, compared to 4.34 for the control group, a significant difference ($p=.032$). The difference in the mean number of different services provided to waiver cases in program counties was 5.55, compared to 4.73 to waiver cases in other cases, also a significant difference ($p=.013$).

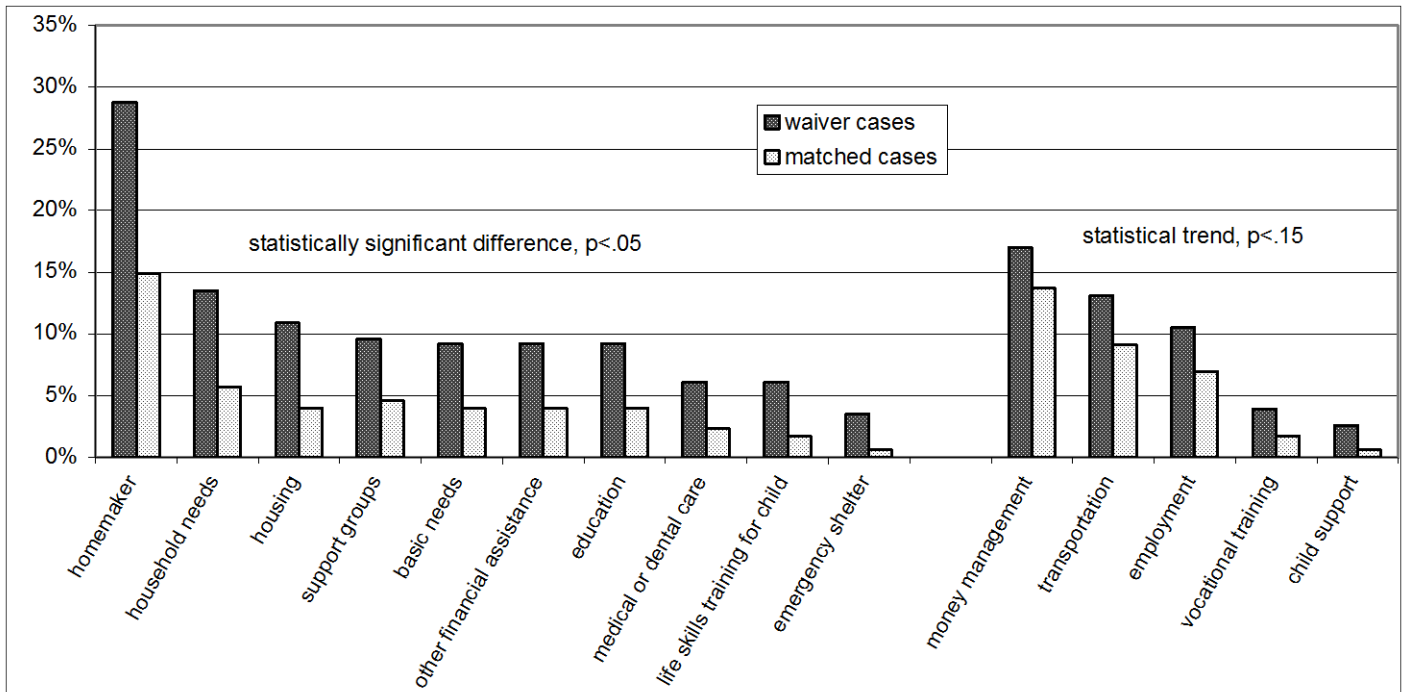


Figure 12. Percent of Waiver and Matched Cases in Which Funded Services were Provided through a Community Agency

2. Family Reports

Families are also providing feedback about the services they receive through the surveys being conducted. A large percentage of all families surveyed identified one or more specific services that they had received. This included 90.0 percent of waiver families and 83.0 percent of control families, a difference that approaches statistical significance ($p<.06$). Waiver families reported receiving a greater number of different services. The mean number of services received was 4.0 for waiver families and 2.3 for control families ($p<.000$). Waiver families from program counties reported receiving more services (mean=4.2) than waiver families from other counties (3.2).

Types of Services Received. Families are being asked about a set of specific services they may have received. The list of services is essentially the same as the one included in the case-specific survey instrument used with social workers. And, although the population of cases in the two surveys is not identical, the pattern of responses is similar. Consistent with the worker survey, families in the waiver group were more likely than control families to report receiving specific services. This can be seen in **Figure 13** which shows the percentage of family respondents who reported receiving various services. The trend is clear across the spectrum of service areas: waiver families receive more services than control families. The differences between the two groups were statistically significant ($p < .05$) for a majority of the services listed in the figure.

Specifically, waiver families were significantly more likely to report that they received the following services:

- ✓ Parenting classes or parenting assistance
- ✓ Mental health services
- ✓ Food and/or clothing
- ✓ Help paying utilities
- ✓ Financial help to pay rent
- ✓ Help in obtaining housing
- ✓ Assistance with home repairs
- ✓ Transportation assistance or car repairs
- ✓ Child care
- ✓ Employment-related assistance
- ✓ Homemaker assistance
- ✓ Other financial assistance
- ✓ Education-related assistance
- ✓ Other services not listed

When waiver families from only program counties were considered, the difference between experimental and control groups was greater on all but three of the listed services. Comparing waiver families from program counties to waiver families from other counties, those from program counties were more likely to report receiving food or clothing, housing assistance, home repair assistance, child care, employment assistance, as well as help for a family member with a disability and respite care.

Information and Referral. Beyond differences in their reports about specific services, waiver families were more likely to report (62.7 percent vs. 52.4 percent; $p = .021$) that social workers gave them the names of service agencies or some other

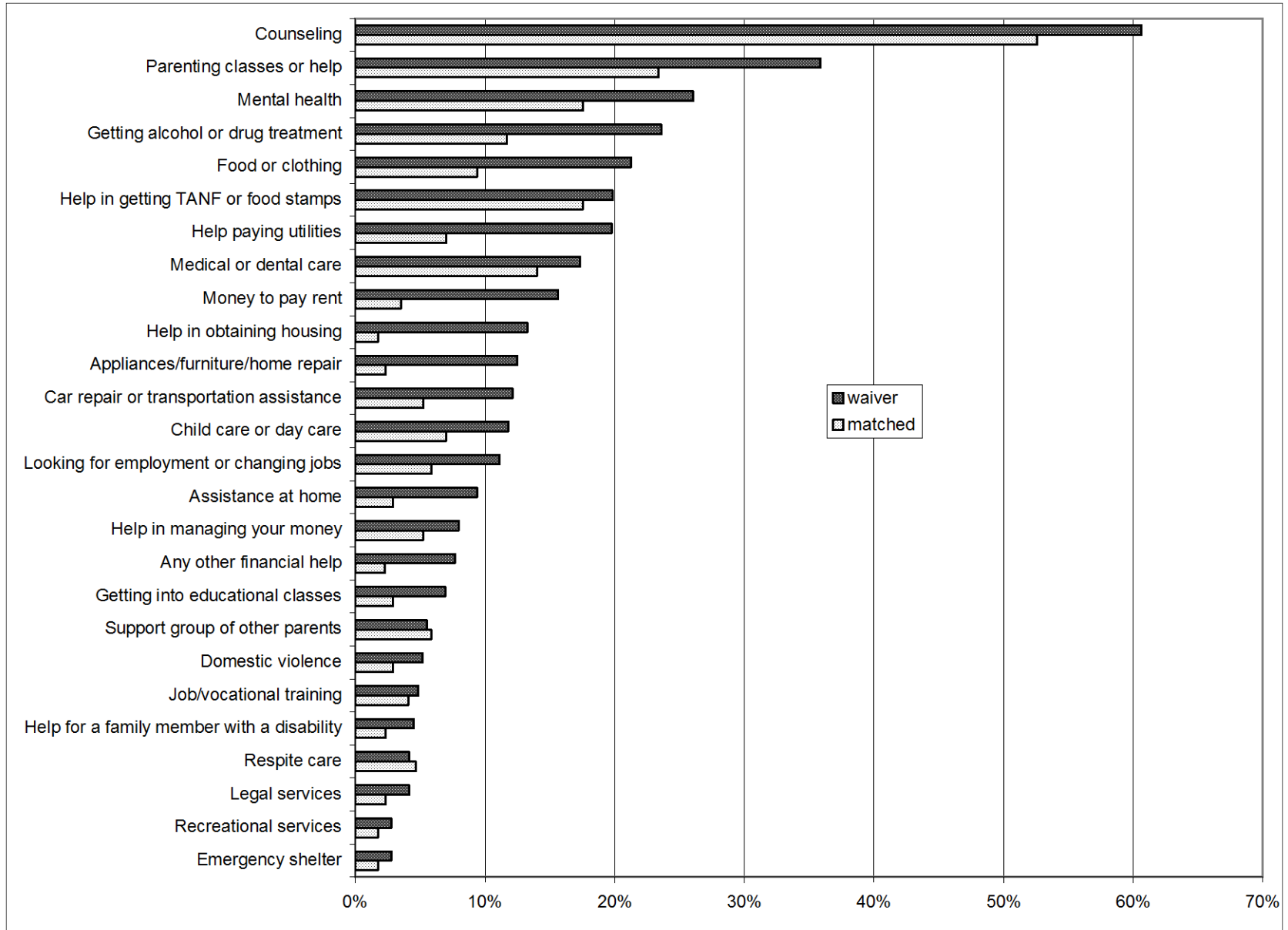


Figure 13. Percentage of Experimental and Control Cases Reported by Workers to have Received Specific Services

service resource where they could receive something they needed. The difference between the two study groups was larger when the analysis was restricted to waiver families from program counties, where 64.1 percent reported higher referrals. Importantly, waiver families given such information and referral help were more likely to report they acted on it and contacted the service resource. The difference was particularly large when the analysis was restricted to waiver families in program counties (where 73.0 percent said they acted on the information, compared to 57.8 percent of control families; $p=.011$).

Waiver families were also more likely to report that a DCS worker contacted another agency or source of assistance on their behalf than did control families (40.7 percent vs. 31.5 percent; $p=.018$). Waiver families from program counties were more likely to report this than those from other counties (42.9 percent vs. 35.7 percent; $p=.017$).

Effectiveness of Services. Although the difference at present is not statistically significant, a larger percentage of waiver families than control reported that the services they received were the kind they needed (80.8 percent vs. 75.9 percent) and that they were enough to really help them (73.9 percent vs. 69.8 percent). Similar differences were found when waiver families from program counties were compared to waiver families from non-program counties, where more waiver families from program counties said the services received were helpful and sufficient although the difference was not statistically significant.

E. Perspectives of DCS County Directors

To collect systematic information from county administrators responsible for managing the waiver program, an online survey was conducted at the midway point of the demonstration. Sixty-eight DCS county directors or supervisors (74 percent of the counties) responded to the survey in time to be included in the analysis for this report. All but two county directors who are new to their positions have worked with the waiver more than one year; the respondents averaged 7.3 years experience with the waiver.

Attitudes towards the Waiver. An important element in practice is the attitude of administrators and direct service staff. Without a conviction that a certain approach to practice is effective, it is unlikely or, at least, much less likely, that it will be. The social psychological dynamic of the self-fulfilling prophesy impacts practice both positively and negatively.

When directors were simply asked how they would describe their attitude to waiver at the present time, 92.5 percent said it was “positive,” with over half (53.7 percent) saying it was “very positive.” Both of these percentages are somewhat higher than what was reported in the final evaluation report of the original demonstration (where these figures were 86.5 percent and 51.4 percent, respectively). In the present survey, none of the directors reported a negative attitude toward the waiver; 7.5 percent described their views as “mixed.” When asked how they would describe the attitudes of their child protection staff toward the waiver, 79.1 percent said “positive” and 19.4 percent said “mixed;” one said “uncertain.”

