
**Mississippi Title IV-E Child Welfare Waiver
Demonstration Project**

Interim Evaluation Report

Executive Summary

**Prepared for
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Department of Human Services**

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Introduction

The interim evaluation report covers the first two and one-half years of the Mississippi IV-E Waiver Demonstration, from April 1, 2001 through September 30, 2003. It provides interim findings from the process and impact studies that are being conducted. The outcome design is experimental with random assignment of children (along with their entire families) to experimental and control group status.

The Mississippi waiver utilizes an intensive services model. The project is designed to test the effectiveness of a family-centered practice approach through which funds, formerly restricted to children in foster care or licensed facilities who meet title IV-E eligibility criteria, are used on a wide variety of items and services to eliminate behaviors and situations harmful to children. Through the waiver granted, the state has broad discretionary authority in targeting funds on the children themselves or their families or other caregivers. The demonstration seeks to increase the safety of children and reduce the risk they face, increase the permanency and stability of their living situations and the continuity of their family relationships, and increase the well being of children through the provision of services to them directly or by enhancing the well being of the family unit in which they live. While the waiver provides broad latitude in the nature of interventions in child protection cases, the demonstration is limited to eight counties in the state. Four are in DHS Region 3—Holmes, Madison, Rankin and Yazoo counties. Four are in Region 6 North—Covington, Jones, Lamar, and Pearl River counties.

Process Study

Principal planners of the project, and authors of the waiver proposal, included the two Regional Directors administratively responsible for the eight counties included in the project along with DFCS state administrators. This combination of state and regional administrators has provided the planning and ongoing operational management for the project. Within each of the two regions there are waiver coordinators who assist in the day-to-day operation of waiver-related activities. These coordinators assist county supervisors and child protection workers in all aspects of the demonstration and serve as facilitators for family team conferences when these are held. These coordinators have been the source of staff training and have assisted in the development of materials used in the family team conferences.

A number of factors delayed initial implementation of the waiver. These included a state freeze on staff hires, the simultaneous introduction of the state child welfare information system (MACWIS), and delays in obtaining final approval of modifications in the department's cost allocation plan related to cost neutrality requirements of the waiver. In the face of these problems, it was decided to phase in implementation of the waiver rather than beginning the project in all participating counties at the same time as originally planned. The waiver was implemented in the first two counties in April 2001. By October 2002 it had been implemented in all eight.

The waiver program in Mississippi is focused on particular types of families and children that are in state custody and/or involve out-of-home placement, or are high-risk non-custody cases. Screening and random assignments are carried out simultaneously in each office by means of a computer program designed by the evaluators. When an office has identified a family that is believed to be appropriate for assignment under the waiver, information is entered into a lap top computer program. The program randomly assigns the case to either the experimental (waiver) or control group. The program ensures that only cases that satisfy approved criteria may be assigned to the waiver and that an approximate equal number of such cases are assigned to the experimental and the control group. Cases assigned to the experimental group are eligible to receive waiver services while those assigned to the control group are served in the traditional manner.

The plan from the beginning was to improve the assessment of family needs, and to individualize and broaden the array of services provided to children and their families assigned to the waiver. Greater emphasis is being placed on home-based and prevention services, the provision of greater support to foster parents especially relative caregivers, and ensuring child well-being. A key tool in the assessment and planning process is the use of family team conferences. Initially, it was planned to hold conferences with every family assigned to the waiver facilitated by the regional waiver coordinators. The conferences were seen as the starting point for the development of a safety and permanency plan for the children in which parents and/or other caregivers play central roles. The staff shortages that hit the agency during the waiver's first year and the loss of the original coordinator in Region 3 made it impossible to employ a separate facilitator to conduct conferences in all cases. In addition, it became apparent through early experience that there were cases in which the introduction of these conferences is simply not feasible (cases involving children in distant, even out-of-state, therapeutic placements, for example) or necessary (cases of single parents with limited or no support system in which the mother and worker quickly agree on the services needed and on action steps that must be taken, for example). The conference process itself has undergone an evolution, becoming less formal and more focused and targeted, and has

been streamlined. Over time, workers came to better understand the types of cases and situations in which it is most valuable. They are more likely to request the involvement of the facilitator in complicated cases involving