Benefits of Waiver. As counties have become generally more sophisticated in how they use the waiver, administrators are now reporting more observable benefits to children and families that accompany increased utilization. A large percentage (95.1 percent) see the waiver as preventing out-of-home placement for some if not many children (see **Figure 14**). Half (50.0 percent) of the directors reported a perceived

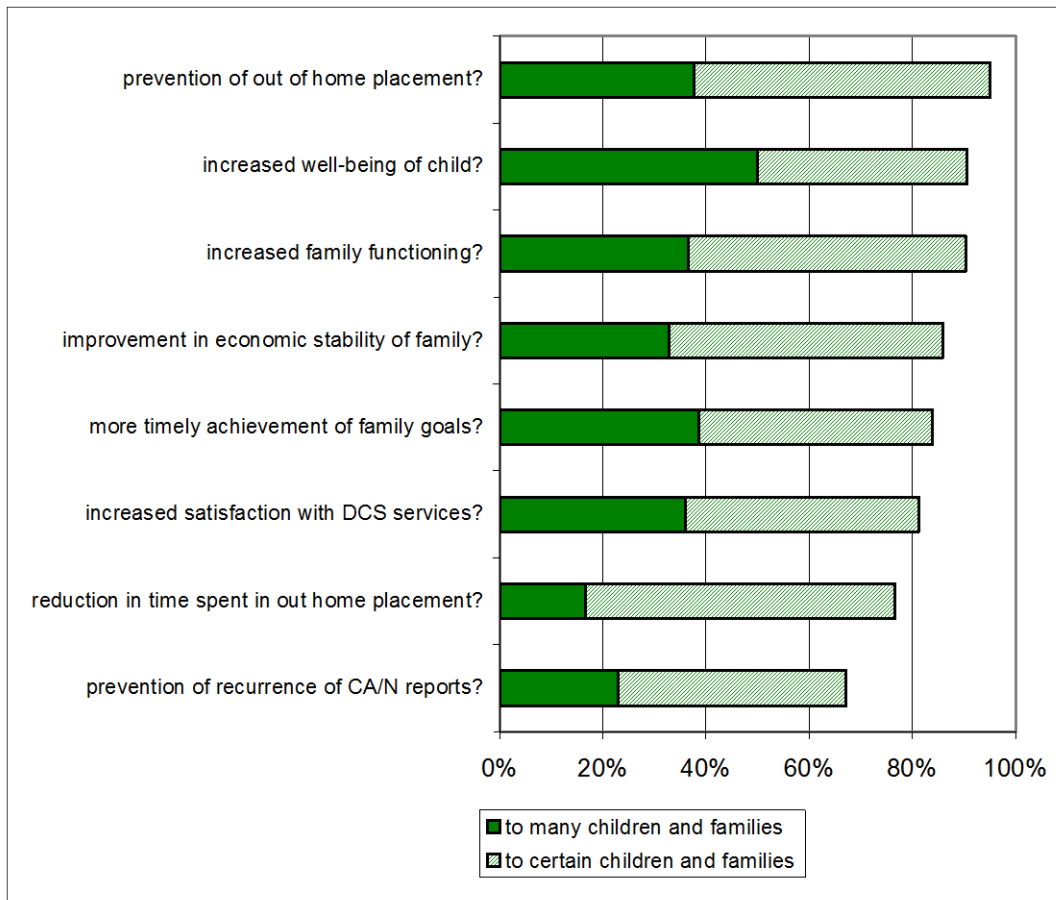


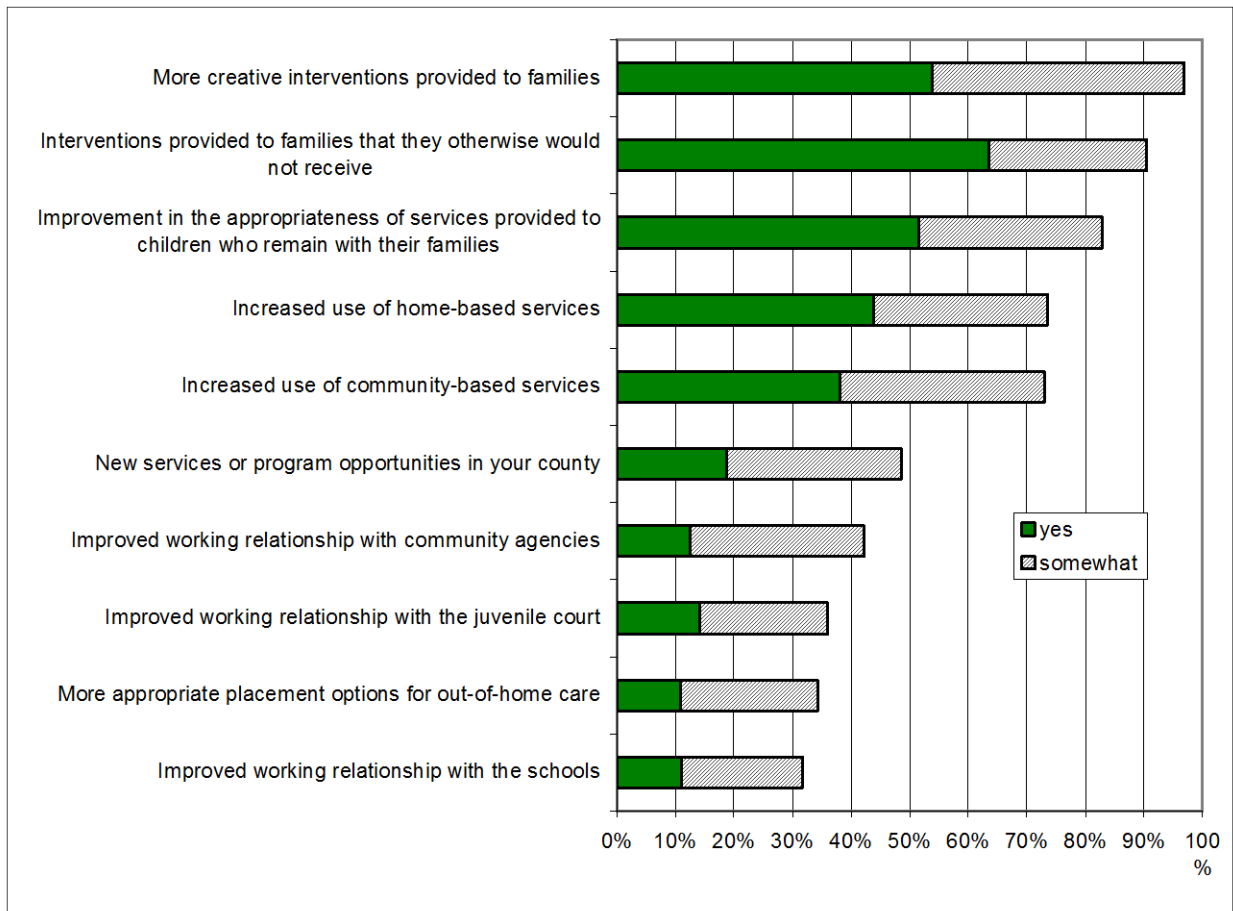
Figure 14. County Directors' Responses to the Question: Has the waiver resulted in specific benefits to children and families in your county?

increase in child well-being for many of the children assigned to the waiver, and most (90 percent) see it enhancing child well-being for at least certain cases. As can be seen in **Figure 14**, this pattern is repeated across most outcome areas on the survey; that is, a minority of respondents tended to see positive results in the lives of many children and their families, with most of the rest seeing positive results for certain of their cases. Directors tend to see the waiver as positively impacting family functioning, the economic stability of families, and the timely achievement of family goals. Many also see the waiver increasing the satisfaction of DCS services among client families. Finally, in certain cases directors believe the waiver is effective in reducing time spent in out-of-home placement and/or in preventing recurrence of maltreatment reports. The overall finding is that few of the responding directors had negative views of the waiver and most see it as benefiting many of the children and families or, at least, a subset of them.

Positive Program Changes. Directors were asked whether the flexibility of the waiver has resulted in any positive program changes in their counties. The most frequently cited effects were 1) more creative interventions provided to families, 2) interventions that families would not have received without the waiver, and 3) improvement in the appropriateness of services provided to the children who remained in their own homes. An increase in the use of home-based and community-based services were also noted by many directors. A smaller number of directors also mentioned improvements in working relations with community agencies, juvenile courts and schools. And some mentioned more appropriate placement options for out-of-home care. The proportions of directors mentioning these various effects can be seen in **Figure 15**.

Use of the Waiver. Directors were asked whether they view the waiver as 1) primarily a new funding stream to pay for services that children and families have always received or as 2) a way to provide services to families or children that they might not otherwise receive. In response, 20 percent described the waiver as a new funding stream, while a large percentage (80.0 percent) said it was a service opportunity. This is a major change from the last survey of county directors conducted at the end of the original demonstration period. At that time, although a majority of directors (55.4 percent) saw the waiver primarily in terms of service provision, 44.6 percent saw it primarily as a revenue stream.

Some of this shift in attitude may derive from the new emphasis DCS placed on the waiver at the start of the extension and on the technical assistance and training provided to county staffs. Eighty-one percent of the directors said their staffs had received training and technical assistance within the last two years. And half (49.3 percent) said their approach to the waiver changed as a result of this. Nearly two-thirds



**Figure 15. Directors' Response to the Question:
Has the flexibility of the waiver resulted in specific changes in your county?**

(64.7 percent) said their county's use of the waiver had increased as a result of the training and technical assistance their staffs received.

Directors were asked what kinds of situation or case characteristics made it more likely that they would assign a child and his/her family to the waiver. The most common responses were when:

- Out-of-home placement could be prevented 94.0%
- A family required assistance with basic needs 86.6%
- Family circumstances allowed for creative use of services 86.6%
- A family had clear and objective goals 80.6%
- Reunification was possible 77.6%
- Family exhibited a high level of cooperation 76.1%

Barriers to Waiver Use. As counties have become more familiar with the procedures for determining eligibility, assigning a child, and entering data into ICWIS, administrators report during interviews that the office is more comfortable with the waiver in general. Technical assistance has also reduced many of the misperceptions and uncertainties regarding the waiver and, as seen above, has impacted how they use the waiver. However, training and organizational issues continue to affect waiver utilization.

Directors were asked what types of things might hinder their using the waiver as much as they want. As can be seen in Figure 16, they indicated a need for more training, for policy clarification, and for assistance with eligibility. They also noted the affects of the program on the time and workload of case managers and administrators.

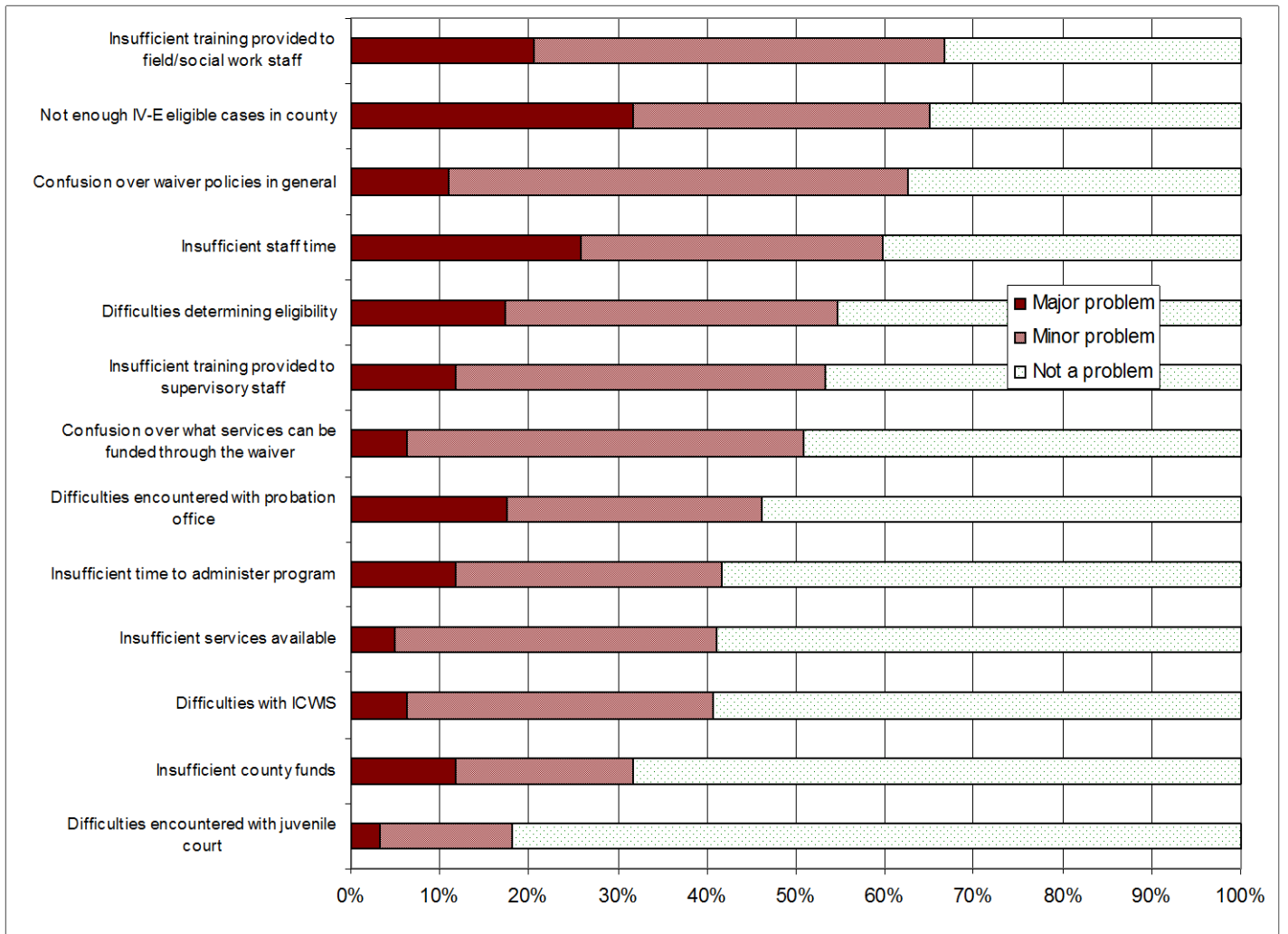


Figure 16. Circumstances or Issues that have Hindered Use of the Waiver According to County Directors

Overall, however, the perception of these problems has been lessening and attitudes towards the waiver becoming more positive as counties and county administrators gain greater experience with the program.

Comments from administrators give a more complete picture of the challenges of the waiver, and what county offices need in order to make more full use of it. Themes seen in within these comments are for ongoing training, more consistent and well-publicized policies, and changes to the guidelines and process for eligibility determination.

“I would like to see consistent practice for the waiver with a set of definite guidelines that can be utilized by any community and for various families. I would like to see eligibility in ICWIS be more user friendly and more training for all programs available to management and to FCM's. Increasing eligibility guidelines to TANF rather than using old AFDC guidelines would help...in utilization.”

“I would like to see clearly defined waiver policies on the DCS website because there is often confusion as to what constitutes an appropriate use of waiver funds. In talking with other directors and supervisors, I think there is great disparity in interpretation as to how the waiver funding can be utilized.”

“The waiver [should be] able to be utilized for families without substantiated abuse or neglect.”

“I would like to see at least regional or super-regional consultants. I believe that would be valuable at least until the counties were up to speed with the program and demonstrated effective use. [There is a need for] additional money/slots for non-eligible children. Our accountant would like a notice going to the bookkeeper when a waiver is opened.”

“Our only problem is with "time." We're slated to get new workers, which will help significantly. Unfortunately, it seems too often eligibility seems to be a low priority versus safety. My workers are not real comfortable doing eligibility since in a small county, it isn't something you do on a regular basis. When we had service cases, we used the waiver lots more and the schools and providers would even suggest using it. We have felt the waiver program has been very beneficial and are grateful for it.”

“Most of the staff is new, less than two years so a training session would be beneficial. Also, more training in the services that are appropriate for waiver. These are new folks and they could use some good examples of services or ideas to use with families that could be covered by waiver.”

“The flexibility of waiver funds is very useful and I would like to see more services available in [our] County so we could utilize waiver funds even more.”

F. County Program Summaries

1. General trends

Among many of the counties visited, appreciable differences still remain in the degree of waiver utilization, the process for determining and assigning appropriate cases, and types of services provided. However, some trends in the similarity of perceptions, use, and organization of the waiver program have become more obvious. It is likely that these emerging similarities can be attributed both to experience using the waiver and to the waiver protocols, training and technical assistance provided by the DCS.

All counties received written protocols that outlined how and when the IV-E FC waiver funds could be used and the procedures for assigning an appropriate case. As a result, most offices are now reporting a heavier focus on in-home CHINS cases, or out-of-home placements in which return home is the planned outcome. In addition to this, counties that are familiar with using the waiver, especially those that have been using it consistently for several years, place an emphasis on family cooperation in case planning and the provision of flexible and creative services to be used to create real change within a family system. Several counties have also indicated that neglect cases are slightly more often assigned than abuse cases. Families that require assistance with basic needs, as is often the circumstances in situations of neglect, are ideal cases for waiver assignment.

The majority of counties would ideally like to be able to use the waiver for voluntary service cases. Counties that have used the waiver for these cases in the past feel that the loss of DCS managed service cases has adversely affected their utilization. Conversations with county directors revealed a belief that the waiver was best suited for these types of prevention cases. Some administrators thought that the waiver was more successful at saving county funds when it can be used to prevent court involvement and placement. Some families require only basic help to stabilize them, but now DCS county offices can only help at that level when the case is substantiated and the court involved.

2. Site Visits

During the first half of the demonstration extension, DCS local office personnel were interviewed in 43 counties during site visits. Interviews were completed with 142 staff including County Directors (30 covering 31 counties), Supervisors (34), Family Case Managers (54), Accounting Managers and Bookkeepers (21), and Intake and

Eligibility Specialists (3). In addition, researchers met with the waiver field manager on several occasions, attended a region-wide waiver training session with staff in Region 3 and observed Regional Service Council meetings in Regions 1, 6, 14.

A very short synopsis of each site visit conducted during 2006 and 2007 follows, through which can be seen some a variety of differences among counties, the impact of policy changes on counties, the varying roles of the courts and probation, as well as areas of success and continuing challenges.

Adams County (Region 4, pop. 34,000) is a rural county in Northeast Indiana along the Ohio border. Sixty percent of the population is Amish. Adams has one of the lowest CA/N substantiation rates in the state of Indiana.

Implementation. All workers in the Adams county office are involved with the waiver program, but the supervisor coordinates it. Adams has stable and experienced staff, and a director skilled in partnering with the community, courts, and county council. Many of the cases assigned to the waiver have been voluntary cases and have focused on prevention. Adams County uses the waiver as often as possible— IV-E eligible cases are typically in-home CHINS, while non-IV-E eligible cases are probation. Although a tiny county, Adams has made substantial progress in reducing the number of children in care. Prior to the waiver, they averaged 25 children in care per month. As of 2006, they average 7 to 8. Adams County is recouping 12 percent of its total budget through the waiver program. County personnel attribute much of their success in reducing the number of children in care to the flexibility of the waiver and the shift of spending to prevention.

Services. Though community resources within the county are scarce, the county is able to make full use of the waiver through payments for home-based interventions, and at times to support reunification.

Allen County (Region 4, pop. 344,000) is primarily an urban county, home to Indiana's fourth largest city, Ft. Wayne.

Implementation. Since mid-2006, when Allen was first visited, the county has been steadily increasing utilization of the waiver. Since receiving waiver technical assistance, the county director has been more focused on using the waiver to its full potential. The director, the supervisor and the FCM are all involved in the decision to assign a case to the waiver. They often discuss cases as a team, but individual case-

managers may also ask the director to review a case for inclusion in the waiver. In-home CHINS and Informal Adjustment cases are most typically assigned to the waiver, as a way to keep more children in the home. Occasionally, they will start the waiver during the assessment process if it is likely the case will be substantiated.

Services. Families that require assistance with basic needs, allow for creativity, and that have a high level of cooperation are likely to be assigned to the waiver. Services provided under the waiver include one-time bills/repairs, family preservation services, and day treatment. Fort Wayne has a substantial set of community resources to draw from and, as a result, free and low-cost services are usually used first, before waiver dollars would be tapped. According to the director, workers in Allen tend to continue to think in terms of absolutely necessary services, instead of thinking holistically about the family's needs. The county is hoping that Practice Reform efforts will help to change this. Engaging the family in the service plan and discussing how the problem really starts may help workers to discover how to better assist them.

Bartholomew County (Region 14, pop. 73,000) is a midsize county in southeastern Indiana. More than half the population lives in the city of Columbus. The county considers itself to be the “meth capitol” of Indiana. Over the last 5 years, several local DCS Offices have seen significant increases in out-of-home placements, due to large numbers of child welfare reports directly related to a parent's usage and/or production of methamphetamine with children present in the home.

Implementation. Bartholomew County has made changes to their approach to the waiver during the latter part of 2006 and early 2007. They continue to use an “early-intervention team” process for identifying cases, and the CPS supervisor handles eligibility and all other aspects of the program. During the last year, the former supervisor, who is a strong waiver supporter, has taken over as county director. The office is moving the focus of the waiver to children in child abuse and neglect cases who remain in their home.

Services. Previously, the county was primarily using the waiver for delinquents to attend day treatment at \$50 per day and for sex offender treatment. This has allowed children, who may have otherwise been removed due to safety and supervision issues, to stay in their homes. They now emphasize cases where providing a service to a child might keep that child in the home or expedite the return of a child to their home. The

waiver has also been used for home-based services prevention programs and down payments in cases of CHINS and delinquents.

Benton County (Region 5, pop. 9,000) is a very small rural county in western Indiana.

Implementation. Due to the size of the county office, the county Director is also the supervisor and also may cover for caseworkers when they are absent. Consequently, the county director is very involved with individual families and looks at every case before assignment to the waiver. Case planning is done through family team conferencing, which is similar to the upcoming Practice Reform framework. Every case is determined for IV-E eligibility at the time of service by the caseworker regardless of case type or custody status. Historically, the county had provided payment for placement only for out-of-home probation children. However, the waiver is actively used for services for in-home probation cases, and to support probation children's return home from placement.

Services. There are limited resources in the county, and regional resources are limited to Medicaid eligible clients with a diagnosis. In addition, the county has difficult intake processes. Benton tries to use the waiver for all needed services, including clothing, counseling, house cleaning or fumigation, and home based services for in home juvenile sex offenders. In one particular instance, a fence was purchased for a home to prevent an autistic child from running away. This case example is one the county feels exemplifies the flexibility and importance of the waiver.

Blackford County (Region 7, pop. 14,000) contains two small towns and is located in east central Indiana.

Implementation. All staff are involved with the waiver assignment. The focus is on substantiated child abuse and neglect cases where the children are still in the home. Probation cases are not typically assigned to the waiver except in special circumstances. The waiver provides them with significant savings. In one instance they were able to keep a chronically reported family with eight children together with the support of waiver dollars.

Services. Blackford makes frequent use of waiver funds for homemaker services and tangible goods for families. House cleaning, supplies for home repair, clothing, utilities, beds, and relocation assistance are typical interventions.

Boone County (Region 9, pop. 52,000) is a suburban county, located just northwest of Indianapolis. Region 9 is one of the pilot regions for the Practice Reform initiative.

Implementation. The county director reviews every case to determine whether it may be assigned to the waiver, and case-workers are not involved at all in the waiver assignment. However, in the last year and a half, Boone has had all staff trained in family team conferencing. The goal is to use this team conferencing method with every case. Targeted cases for waiver assignment have been primarily children who are not in placement. They have served voluntary services cases with the waiver in the past, and now assign CHINS, IA and delinquency cases. Difficulties with determining eligibility and securing appropriate paperwork for probation children have been a barrier to the assignment of delinquency cases in general.

Services. The waiver is used frequently for mental health services, and has been occasionally used for concrete goods. Daycare is one example of a service that was not provided for families prior to the waiver.

Carroll and Clinton Counties (Region 5, pop. 20,000/ 34,000) share a director and supervisor. Clinton has tripled its population of Latinos in recent years due to two large factories and an influx of immigrant workers.

Implementation. **Carroll** is a very small county having one caseworker and a half time bookkeeper. They have rarely used the waiver in the last two years. With the support of the Clinton supervisor, Carroll County is hoping to increase its use of waiver dollars. The staff of **Clinton** is enthusiastic about the waiver. Caseworkers identify their own cases and bring them to discussion at a weekly staff meeting. The county is careful assigning children to the waiver who can benefit from it. Any case that is deemed appropriate for the waiver could be assigned as there are no specific target cases. However, there are no probation cases on the waiver, and probation and child welfare offices do not interact here in the same way as is commonly the case in other counties. All staff are waiver experts and have received waiver training; all do eligibility and make assignment decisions in a weekly staff meeting. Staff development and self-management

are strong values in the Clinton office. In 2002, they had 104 children in care, compared to the present number of 35. Budget savings of around 40% occurred in 2005 (around \$850,000), and the director attributes at least some of it to the waiver. The workers believe that the waiver has improved their relationships with the community, reduced subsequent reports, and allowed them to close cases much more quickly than expected.

Services. A wide range of services is funded through the waiver in Clinton. Tangible items include bedding, utility payments, auto repair, and deposits. Other services include aftercare services, counseling, daycare, and Boys' and Girls' Club memberships.

Clark County (Region 18, pop. 102,000) is a relatively large Indiana county located in southeastern Indiana along the Ohio River in suburban Louisville.

Implementation. Waiver assignment is on a case-by-case basis and is overseen by an informal committee consisting of two supervisors, one FCM and one bookkeeper. A caseworker and one of the supervisors are responsible for eligibility determination for all cases in the county. Probation cases are referred by the chief probation officer, who completes all referrals for home-based services and provides financial eligibility information. The county believes it has saved a tremendous amount of money on probation placements by shifting to home-based services. This is a Practice Reform pilot county and it continues to implement Family Team Meetings. In addition to the changes they are experiencing with practice reform, the county staff has doubled in size in a short period of time.

Services. While the county is not targeting specific types of cases, the bulk of waiver spending is on reunification and home-based services. The majority of waiver funds are directed toward providers of youth services and in-home counseling.

Clay County (Region 8, pop. 27,000) is a partly rural and partly suburban county in western Indiana.

Implementation. A community team structure has been developed for waiver decision-making, case planning and the identification of resources. Everyone is involved with the waiver here. All DCS staff take part and many community members do as well, including the CASA, local mental health director, the director of the Even Start Program,

a representative from Juvenile Probation, the director of Special Education for the County, the head nurse of the schools for the county, the Wraparound Coordinator, and a school representative. Families must agree to having their cases being reviewed by the team and sign releases for information. About a third of the time the family is also present.

Services. Creative services are encouraged in Clay. These may include incentives for kids to improve behavior, YMCA memberships, basic and tangible needs, self-esteem boosters for parents, job seeking help, etc. The services are purchased to fit the family needs.

Crawford County (Region 17, pop. 11,000) is a very small rural county at the southern tip of Indiana.

Implementation. Crawford county has historically made good use of the waiver. In the last year or so, it has slowed down the usage due to local unrelated cash flow problems. Although the county is using the waiver less frequently than it used to, it uses it whenever it is appropriate and feasible. There are no specific types of target cases other than those where some creative case planning may assist a family in staying together.

Services. Any type of service can be covered under the waiver. Recent services and goods have included gas and utility payments, furniture, insurance, dental care, and the purchase of basic household items at Wal-Mart.

Daviess County (Region 17, pop. 30,500) is a moderately populated county in the southern part of the state.

Implementation. Daviess used to assign all voluntary cases to the waiver automatically. With the change in legislation and policy in serving voluntary cases they are now identifying low- to mid-risk substantiated cases where children are still in the home for waiver assignment (In-home CHINS). Caseworkers identify families for the waiver and introduce them at staffing meetings. They are not servicing probation children due to the difficulty in obtaining IV-E eligibility information on those children. Daviess is in the training stage of Practice Reform.

Services. Any goods or services that may be needed are purchased with the waiver funds. They have paid for utilities, food, remodeling supplies, deposits, and a furnace,

among other items. As substantiated families are assigned to the waiver the county expects that more services will be needed.

Delaware County (Region 7, pop. 120,000) is in the eastern part of the state and includes a population of 66,000 in the city of Muncie.

Implementation. Delaware has gone through significant changes in how they are approaching the waiver program. In the previous demonstration period, the waiver was used only for probation and for a particular substance abuse program, but with a change in the judge two years ago, the program is being redeveloped. They are now staffing waiver cases by committee with the focus on prevention and post-adoptive services. Training for the staff on how to use the waiver was offered and supplied locally on more than one occasion, but not all staff attended training sessions.

Services. Much of the waiver funding has been directed to a major behavioral health provider in the area. Other interventions that have been purchased are membership to a Taekwondo academy and utility payments.

Floyd County (Region 18, pop. 72,000) is a suburban county located just across the river from Louisville, Kentucky.

Implementation. Assignment and management of waiver cases is the responsibility of a community wrap-around team. Created to support children with special needs, the wrap-around team consists of personnel from probation, school, mental health, a DCS family case manager (FCM) and other community members. A case concerning a child appropriate for the waiver is presented by an FCM to the team with an initial service plan and safety plan. The team discusses the case and may offer some additional suggestions for the plan or additional resources. Once approved, the plan is presented back to the caseworker or probation officer, and to the parent(s), who approve and sign the plan along with every member of the team. The County Director signs off, as does a county judge, before a waiver case is assigned in ICWIS. Any changes to the service plan go through a similar approval process (through the team, parents, and judge). Formerly, the waiver has been used for voluntary cases, though the leadership in Floyd sees the potential for using the waiver with CHINS cases in conjunction with family team conferencing.

Services. Case planning which uses a multi-disciplinary team encourages a wider variety of service approaches. The committee works from a standard list of services including parenting classes, therapy and behavioral health, home-based services, and respite care. However, many basic family needs are met through use of the waiver, as well as creative and atypical services. Additional interventions purchased with the waiver include beds, dance classes, childcare, telephones, bus passes, tutoring, and utility payment assistance.

Gibson County (Region 16, pop. 33,000) is a relatively small county in the rural southwestern part of the state.

Implementation. Gibson was a key process study county in the initial demonstration during which the waiver program was built upon a pre-existing community wrap-around team. While there is still a community wrap-around team meeting monthly, it is managed by a different organization and is not presently nor is it expected to be involved in the waiver for a variety of reasons. Currently waiver assignments are primarily CHINS and Informal Adjustment cases. Voluntary cases were phased out at the beginning of 2007. A Community Partners Organization has been active as of October 2006. One supervisor who has expertise in the waiver generally handles eligibility and waiver assignment.

Services. The majority of waiver spending is to two main community providers that accept DCS referrals. Children working with these agencies receive therapy and home-based services. Rarely is the waiver used to purchase tangible items.

Greene County (Region 13, pop. 33,000) is a poor county with the highest child abuse and neglect rates in the state. Wal-Mart is the largest employer and center of the community. Challenges the county faces are a high level of substance abuse (80 percent of CA/ N cases involve drug use), unaffordable mental health services, and the remoteness from social service providers.

Implementation. Despite being a small county and experiencing county budget decreases, Greene is utilizing the waiver to the fullest extent. Caseworkers identify cases for the waiver in weekly staffing. A former Public Assistance worker has a split position between eligibility and casework, and she completes all of the IV-E documentation. Eligibility information is gathered through initial in office face-to-face meetings with

families, during which time families also create budgets. There is one probation officer (132 cases) who works with DCS very closely to obtain needed services.

Services. Due to their rural location, many of the contracted services are located in Evansville two hours away. The major provider for waiver assigned children is a large non-profit that specializes in home-based services, which may include parenting and homemaking assistance, therapy, and juvenile mentoring. A new, intensive home-based substance abuse program was developed due to the waiver program. Waiver dollars are also frequently used for drug testing and pest extermination services.

Huntington County (Region 4, pop. 38,000) is a northeastern county comprised of a mix of small towns and rural areas.

Implementation. Both usage and understanding of the waiver have increased in Huntington County since training was provided in February 2007. DCS staff now feel more confident about what waiver money can be used for, and the Director has educated the juvenile judge on how waiver money could decrease county spending. They usually assign cases where children can be kept in the home. Probation cases are referred to them often, and make up the bulk of their waiver children, along with a few additional in-home CHINS and IA cases. Though the working relationship between the DCS office and probation is not perfect, the county Director believes that the waiver has allowed more probation children to avoid out-of-home placement. Without the waiver, probation cases may have necessary services end prematurely.

Services. As Huntington is fairly small, they have two major service providers that receive most of the behavioral health referrals for the county. The county has a high rate of sexual abuse and consequently has often used the waiver for counseling services in this area. Clients also may receive home-based support services such as Intense Family Preservation. To address basic needs, the following interventions are used with waiver families: rental assistance, appliance purchase, sewer service, furniture purchase, auto repair, and energy assistance.

Jackson County (Region 14, pop. 42,000) is a mid-sized county 90 minutes south of Indianapolis.

Implementation. This county has made extensive and successful use of the waiver for families in a variety of case types. Currently, they are assigning mainly CHINS cases,

including those with children in placement, and Informal Adjustment cases. Jackson has a unique practice of using a clinical consultant to review cases of children in residential placement. This consultant evaluates placements to identify cases where children are either in too restrictive or inappropriate placements, or are not receiving the expected services. This has led to children being moved to less restrictive (and less expensive) settings and to expediting permanency for children in the county.

Services. A broad range of basic household issues have been addressed through use of the waiver. Utility assistance and trash pickup are common purchases. Auto and home repair, appliances, rental assistance, and necessary items for children are also used frequently to stabilize families. This is a DCS County Office that often uses waiver to maintain children in unlicensed relative placements. This frequently occurs while the children's parents are participating in services in hope of having their children returned, or are incarcerated for a short term stay. Waiver dollars are not used to provide a per diem for children residing in the unlicensed relative home, but rather to provide more concrete services for the children/relatives that will allow them to remain in the relative home until their parents are ready to resume care of their children, or another permanency goal is decided upon. These service purchases for waiver children in unlicensed relative care are unique to the child's needs. The waiver is occasionally, but more rarely, used for counseling and therapy.

Jefferson and Switzerland County (Region 15, pop. 32,000/ 9,100). Jefferson is a larger county located in Southeastern Indiana along the Ohio River, while neighboring Switzerland is much smaller and borders Jefferson on the east.

Implementation. A few years ago, the administration of the Jefferson and Switzerland county offices merged under the Jefferson County Director as a cost saving measure. Two supervisors cover both counties, and share casework staff and court procedures related to the waiver.

Family case managers, probation, schools, community agencies or other sources may refer children for the waiver. Probation completes the waiver paperwork for those youth and works closely with the child welfare supervisors on determining IV-E eligibility. The county office petitions the court for placement in the waiver program. Petitions include information about family history, results of risk assessment, a case plan and any other relevant information. Progress reports are provided to the court at intervals of 60, 90, or 180 days. Removal of a child from the waiver program requires judicial

approval as well. A “Memorandum of Understanding” is completed with each provider of services to children placed on the waiver.

Services. They provide a wide variety of services to both probation and child welfare cases. Many of the purchases involve tangible items, household management, utility assistance or car repair. Examples of interventions include: a fence, roof repair, room addition to home, outstanding medical bills, tutoring, and YMCA and Boys’ club memberships.

Knox County (Region 16, pop. 39,000) is a small but growing office in southwestern Indiana.

Implementation. Though the office does not target cases for the waiver, they primarily serve ongoing Informal Adjustment cases through the program. All staff is actively involved and very knowledgeable about the waiver. One person handles IV-E eligibility for the county, but eligibility issues prevent them from using the waiver with probation cases as much as they might otherwise. The waiver is becoming more flexible here as state requirements have become more streamlined. Due to the lack of financial information, the county is unable to determine IV-E eligibility and is limited in the number of non IV-E children it can serve.

Services. Children assigned to the waiver typically receive home-based services, preventative after-care, and outpatient counseling. Waiver funds may also be used for drug testing. They are seldom used for tangible goods.

Lake County (Region 1, pop. 485,000) is a very diverse region with urban, suburban, industrial and rural areas, located just east of Chicago. Its larger cities, East Chicago and Gary, come with all of the challenges of inner-city neighborhoods.

Implementation. Lake County continues to use the waiver as often as possible. Workers in this county make case referrals to the waiver by sending emails to the County Director or Deputy Director describing their case plan. The Director or Deputy Director then gives approval to the worker to assign the case to the waiver. Most worker requests are accepted, except in circumstances where proposed use of the money is inappropriate. The county office has been using the waiver so consistently during the demonstration, that both community service providers and CPS clients are aware of the program and may actively request that the waiver be used. However, due to their experience using the

waiver, the office is now more careful to use waiver money only when the family has made a commitment to the service plan. In-home CHINS, or those where reunification is imminent, are the primary recipients of waiver dollars. The eligibility determination process has been improved over the years of the demonstration, and now there are very few issues with this.

Services. Case-managers in Lake strongly approve of the waiver for the flexibility it provides them. Utility assistance is an extreme need in the major cities and is used extensively by workers to help stabilize families. Economic deprivation is addressed through waiver purchases—rent deposits, furniture, beds, and cribs. Caseworkers have developed collaborative arrangements with some vendors in the area. Behavioral health and counseling are also common services. Whenever case circumstances allow, the waiver may fund things such as YMCA memberships and daycare.

LaPorte County (Region 2, pop. 111,000) is on the northern end of the state and has an active tourist city on Lake Michigan. LaPorte City is approximately 30 miles southwest of Big Bend. Both cities house CPS offices.

Implementation. Cases that are assigned to the waiver are primarily delinquency cases and are all court involved. LaPorte previously used the waiver for voluntary cases, but now will not intervene in cases without a substantiation. The office uses a team decision-making approach, much like the framework being implemented through the practice reform initiative, which provides opportunities for combining resources. The waiver program has a single point person who will answer questions from other workers. Caseloads are high and the office appears understaffed.

Services. The service array is focused on those things that may support a youth staying or returning home. Many children and their families receive counseling or in-home therapy paid through the waiver. There are two major providers of mental health and family services that work with the waiver cases. The waiver is occasionally also used for utility or childcare payments.

Madison County (Region 11, pop. 130,000) is a mid-sized east-central county. Due to the closing of two large manufacturing plants and a General Motors plant, the county has been struggling with high unemployment.

Implementation. Madison is among the limited number of counties who continue to utilize a community waiver team. Membership includes but is not limited to DCS and school personnel, law enforcement, the center for mental health, and the chief probation officer. One family case manager coordinates the process and has developed a detailed written protocol for waiver assignment. Applications, which include financial information for eligibility, can come from any community agency or institution, and are approved by the county team. All case types have been assigned to the waiver.

Services. Other community members such as landlords, retail storeowners and others support the program as vendors for non-contracted services and goods that are only provided through the waiver. Utility assistance, pest extermination, and purchase of furniture are all frequent interventions for waiver cases. Additional uses of the waiver include: tutoring, emergency medications, rent deposits, laundry services, cleaning supplies, bedding, respite care, summer camp, vehicle repair, clothing, transportation, school supplies, and polygraphs. Foster care per diem (less than 60 days), guardianship fees, supervised visitations, psychological evaluations and other traditional services are also common.

Marion County (Region 10, pop. 860,500) is home to the state's largest city, Indianapolis.

Implementation. Marion has made changes to its approach to the waiver over the course of the demonstration. In previous years, children in the "DAWN program" were automatically assigned to the waiver. The program had a flat cost of \$4,000 per month. Currently, the majority of assigned cases are CHINS and IA. Delinquency cases are not assigned. Staffing issues were identified as having a huge impact on the county and the addition of new staff has enabled them to better utilize the waiver. In 2006, training packets were developed for workers, which had improved the process for reviewing cases for potential waiver assignment. Supervisors and FCMs are now thinking more about the waiver during the assessment phase of cases, rather than after the case plan has already been developed. Training with courts on practice reform has had an impact on the waiver as the judges have learned about the program. This has resulted in a move away from services traditionally prescribed in court orders and has added flexibility to the service plan.

Services. Home-based counseling and other traditional services are paid for with the waiver. In addition, gas, rent, camps, day respite, and plumbing repair have been part of waiver case service plans.

Marshall County (Region 3, pop. 45,000) is located in northern Indiana and contains several small towns.

Implementation. Marshall County received training on how to use the waiver several months ago. Prior to this, the county did not use the waiver reimbursement to any great extent. Presently, the office has a fairly informal process for deciding which cases to assign. Case-managers bring a case directly to the Director who provides the final authorization. Typically, this office uses the waiver to support reunification through trial home visits. Staff in the office state that the waiver complicates accounting practices, and they would still like to receive more clarification in this area.

Services. Presently, waiver children are not receiving services that they would not otherwise have access to. Family preservation and substance abuse treatment are common services for waiver families. Marshall is hoping to use the waiver more flexibly in the future.

Monroe County (Region 13, pop. 121,000) hosts Bloomington, where the University of Indiana is located, as the center of this south-central county.

Implementation. The waiver is actively used here in all cases where the county is able to prevent the removal of a child, support a child upon returning home, or maintain placement in the home. A large percentage of waiver cases involve delinquency. Probation cases are coordinated through a DCS supervisor. Case plans for probation are completed by the staff and are required for placing a child into a waiver slot. This has at times impeded the assignment of probation case to the waiver, as the process can be lengthy. When a case is assigned to the waiver, a request is submitted to an eligibility worker who makes the final determination.

Services. Home-based family preservation and alternative school services are frequently paid for through the waiver, as are day care, rental deposits, Head Start, auto repair, groceries, and other one-time bills.

Montgomery County (Region 9, pop. 38,000) is located in central Indiana and is a Practice Reform pilot county.

Implementation. Montgomery has increased its staff size from three caseworkers to thirteen in less than two years. A supervisor serves as the point person for the waiver and as the waiver champion in the region. This individual has trained other staff in the office on waiver usage. Only CHINS and IA cases are currently being assigned; the eligibility of probation children remains an unresolved problem. Several successes for families have resulted from the waiver here. Children have been able to return to their parents' homes in weeks rather than months, or have avoided placement altogether due to the county's ability to provide services to families that were unavailable before the waiver.

Services. Montgomery county has excelled at using the waiver for services that are not traditional case-management tools. Though many cases assigned to the waiver receive counseling and home-based services, a strong proportion of families also receive utility assistance, tangible goods, housecleaning and extermination services. Very creative uses of the waiver include rental of a storage unit and credit counseling.

Orange County (Region 17, pop. 19,000) is a small southwestern rural county.

Implementation. This county has essentially stopped using the waiver. There have been only a few waiver assignments for 2007. The administration has been operating under the assumption that assignment to the waiver requires judicial approval, which ceased to be the case in July 1, 2005. Their current judge has refused to approve any petition for waiver assignment that has been brought, and the county DCS office has, in turn, stopped submitting them altogether. The Orange County Director oversees a neighboring county, which has a good relationship with the judge and uses the waiver successfully and regularly. The staff is enthusiastic about the waiver and the potential for the future with it.

Services. For the small number of waiver cases, payments have been made at Wal-Mart and to utility companies.

Owen County (Region 13, pop. 22,000) is a small and poor southern Indiana county with higher than average unemployment and little industry. Most of the work is

either out of the county, in the school system, or in retail, fast food establishments, or other minimum wage positions.

Implementation. The waiver started off slowly due to some confusion on how to use it. Since last year's waiver champion training waiver usage has been increasing. Owen County uses a team approach with all cases, and waiver decisions are made in this way as well. Referrals for the waiver program can and have come from anywhere in the community. Assignments are typically made for families who have the biggest needs and in cases where it is possible to prevent placement. Owen previously used the waiver often with voluntary services cases, but has recently assigned only CHINS and IA cases. Waiver is not generally used in cases where children are in out-of-home care, unless it can be used to support a child's transition back into the home. Families that demonstrate ability to make progress toward self-sufficiency are more likely to be approved for waiver usage; and the office requires that detailed budgets be done with all waiver families.

Services. As many of their cases relate to insufficient housing or heat, or other poverty-related neglect issues, waiver funds are often used for utility and rental assistance. Home-based services and counseling are also used with some frequency.

Parke County (Region 8, pop. 17,000) is a small county in western Indiana, with only two family case managers in the CPS office. The county Director recently took over the management of neighboring Vermillion.

Implementation. Parke County was an early user of the waiver. The county generally reserves the waiver for delinquents (non IV-E-eligible) who often have no other sources of funding in order to prevent them from coming into placement. However, the county has difficulties receiving enough information from probation officers to determine eligibility for any delinquent youth. In the last year, they have placed only a couple of additional children on the waiver. All cases are evaluated in an all-staff meeting and appropriate cases are identified for the waiver during that process.

Services. Waiver money is used only for counseling and youth services.

Porter County (Region 2, pop. 148,000) is a growing county that attracts tourists to its towns near Lake Michigan.

Implementation. This office has really been working with the waiver as a internally managed effort only since July of 2007. Before that time, the staff did not feel they had clear direction on eligibility or what services could be paid for. Problems with utilization were caused by outside agency influences, leadership and communications styles of the previous Director and Supervisor who worked with the waiver in Porter County, and local office fiscal/political concerns. Since the change in policy that removed the requirement for judicial approval, Porter has been able to increase their usage. However, the main barrier in Porter is the county's cash flow. Because they are limited in the amount of county funds they have to pay for services up front, they have difficulty being able to plan for new or different interventions. They believe they do not have the financial luxury of thinking outside the box and paying for expensive bills, etc. The office has organized a semi-formal process for waiver approval. FCMs will propose a case to one supervisor who handles the waiver, and she will approve it and notify the bookkeeper. Most of the children who are assigned are non-IV-E FC eligible, as Porter is a high-income area.

Services. Presently, Porter uses the waiver when they can, often for reimbursement for services they are required to provide by court order. Many payments are made to the Youth Services Bureau for probation youths. Families are currently receiving mainly traditional therapeutic-related services. In the past, the waiver has been used for housing, utilities and vehicle repair.

Pulaski (Region 2, pop. 14,000) is a small rural county in the northeast portion of the state.

Implementation. Pulaski County has been using the waiver when possible for several years. Because Pulaski is very small and lacks a full time supervisor, the Director is involved in every waiver assignment decision and communicates with her case-managers frequently. The Director encourages her staff to think holistically about what needs to be done for a family. The bookkeeper is then responsible for tracking/assigning all waiver cases. Pulaski typically assigns only CHINS and delinquency cases, but formally used the waiver for service (voluntary) cases. Probation cases tend to have a standard set of services, which the DCS office believes are not always the best fit for the case. The Director feels that the waiver is most beneficial when it can be used for prevention and can be helpful in shortening placement, improving family functioning, and encouraging families to reach their goals.

Services. Pulaski has used the waiver for car repairs, alternative education, transportation, utility and rent assistance, as well as for mental health services.

St. Joseph County (Region 3, pop. 265,000) is at the very northern end of Indiana and contains the city of South Bend.

Implementation. St. Joseph is still in the process of developing a system for using the waiver. As one of the major cities in Indiana, the DCS office in South Bend still uses a separate accounting system from ICWIS, which makes their ability to track waiver usage more difficult. The office is currently experiencing staff shortages. Both of these things complicate the administration of the program. In this regard, St. Joseph would ideally like to have someone who could be designated to manage and monitor the waiver and accounting. Though they did receive training on how to use the waiver in the last year, the process for waiver assignment is still fairly informal, usually consisting of an email being sent to the Director. All types of cases are assigned to the waiver fund.

Services. Interventions provided with waiver reimbursement include vehicle repairs, daycare, respite care (camps for kids), some household management services, and out of school time programs. For juvenile probation cases, the county uses the waiver often and almost exclusively for the "Academy," an alternative school program. The waiver is available to cover the tuition for the children that would not be in school otherwise.

Sullivan County (Region 8, pop. 21,700) borders Wabash River in the western part of the state.

Implementation. Sullivan is fairly new to the waiver program. The Clay County Director, who has many years of waiver experience, assisted in training staff in this county in using the waiver while she was overseeing Sullivan. The goal for the county is to build a community team similar to the process in Clay. The county presently does not use the waiver regularly.

Services. For the few waiver cases that have been assigned, funds have been used for utility assistance, YMCA membership, and counseling services.

Vanderburgh County (Region 16, pop. 173,000) is a primarily urban county located in Southwestern Indiana along the banks of the Ohio River. Approximately three-fourths of the population lives in Evansville, Indiana's third largest city.

Implementation. The Regional Manager for Region 16 (which includes Gibson, Knox, and Vanderburgh) on a monthly basis reviews cases of children exiting foster care, as as possible candidates for the waiver on a monthly basis. The county focus is on Informal Adjustment cases and on expediting reunification . Family case managers identify potentially appropriate cases, while a supervisor, who works closely with the accounting staff, coordinates all waiver assignment and determines eligibility.

Services. Waiver funds are tapped consistently for all types of services, depending on the families need. Common interventions include home-based services, polygraph investigations, rental deposits, childcare, and utilities.

Vermillion County (Region 8, pop. 16,800) is a small county on the western border of Indiana and shares a director with neighboring Parke County.

Implementation. Vermillion has not begun to utilize the waiver. Training for all Vermillion staff was arranged and provided by the Waiver Program Manager on October 24th, 2006. In addition, Parke county staff are providing support in implementing the program in Vermillion, but as of yet, Vermillion has not assigned any cases to the waiver.

Services. Not applicable.

Wabash County (Region 6, pop. 34,600) is a relatively small county in north-central Indiana.

Implementation. The waiver program in Wabash has been administered in much the same way since the beginning of the original demonstration. The caseworker identifies CA/N cases for the waiver and completes the paperwork for eligibility determinations. All probation cases are assigned to the DCS office.

Services. Waiver money is used primarily for counseling, family preservation and support and home-based services for both probation and CHINS children . A new service being provided in the county is day treatment at a local residential school. This was

initiated through a judicial order and has become one of the more common services to prevent residential placement.

Warren County (Region 5, pop. 8,800) is a very small suburban county in west central Indiana.

Implementation. As Warren has a small population, the total number of open CPS cases is also small. However, this county uses the waiver for every child that it can. The Director believes that the waiver is influencing how their office intervenes with families. Although there are less than 30 children on TANF in the county, they attempt to identify IV-E FC eligible kids. All types of cases have been assigned to the waiver, though CHINS and IA cases are most frequently included. The County Director handles eligibility determination for all children and monitors the waiver program. The waiver has had a significant, positive impact on this county financially.

Services. Intensive in-home services, counseling, and other traditional supports are most often purchased with waiver funds. Waiver spending per child ranges from around \$2,000 to \$4,000 per child.

Wayne County (Region 12, pop. 71,000) is medium sized and located in eastern Indiana, about 35 minutes west of Dayton, Ohio.

Implementation. Up until three years ago, the waiver was used primarily for probation cases, as the former judge determined that waiver slots would always go to probation first and DCS second. Practices have changed significantly under the new judge, and presently only CHINS and IA cases are assigned. Delinquents are defined differently here than in many other counties. Any child aged 0-12 who comes into juvenile court becomes a DCS CHINS case, while children 13-18 are classified as delinquents. The focus is on preventing removal and supporting reunification. Wayne County had a very solid grasp of the program, and though they are adversely impacted by staff shortages, lack of resources, and budget restrictions, they do not seem to have any difficulties with waiver administration. IV-E eligibility is begun at the point of investigation. The waiver reimbursement has alleviated budget issues in the county, and, unlike previous years, the county council unanimously passed the DCS budget in 2006.

Services. Wayne invests in a wide range of services for their families. Families of waiver children have frequently received transportation, assistance with bills (rent and

utilities), daycare, pest control, tangible goods, furniture, and car repair. Infrequently waiver money is also spent on behavioral health services.

Wells County (Region 4, pop. 27, 600) is north of Muncie and south of Fort Wayne.

Implementation. With positive changes happening in this county—including practice reform and transition to a judge who is more supportive of the waiver—Wells has begun to use the waiver more frequently and consistently. Despite these challenges, the director cited that their placement costs have dropped \$700,000 since they have had the waiver. The office is experiencing more cases but lower costs, and more CHINS and JDs are placed at home. Currently, they are assigning mainly IA and CHINS (medium risk, in home, CA/N) cases to the waiver. Voluntary cases are no longer served and are referred to community partners instead.

Services. Examples of creative interventions purchases with waiver dollars include air filters, alarm systems for foster parents, appliances, cell phones, cleaning supplies, clothing, mold removal, exterminators, and fencing. Other services for families that have been provided include family-centered support, day care, dental care, medical expenses, utility and rent assistance, tuition and school supplies.

Chapter 3

Outcomes

A. Impact Analysis

The purpose of the impact analysis is to compare outcomes under the demonstration with outcomes that would have occurred had the Title IV-E Waiver not been implemented. To this end, methods were developed to select a control group from the large pool of children in active DCS cases but not assigned to the waiver that would be as similar as possible to children placed in active waiver status. Those methods are described in Chapter 1, which also includes general comparisons of the waiver and control group characteristics.

Through the impact analysis, the major goals of the demonstration can be tested. These concerned: 1) preventing/reducing out-of-home placements; 2) reducing lengths of stay in out-of-home care; 3) decreasing the incidence and recurrence of child maltreatment; and, 4) enhancing child and family well-being. These goals were, in turn, operationalized into several specific impact research questions designed to be answered through comparisons of waiver and control children.

There were several limitations to the current analyses. Data for the impact analysis were available through September 30, 2007. Most of the impact questions concern events that develop after assignment to the waiver, after placements end or subsequent to case closings. For this reason, it was necessary to cut off waiver and control groups at an earlier point to permit sufficient time for tracking to occur through the end of data collection. Cut-offs are discussed in relation to each question. Other questions concerned specific subsets of children and families.

A basic limitation, of course, is that the analyses are interim in nature and are based on limited follow-up data. The September 30, 2007 end-of-data cutoff represents a maximum of 27 months of follow-up on all children.

Another issue concerns the timing of comparisons between the waiver and control groups. In an evaluation involving random assignment, comparisons are possible from the time of group assignment forward. In the present evaluation, which employs a quasi-experimental design based on pair matching, such a clearly defined point in time does not

exist for control cases. Waiver children are assigned to the waiver at a specific point in time, and this was considered to be the point at which the experimental “treatment” began. There is no event comparable to waiver assignment on the control side. However, because case opening dates were used for matching, waiver and comparison cases run roughly concurrently and we judged that the waiver assignment date of each waiver child could be applied to his or her comparison pair match as a point to begin tracking for follow-up data. Reference in the following analyses to waiver assignment, therefore, refers to actual assignment for waiver children and *pair-waiver assignment* for comparison children. The latter term will be used as shorthand for both but can be taken as synonymous with the term “treatment assignment” used in some earlier documents in this evaluation.

Yet another focus of several of the following analyses is the distinction between delinquent waiver children and CPS waiver children. Delinquent children whose cases are being handled at the county level become DCS cases. For the majority of these children, DCS handles only the financial transactions (so called, place and pay cases) with case management and services remaining under the local Juvenile Probation Office. In a minority of cases, DCS takes over the case and manages the out-of-home placement and other service responses to the child and his or her family. Where sample sizes permit, separate analyses are conducted for delinquent children.

Finally, as described earlier in some detail, we have separated out 36 Indiana counties that have more robust and active waiver programs and refer to them as *program counties*. For the present analysis, 69.5 percent (3,519 of 5,060) of all waiver children in the state came from these counties. For the outcome analysis, we identified the matching child of each waiver child to constitute the control group. Because of matching procedures, most of the control children (2,578 or 73.3 percent) also came from program counties with remainder drawn from other Indiana counties. These proportions varied for the analyses in the following sections, which were based on defined subsets of waiver and control children corresponding to the original research questions. At the end of each of the following sections is a subsection describing similarities and differences between the analyses for all waiver and control children and analyses limited to program county waiver children and their matches.

Impact Question 1: Removal in the Original Case

Research Question 1: Are fewer treatment (waiver) children with substantiated dispositions of child abuse or neglect removed from their homes and placed in substitute care during the original case than control children?

This question is concerned with whether subsequent out-of-home placements can be avoided or reduced through the use of waiver services. At the time that children are assigned to the waiver or selected for the comparison group, some were already in out-of-home placement while other were still at home.

The *original case* refers to the case at the time of waiver assignment. By definition, the present analysis excludes children who were already in ongoing placements at the time of waiver assignment, that is, during the original case and limits the analysis to children who were at home in ongoing cases and children in new cases with no removal and placement at the time of waiver assignment.

The research question concerns children that were removed for substantiated dispositions of child abuse or neglect. Linking removals with specific child abuse and neglect reports and investigations is fairly easy on a case by case basis with the help of case narratives but is unreliable for large samples utilizing data available from ICWIS for the evaluation. Therefore, for this report we will separate the question into parts. In the present section we have focused on subsequent removals after pair-waiver assignment date. Under Research Question 6, we have expanded the analysis to include new reports during the original case as well as reports after the case has been closed.

The sample for analysis was limited to cases with a pair-waiver assignment prior to January 1, 2007. This permitted a minimum follow-up of nine months for each case. Under the matching method, no control was possible of the timeframes of removal and placement of children. Thus, waiver children who were in placement shortly before waiver assignment may have been matched with control children in placement but may have been out of placement by the date of waiver assignment. Alternatively, other children who were not in placement may have been put on the waiver to avert removal while their control match was actually removed. At pair-waiver assignment, therefore, 1,956 waiver children and 1,565 control children were not in placement.

Subsequent removals and out-of-home placements are shown in **Table 7**. Beginning at the time of assignment and tracking forward until the end of the case (or the end of current data collection), 21.1 percent of waiver children had subsequently been removed and placed in out-of-home care compared to 29.9 percent of control children, a difference that was highly statistically significant.

Table 7. Removals after Pair-Waiver Assignment

After Pair-Waiver Assignment	Waiver	Control
Not removed	78.9%	70.1%
Removed/Placed	21.1%	29.9%
Total	1,956	1,565

$p < .001$

A question of importance to this analysis concerns how these two groups of children differed on important child characteristics. Indiana workers have available a range of special needs categories that can be used with children in open cases. Each of the categories in the following list was grouped under psychological special needs. Among children in the present analysis that were assigned to the waiver, 7.2 percent had one or more of these characteristics indicated compared to 8.4 percent of control children, a difference that was not statistically significant. Similarly, nearly equivalent proportions of waiver children (2.9 percent) versus control children (3.3 percent) were indicated to have developmental disabilities. These two measures show equivalence between the waiver and control groups for these kinds of characteristics.

Psychological Special Needs Categories

Lies frequently	Has explosive outbursts	Child institutionalized for emot. prob. in past
Steals at School	Excessive shyness	Child needs inst. placement for emot. prob.
Runs away frequently	Doesn't play with other children	Requires intensive, long term therapy
Runs away occasionally	Hoards food	Adjustment disorder
Plays with matches (Destructive)	Disruptive in classroom talks too much	Anxiety disorder
Is a disruptive influence in the classroom	Disruptive in classroom can't sit still	Attention-deficit & disruptive beh. disorder
Abuses Self	Aggressive to others in classroom	Dissociative disorder
Steals in community	Aggressive to others on playground	Eating disorder (pica, anorexia, bulimia,..)
Aggression-Fighting	Truant or ditches school	Impulse-control disorder
Aggression-Hitting/Kicking	Engages in cross-dressing	Mood disorder (depression, bi-polar, etc.)
Aggression-Biting	Victim of sexual abuse	Oppositional defiant disorder
Self-destructive or Self-abusive head bang	Sleepwalking	Personality disorder
Self-destructive or Self-abusive pulls hair	Bedwetting nightly	Schizophrenia & other psychotic disorder
Self-destructive or Self-abusive-pinches self	Stool smearing	Sexual/gender identity disorder
Destructive to own things	Pants soiling occasionally	Somatoform disorder (hypochondria, etc.)
Destructive to other's things	Pants soiling frequently	Substance-related disorder
Destructive to animals	Runs away frequently	Tic disorder (Tourette's, etc.)
Hyperactive-needs medication	Plays with matches destructive	Restrictive
Crying frequently	Smokes marijuana (pre-teen)	Group Home/Institution
Withdrawn	Smokes marijuana (teen-ager)	Child placed in out of county foster care
Fearful	Has been exposed to excessive violence	
Depressed/Sad	Emotional problems, therapy will help	

While the two groups appear to be equivalent, these characteristics may still have been implicated in the decision to remove the child from the home. This question was examined and the results are illustrated graphically in **Figure 17**.

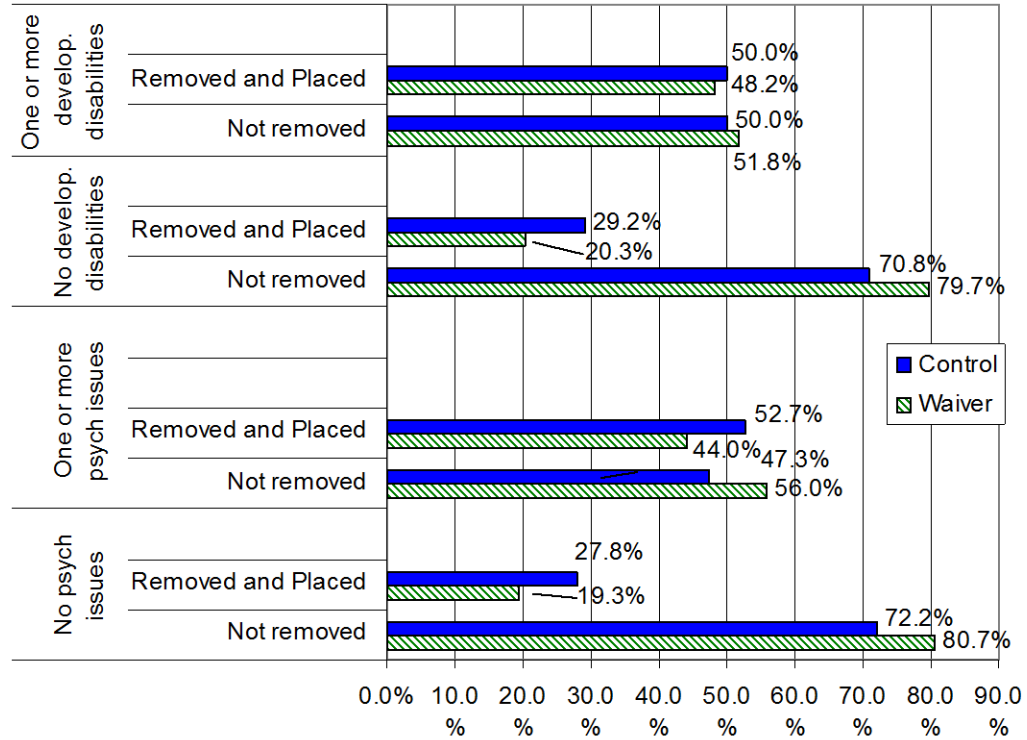


Figure 17. Removals after Pair-Waiver Assignment and Before End of Original Case

The differences in **Figure 17** between waiver and control groups were maintained in the analysis both for children who were and were not included in the special needs categories. For children with no developmental disabilities or psychological special needs the differences between waiver and control remained statistically significant. For those with such needs, however, the differences were not significant. For developmental issues the means are virtually the same (50.0 versus 48.2 percent) while for psychological special needs the difference remained (52.7 percent for control versus 44.0 percent for waiver) a statistical trend ($p = .094$)

Delinquency Cases. Some of the waiver and control group children included in this analysis were adjudicated as juvenile delinquents as part of the original case during which waiver assignment occurred. Delinquents can be removed for later child abuse and neglect or for later delinquent acts. Of the 672 delinquent children (both waiver and control combined) in original cases, 24 (3.6 percent) had reverted to CPS status at some time prior to the end of data collection (09/30/07). Of the 2,849 non-delinquents in original cases, 208 (7.3 percent) had entered a delinquency case. The following analysis, illustrated in **Table 8**, is based on the original case status, without regard to later changes.

It is evident that the picture shown in **Table 7** resulted from differences for both CPS and delinquency cases. In **Table 8**, fewer waiver delinquent children were later removed and placed before the end of their original case (or the end of data collection for open cases), although the waiver-control differences in this instance was a statistical trend ($p = .06$). The percentage difference between waiver and control was greater for CPS children (9.7 percent) than delinquents (5.7 percent).

Table 8. Removals after Pair-Waiver Assignment for CPS and Delinquent Cases

CPS Status in Original Case		
After Pair-Waiver Assignment	Waiver	Control
Not removed	79.6%	69.9%
Removed/Placed	20.4%	30.1%
Total	1,538	1,311
p < .001		
Delinquency Status in Original Case		
After Pair-Waiver Assignment	Waiver	Control
Not removed	76.6%	70.9%
Removed/Placed	23.4%	29.1%
Total	418	254
p = .06		

Program Counties. There were 1,290 waiver children and 1,010 control children in program counties available for these analyses. Waiver children were removed in 21.6 percent of cases compared to 30.5 percent of control children ($p < .001$), a result very similar to that shown in **Table 7**. Differences for *special needs*, illustrated in **Figure 17**, were maintained for this analysis with minor percentage variation. The pattern shown in **Table 8** was closely matched for CPS children in program counties. However, the statistical trend for *delinquent* children disappeared in this analysis, partly because of the reduced sample size (total waiver delinquents = 272 and total control delinquents = 162) and partly because the percentage difference was reduced (27.2 percent of waiver children removed and placed compared to 30.2 percent of control children). Overall, program county analyses were similar to statewide analyses.

Impact Question 2: Placements Outside Indiana

Research Question 2: Are fewer Treatment children with substantiated dispositions of child abuse or neglect removed from their homes and placed in out-of-state facilities during the original case than control children?

This question originally stemmed from the question of whether the waiver provided the flexibility to workers to avoid placing children in care in out-of-state institutions of various kinds. In previous reports, trends in out-of-state placement for the entire population of Indiana children were analyzed. During the current demonstration period, this question was examined for waiver and control children only.

For the Title IV-E Waiver to have any effect on out-of-state placements, the waiver must be applied to children that are likely to be placed outside Indiana. The number of such children placed on the waiver (and consequently the number of such children placed in the control group through matching) is vanishingly small. Looking at the original case (defined above) and considering all children (n=5,060) assigned to the waiver by the end of data collection, only 43 had been placed in out-of-state facilities including foster and relative homes during the original case. And because control children were matched on various characteristics with waiver children, only 83 control children were so placed. This means that from the start of original case, roughly one percent of children were placed outside Indiana.

These small numbers stem in part from the emphasis during the waiver extension on assigning children to the waiver who were at risk of out-of-home placement or were in placement with a hope of coming home. Children with the special needs characteristics that might lead to placement in specialized residential settings or hospitals outside the state are probably not being assigned to the waiver and this might be evident in the relatively small percentages of such special needs children in the psychological and developmental disabilities categories considered in the previous section.

The research question calls for analysis of the same subset of children considered under Research Question 1: children not in placement at the time of pair-waiver assignment and in cases where that assignment was made before January 1, 2007. Among these, 0.6 percent (12) of waiver children were placed in out-of-state facilities of any kind compared to 1.2 percent (19) of control children after pair-waiver assignment and prior to the end of the case or the end of data collection. While this is a statistically significant difference (Exact Significance = .044), it cannot be considered a meaningful result for policy purposes.

Impact Question 3: Reunification, Adoption and Guardianship

Research Question 3. Do more Treatment children achieve permanency through reunification, adoption or guardianship than control children?

Another subset of children is considered for this question: all children in placement at time of pair-waiver assignment or who were placed after assignment but during the original case **and** whose placements ended during the original case. Because the outcome of interest—permanency at the conclusion of out-of-home placement—occurs during the original case, there is no need to limit the timeframe of the analysis. Outcomes were examined through the conclusion of data collection for this report.

There were 1,196 waiver children and 1,285 control children for whom placements had ended and placement outcome data were available for analysis. Of these the appropriate subset for this analysis, included children whose placements overlapped or began after the pair-waiver assignment date. These are children whose placement experience and conclusion can be considered to have been influenced by the experimental treatment, as explained above. In this category there were 640 waiver children compared to 858 control children. Reunification, adoption and guardianship outcomes are shown for these groups in **Table 9**. Together these three categories made up 77.5 percent of the waiver children and 76.5 percent of control children. Other placement termination categories (e.g. emancipation, independent living, runaway, etc.) involved very small percentages of children with no discernable differences between the waiver and the control group.

Table 9. Reunification, Adoption and Guardianship at the Conclusion of Placement

CPS and Delinquents		
After Pair-Waiver Assignment	Waiver	Control
Reunification*	57.0%	44.1%
Adoption*	7.7%	22.1%
Guardianship [§]	12.8%	10.3%
Total	640	858
p < .001, § p = .072		

Significantly and substantially higher percentages of waiver children returned to live with their former caregivers, that is, were reunified than control children. Many more control children, on the other hand, were adopted. Guardianships occurred more

often (statistical trend) in waiver cases, although the percentage difference was small (2.5 percent). This outcome mirrors findings at the conclusion of the evaluation of the first five-year demonstration period and suggests that one of the effects of the flexibility offered under the Indiana waiver is enhancement of reunification of children with their biological families.

Because the subset of children in the present analysis was different from that examined under Research Question 1, the groups were compared on the special needs variables described there. The only difference of note that was found was that greater proportions of waiver children (13.4 percent) than control children (10.4 percent) had been categorized as having one or more of the psychological special needs listed earlier. Controlling for this variable, more waiver children with psychological special needs were reunified with parents (46.5 percent) than control children (33.7 percent) compared to 58.7 percent of waiver children without such needs as compared to 45.3 percent of similar control children. In the former case the difference was just beyond the commonly accepted probability level for statistical significance ($p = .058$) while in the latter the significance remained high ($p < .001$). This variation was primarily due to the reduction in the number of children in the special-needs analysis rather than to a reduction in the percentage difference between waiver and control. An unsurprising finding can be seen in the overall difference in percentages: 50.9 percent of combined waiver and control children with no special psychological needs were reunified compared to 40.0 percent of similarly combined children with special psychological needs.

A similar finding occurred for adoption. The pattern of higher proportions of adoptions of control children remained but overall fewer psychological special needs children were adopted (12.6 percent) than children with no such special needs (16.4 percent). Regarding guardianship, waiver children with no psychological special needs continued to be placed with guardians more often (waiver: 12.8 percent; control 9.9 percent; $p = .057$), but no guardianship difference was found for this category of special needs (waiver: 12.8 percent; control 13.5 percent; $p = .535$).

Delinquents. There were 334 total delinquent youths in this sample of children (146 waiver and 188 control) that ended out-of-home stays begun during the original case. Of these, the large majority (73.4 percent) were reunified with their parents. None were adopted and only one delinquent child was placed in guardianship. However, the relative difference between reunifications of waiver delinquents (76.7 percent) and control delinquents (70.7 percent) was much reduced compared to CPS, and was not statistically significant ($p = .136$).

Program Counties. Analysis of waiver children in program counties and their matches revealed a substantial similarity for these three outcomes to the statewide analysis. Percentages varied slightly but the findings were essentially unchanged. Among these children, significantly more waiver children were reunified (waiver: 55.8 percent; control: 41.4 percent; $p < .001$). Significantly more control children were adopted (waiver: 9.1 percent; control: 25.5 percent; $p < .001$). And, there was no significant difference in guardianship outcomes (waiver: 12.6 percent; control: 10.1 percent; $p = .127$). Concerning *special needs*, the difference in psychological special needs between the waiver and control groups disappeared in this analysis. Analyses of the three outcomes of interest were generally in the same direction as in the statewide analysis but the size of the sample of such children from program counties available for this interim analysis was too small to draw conclusions. This question will be addressed again at the conclusion of the demonstration and in greater detail when the children available for analysis will at a minimum have doubled. *Delinquent* waiver children in program counties were reunified slightly more often (73.0 percent) compared to control children (66.4 percent), but the difference was not statistically significant since the analysis was limited to a total of 199 cases.

Impact Question 4: Time in Placement

Research Question 4: a) Considering only children that exit out-of-home placement, do Treatment children spend less time in placement than control children?

b) Do Treatment children that are reunited, adopted or placed with guardians spend less time in placement than similar control children?

This question concerns the same set of children considered in the immediately preceding section under Research Question 3: all children in placement at time of pair-waiver assignment or who were placed after assignment but during the original case **and** whose placements ended during the original case. This analysis considers only children that were reunited, adopted or placed with guardians, eliminating other categories, many of which were relatively short and skew the distribution.

The overall waiver-control difference *appears* to be quite large for this research question. To the extent that the waiver and control groups were initially comparable, waiver children appear to have had a resolution and ending of their stays out-of-home substantially sooner. The mean values of days in placement of waiver children, overall, are shown in the accompanying chart (**Figure 18**). Waiver children averaged 346 days before a resolution of placement compared to 508 days for control children. This is the answer to the first part of Research Question 4. Overall and without regard to the

outcome of placements waiver children were in formal placement during their original case for significantly shorter periods, on average, than control children ($p < .001$).

When the children were separated into groups by types of placement outcomes a different picture emerges. Children that were reunited continue to differ significantly

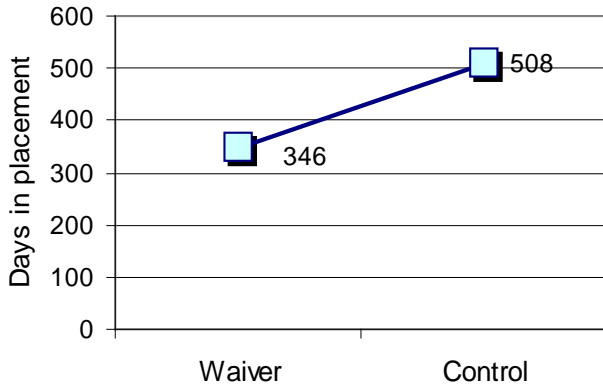


Figure 18. Mean Days in Out-of-Home Placement of Waiver & Control Children

(**Table 10**). However, this was not true for children that were adopted or placed with guardians. Adoption differences are in the same direction but the difference was not statistically significant and guardianship means are effectively the same length. The substantial difference between waiver and control seen in **Figure 18** was due in part to the difference among children who were reunited, but was also due to the larger absolute number of control children that were adopted. *When these are combined with children who were reunited the difference in means is exaggerated.*

Table 10. Means Days in Placement for Children that were Reunited, Adopted or Placed with Guardians

<i>Reunited</i>	<i>Waiver</i>	<i>Control</i>
Mean Days*	238.1	283.5
Number of Children Reunited	365	378
<i>Adopted</i>	<i>Waiver</i>	<i>Control</i>
Mean Days [§]	885.6	959.5
Children Adopted	49	190
<i>Placed with Guardian</i>	<i>Waiver</i>	<i>Control</i>
Mean Days [§]	506.5	496.9
Children Reunited	82	88
* $p = .022$, [§] Not Significant		

Delinquents. Under previous questions, the waiver appeared to show small or no effects upon delinquents. However, for length of time in placement a substantial effect was observed. Waiver delinquent children were in placement a mean of 178.0 days compared to 346.4 days for control delinquent children ($p < .001$). Comparatively, waiver CPS children were in placement for a mean of 395.6 days compared to 549.4 days

for control CPS children ($p < .001$). The primary outcome for delinquents who leave placement is reunification with their families. Thus, the significant and substantial difference for delinquent children contributes to the overall effect across all waiver children in this analysis.

Program Counties. The analysis of the subset of children in program counties showed the same overall pattern as the statewide analysis. However, the difference days in placement among children who were reunited (**Table 10**) was greater (waiver: 237.5 days; control: 311.1 days; $p = .005$) showing that the control children selected for this waiver subgroup had substantially longer stays. The effects for *delinquent* children in this analysis mirrored that described in the previous paragraph. Waiver delinquent children were in placement a mean of 146.9 days compared to 371.7 days for control delinquent children ($p < .001$). Comparatively, waiver CPS children were in placement for a mean of 396.3 days compared to 583.3 days for control CPS children ($p < .001$).

Impact Question 5: Time in Institutional Settings

Research Question 5: Considering only children in out-of-home placement, do Treatment children spend less time in placement in institutional settings and out-of-state facilities?

There were few out-of-state placements among the children in this study, as noted above, and the issue was set aside in this analysis. Time in institutional settings can be considered, however. The subset of cases considered will be the same as those indicated under Research Question 1: children not removed and placed at the time of pair-waiver assignment but limited to cases with a pair-waiver assignment prior to January 1, 2007. As noted, this permits sufficient time for tracking to occur. The focus was on institutional placements during the original case *among children who were placed after the pair waiver date*. As is evident from **Table 7**, this consisted 412 waiver children and 468 control children. Of the 412 waiver children, 169 (41.0 percent) were placed in an institutional setting for part of their stay out-of-home. Of the 468 control children, 159 (34.0 percent) were similarly in institutions. The difference was statistically significant ($p = .018$). Thus significantly *more* waiver children were placed in institutions. However, this question is concerned with *time* in institutional settings. The mean number of days for waiver children was 102 and for control children was 77. The probability associated with this difference is described as a statistical trend ($p = .078$). These days were averaged for the entire set of 412 waiver and 468 control children—the proper comparison. For descriptive purposes, we should note that the mean days in institutional placement among children put in institutional placement was 250 for waiver

children (n = 169) versus 227 for control children (n=159). Again, control children were in institutional placements for shorter periods but the difference in this instance was not statistically significant (p = .489). Comparing CPS and delinquent children, the increased length of stay of waiver children slightly larger for delinquents. There was a difference of 38.4 days (waiver: 138.2; control: 176.6; p = .215) for delinquents compared a difference for CPS of 33.0 days (waiver: 91.3; control 58.3; p = .041).

Program Counties. As in the previous analyses, outcomes for children in program counties were essentially the same as those in statewide analyses. Of all waiver children (279) considered in this analysis, 129 (46.2 percent) were in institutional care for some period compared the 101 of 308 (32.8 percent) control children. The overall mean days in such care for waiver children was 110.2 compared to 76.9 for control, a statistically significant effect (p = .036). A larger CPS-*delinquent* difference was found in this analysis than in statewide results. There was a difference of 22.6 days (waiver: 136.1; control: 157.7, p = .541) for delinquents, but a much larger difference for CPS of 39.7 days (waiver: 101.3; control 61.6, p = .024).

Impact Question 6: Recurrence of Abuse and Neglect Reports

Research Question 6: After case closure, do Treatment children experience lower recurrence of (substantiated) abuse and neglect reports than control children?

This research question concerns recurrence of reports of child abuse and neglect that were investigated and substantiated. By tracking waiver and control children after case closure it was possible detect the occurrence of reports, investigations and investigation outcomes through the end of data collection for this report. New abuse and neglect after case closure is consistent with the quasi experimental design in which waiver assignment and participation is considered the experimental “treatment” and non-waiver matched cases do not receive the treatment but do receive the traditional response.

This analysis was limited to cases that had closed at least 90 days before the end of data collection (9/30/2007). All children in closed cases were included whether or not they had been in out-of-home placement during their original case when pair-waiver assignment was made. This included 2,687 waiver children and 2,309 control children. Only small numbers of waiver children (106) and control children (86) had new investigations that were substantiated during the follow-up period after their cases closed and before the end of data. This resulted partly from relatively short tracking times for a large minority of children whose cases had been closed for six months or less. There was not significant difference in the proportion of waiver (3.9 percent) and control (3.7

percent) cases with a new substantiated investigation. The variations in follow-up time, which ranged from 27 months to 3 months for children in both groups, makes simple comparisons of percentages like these less meaningful. One can ask whether it is analytically proper to compare a new report for one child that occurs 2 years after his or her original cases closed with a new report for another child whose case has been closed only 4 months.

A family of analytic methods, called survival analysis, is available to overcome this difficulty. For this interim report, Life Tables were used to illustrate the method and show preliminary results. The advantage of survival analysis is that it takes into account not only *difference in proportions* but *differences in the time to an event of interest*, as well. The following inset is a description of the method.

Survival Analysis through Life Tables. Survival analysis as applied to the new substantiated reports of child abuse and neglect is concerned with the period of time until a new report occurs. The method considers both *whether* new reports occur and *how long it was* before they occurred. This time period is referred to as *survival time*, how long the family or child “survives” until a terminal event—in this case, a new substantiated report—occurs. The main problem that arises in most evaluations of time-to-a-terminal-event is that tracking of cases is cut off at the end of the study. Cases that do not experience the event before the study ends are called *censored cases* in survival analysis. We assume that some of the censored cases would have been observed to experience a report had data collection continued, but we cannot know which. Nonetheless, all cases, both censored and uncensored are used in computing life tables. Life tables use a particular technique to determine the number of cases *exposed to risk* of the terminal event while at the same time taking into account the censored cases.

In constructing a life table the tracking time is divided into fixed intervals. For example, 30-day intervals might be chosen. If the maximum tracking time were two years, then there would be approximately 24 such intervals to consider. The first interval, 0-30 days, would include all cases. If any cases had tracking periods of less than 30 days with no new terminal events (reports), they would be considered censored. In the life-table approach each of these censored cases is counted as a half case. For example, if the total sample was 100, of which 10 have been tracked for less than 30 days, these 10 would be treated as censored in the 0-30 day interval. The 10 cases would be counted as 5 cases and the total number of cases would be considered to be 95. Effectively this counts the tracking period for these 10 cases as 45 days each while the other 90 cases would each have tracking periods of 90 days. If terminal events (new reports) occurred for, say, 20 cases during the 0-30 day interval, the rate would be counted as 20 events/95 cases or .211 (rather than $20/100 = .20$). The same technique would be used for each of the other 30-day intervals.

The rate of new reports in each interval can be thought of as a probability, with a value ranging from 0 (no terminal events) to 1 (every case experienced a terminal event). The probabilities can be accumulated until at the end of the last time interval to give a total probability.

Finally, in an experimental study, separate life tables can be constructed for the experimental and control groups. Then the survival times of cases in the experimental group can be compared to those in the control group to see if, as a whole, they are different. If the overall difference is great enough to be unlikely to have occurred by chance, we can assert that the experiment was a success.

Regarding new substantiated investigations, survival analysis focuses not only on whether they occur but also how long they take to occur. This is particularly relevant to Child Protection Services cases because the changes possible through services to families and children are not necessarily “curative” in the medical sense. Rather they are ameliorative, that is, they may reduce the risk and safety threats to children but may not remove them completely. Therefore, some problems will recur and some children and families will be encountered anew by the system. The hope is that the actions of the

agency will *delay* such new encounters, and this is what survival analysis tests. The life table for this research question is shown in **Figure 19**.

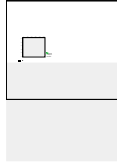


Figure 19. Life Table Survival Analysis: Days to a New Substantiated Investigations after Original Case Closure (Waiver and Control Cases)

The life table contains a line for waiver and another line for control children. The lines run from left to right in the chart and show the proportion of cases that *survive* without a new report. Thus, the less steeply the line falls over time the fewer the proportion of new reports over time. It can be seen that survival of control children (the dashed line) begins to decline sharply at about 300 to 350 days. This shows that the waiver cases had a greater lasting ability before experiencing a new report, which is consistent with the ideas expressed in the preceding paragraph. Consistent with this the mean days until a new substantiated report (for all children experiencing a new substantiation) for waiver children was 371 days compared to 254 days for control children. The two distributions shown in the chart were significantly different (Wilcoxon Gehan = 51.9, $p < .001$). Thus we can conclude for this interim comparison that greater delays were observed prior to substantiated reports for waiver children in than for control children.

Program Counties. The Life Table analysis for this subset of children was very similar both in the lack of difference in proportions of substantiated investigations and in the large difference between distributions of days until a substantiated report was determined.

Impact Question 7: Re-entry into Placement of Children Previously Placed

Research Question 7: Among children who were placed and exited placement for reunification, do Treatment children re-enter out-of-home care less frequently than control children?

The same logic discussed under Research Question 6 applies to this question. We are interested not only in the *whether* children once placed and reunited with their families were placed again but *how long* it was until such a new removal and placement occurred. The restrictions in this case were: 1) the case had to have been closed, 2) the child had to have been in placement *on or after* the pair waiver date, 3) the case must have been closed at least 90 days before the end of data collection to insure a minimal tracking period. Under these conditions, 396 waiver children and 381 control children were available for analysis.

In this case, significantly fewer waiver children were placed again regardless of the tracking time. During the tracking period 13.9 percent of previously reunified waiver children were removed again compared to 18.4 percent of control children ($p = .054$). The distributions of days to a new placement for children that were subsequently placed were relatively similar in this analysis. For the 55 waiver children who removed, the average days from the end of their waiver case to the new removal was 136 days compared to 147 days for the 70 similarly removed control children. Both distributions were similarly skewed with the majority of new removals occurring within 150 days.

As noted, the survival analysis is sensitive to both conditions—whether a new removal and placement occurred and how long the child survived before the removal. This can be seen in **Figure 20** where the control survival line (dashed) runs below the waiver line fairly consistently from the start of the tracking period. The distributions are significantly different (Wilcoxon Gehan = 18.7, $p < .001$). From this we can conclude that for this interim set of waiver and control children, waiver children were significantly less likely to be removed again after having been reunited with their families.

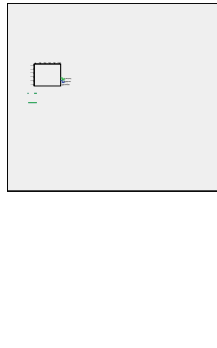


Figure 20. Life Table Survival Analysis: Days to a New Removal for Children Previously Removed and Reunified with their Families (Control Cases)

Program Counties. The difference in the proportion of waiver and control children removed later disappeared in this analysis with 13.2 percent of waiver children removed compared to 13.9 percent of controls. However, the findings regarding differences in the distributions of days until a new removal was essentially the same resulting in a significant difference in the life table analysis.

Impact Questions 8 and 9: The Effects of Services

Research Question 8: a) Do added services made available through the Demonstration facilitate permanency of Treatment children? b) Do added services made available through the Demonstration reduce the risk of future child abuse and neglect? **Research Question 9:** Are certain approaches to service delivery taken by particular counties more effective in working with specific types of families or children?

The analyses necessary for these questions are not possible for this interim report and must await further collection of data via the case-specific survey of workers.

Currently information has been received on 229 closed waiver cases and 175 closed control cases. Results of this survey suggest increased services to children and families under the waiver, as discussed in detail in Chapter Two. As the number of case-specific sample cases increases during the remaining years of the waiver, it will be possible to determine whether increases in services and changes in service profiles to families and children were implicated in the positive findings reported under the previously discussed research questions.

Impact Questions 10, 11, 12: Child and Family Well-Being

Research Question 10: Do demonstration treatment children experience improved services relevant to child development? Research Question 11: Does the school performance of treatment children improve? Research Question 12: Does the well being of treatment children and their families improve?

In this report, data on child and family well being are restricted to information collected in the survey of families. These data are preliminary and restricted to waiver control comparisons without controlling for differences among responding waiver and control families. In the final analysis, these data will be integrated with information collected in the case-specific survey and with relative information available through ICWIS.

Stress Relief. As a measure of their current state of well being, families were asked to report on the level of stress they felt as compared to a year ago in eight separate contexts. Each respondent ranked his or her level of stress on a scale from one to four, with four being the lowest level of stress. Scores were averaged and the means compared between waiver-assigned respondents and control respondents. As seen in **Table 11**, while trends are in the expected direction for all eight items, with waiver families more likely to report greater stress relief, statistically significant findings were present for just three.

There were some additional differences seen when juvenile delinquency (JD) cases were separated from CA/N cases in the analysis. The average scores for respondents from CA/N cases for both waiver and control groups were slightly higher (indicating less stress was experienced) than scores from respondents from delinquency cases for all items. These results are shown in **Table 12**. One factor likely to be at work here is the age of children. Children in delinquency cases are older on average than those in CA/N cases.

Table 11. Amount of Stress Relief Felt Compared to a Year Ago

Context	Waiver Mean Score	Control Mean Score	
Relationship with other adults	2.93	2.88	
Relationship with child(ren)	3.05	2.99	
Overall well being of child(ren)	3.18	3.14	
Respondents's general well being	2.99	2.89	
Economic or financial outlook	2.41	2.25	
Current job or job prospects	2.69	2.43	p=0.026
Home	2.94	2.71	p=0.027
Life in general	2.76	2.55	p=0.051

Scale: 1-4, with 4 being lowest level of stress

Table12. Mean Stress Relief Level Scores for CA/N and Delinquency (JD) Subgroups

Question	Mean Waiver CA/N Score	Mean Control CA/N Score		Mean Waiver JD Score	Mean JD Control Score
Your relationship with your child	3.14	3.09		2.67	2.74
The overall well being of your child(ren)	3.30	3.21		2.74	2.98
Your general well being	3.11	2.96		2.54	2.72
Your home	3.00	2.81		2.72	2.47
Your life in general	2.84	2.63		2.46	2.34

Scale: 1-4, with 4 being lowest level of stress

Differences by case type are particularly clear in the regard to stress related to the overall well being of the children in the household. Eighty-two percent of waiver families with CA/N cases experienced somewhat greater stress relief, that is, less stress regarding their children's well being, compared to 64.2 percent of waiver JD families. In the matched comparison cases, 80.7 percent of CA/N families reported feeling less stress generally about their child's well being, while 68.1 percent in the Delinquency control cases did.

Behavioral and Physical Health. To capture what types of problems a child may still be having since the case closed, families were asked to report on whether their child experienced particular behavior issues or health issues. These issues include refusing to go to school, possessing a developmental disability or feeling anxious or unsafe. Among the items that families responded to, three issues stood out as critical problems for parents. Thirty-eight percent of families reported that their child had trouble learning in school. This number was higher for the delinquent population, at 50 percent for both waiver and control groups. Likewise, 38 percent of respondents felt that their child behaved in ways that made them difficult to control. Again, this percentage was higher for Delinquency cases, close to 50 percent for both groups. Finally, many parents also reported that they believed their child might also be experiencing depression (33 percent), with about half (50 percent) of the parents of delinquents noticing this about the children.

School Attendance and Performance. Regular attendance and adequate performance in school can both be taken as indicators of child well being. Children are more likely to go to school and have a good experience there if they have a stable home life, and conversely, parents are more likely to ensure their children attend and support their learning if they have addressed the major stressors in the home. The great majority of both waiver and matched families, 95 percent, reported that the school-age children (6-17 years old) in their household were going to school. Parents also reported that their children were doing fairly well in the classroom, and, as can be seen in **Table 13**, there was little difference between waiver and control families.

Table 13. How is your child doing in school?

	7-12 years old Waiver families	7-12 years old Control families	13-18 years old Waiver families	13-18 years old Control families
Excellent	34.6%	38.5%	10.1%	20.0%
Good	41.3%	37.5%	41.9%	35.2%
Fair	15.4%	18.8%	21.2%	31.2%
Poor	5.3%	5.2%	12.8%	13.6%

Parents were also asked whether their children were doing better or worse in school than in the past. Again, little difference was found between waiver and control groups. (See Table 14.)

Table 14. Is your child doing better or worse in school than in the past?

	7-12 years old Waiver families	7-12 years old Control families	13-18 years old Waiver families	13-18 years old Control families
Better	34.8%	33.7%	34.7%	31.6%
Same	44.9%	54.7%	52.4%	60.7%
Worse	12.1%	11.6%	12.9%	7.7%

Impact Question 13: Family Satisfaction

Research Question 13: Are caregivers of treatment children more satisfied?

The experience that a family has with DCS services is a general indicator of the success of the intervention. Whether or not a family feels positive about their interaction with DCS can potentially impact their level of motivation, the value they place on the experience, and the longer-term outcomes for their situation. It is important that the family feel that they have made progress when the case closed.

Family satisfaction is being measured using six separate items:

- Level of satisfaction with the general way the worker treated the family
- Level of satisfaction with the help received or offered from DCS
- Perception of whether family is better off or worse off because of DCS involvement
- Perception of whether child(ren) is better off or worse off because of DCS involvement
- Degree to which worker tried to understand family situation and needs
- Degree to which family was involved in decisions that affected them

Of all the families that completed a survey (both waiver and control groups), a strong majority reported satisfaction with how they were treated during visits by a worker. Just over 8 in 10 (80.4 percent) said they were either generally satisfied or very satisfied with their treatment. Only 9.7 percent reported either they were generally or very dissatisfied.

In the same way, families felt that their circumstances had improved as a result of their interaction with DCS. Seven out of ten families (72.6 percent) responded that they believed that their family was either much better off or somewhat better off. Waiver families were slightly more likely to respond that they were much better off (39 percent) than control families (29.9 percent), but a this difference was not statistically significant. A little over 15 percent of all families who responded indicated that their experience with DCS made no difference in their family's situation. A minority (11.8 percent) of all families reported that the experience caused them to be somewhat or much worse off.

When asked if the *child or children* in the home were better or worse off because of the experience with DCS, again, about three quarters (74.3 percent) of all families indicated that they believed their child was generally better off. There were no differences between waiver and control families.

Waiver families were slightly more likely to respond favorably to the remaining satisfaction items on the family survey. These items were satisfaction with the help they received, the degree to which workers tried to understand the family's situation and needs, and the degree to which the family was involved in the decisions made that affected them. However, the level of difference was not statistically significant between the study groups on any of the items.

B. Cost Analysis

The proposed methods for the cost analysis are dependent on the availability of consistent cost information in ICWIS. In early 2006, changes were introduced in ICWIS making it possible for local offices to enter cost of services. The plan was to back enter data to July 1, 2005. To date most of the smaller counties have entered financial data on waiver cases into the system. However, the largest Indiana counties either have been slow to convert or have not converted from their local systems to ICWIS. Furthermore, to date financial data received by IAR has been primarily for waiver cases. For example, 44,055 financial table records have been received for waiver cases compared to 297 records for non-waiver cases. (Financial data for the cost neutrality study have not been obtained through ICWIS but directly from the financial services division.)

The comparative cost study requires financial data for both the waiver and control groups. It involves determine whether differences could be found in spending for waiver and control cases from the point of pair-waiver matching forward through the conclusion of data collection. The plan in the original research design was to collect data from ICWIS for the waiver and control samples that are selected for the case-specific surveys. It may be necessary to revise the design to permit data collection from ICWIS for waiver cases but directly from local bookkeepers and accountants for control group children and families.

If comparative cost data can be obtained for both groups it will be a comparatively straightforward task to conduct the cost-effectiveness analysis. As noted in the research design, the cost-effectiveness study has a different purpose: determining the relative costs of achieving various positive outcomes. In a cost-effectiveness analysis, it is necessary to measure program costs combined with one or more measures of effectiveness. Measures of effectiveness in the context of an outcome or impact analysis refer to differences in desired outcomes between the Treatment and control groups. The differences that can be used are those that may be considered to be real differences, that is, those that are statistically significant. The results of cost-effectiveness analyses are ratios of costs to effectiveness.

Programs can be cost effective in two ways. Either effectiveness can be improved while costs are maintained at similar levels or effectiveness may remain unchanged or change only slightly while costs are reduced. While either type of change may produce a corresponding change in cost-effectiveness ratios, the former is more likely in projects where cost neutrality is a goal, and this will be the approach in Indiana.

In this way, the cost-effectiveness analysis is an adjunct to and dependent upon impact analyses. Among the impact research questions, cost effectiveness analysis can be most readily used to address:

- Cost per child-avoidance of removal and placement in out-of-home care
- Cost per child-increase in reunification, adoption and guardianship
- Cost per 100 days reduction in time in placement
- Cost per child-reduction in recurrence of CA/N reports
- Cost per child-reduction in subsequent out-of-home placements

If the proportion of children is significantly greater for the Treatment group on any of these questions and the program that remains cost-neutral *across all combined cost categories*, the program may be shown to be cost effective. Under this analysis, a cost difference may be calculated for achieving a relative increase in permanency, for example, per 100 or 1,000 children.

Progress in developing sources of cost data will be reported in subsequent annual reports.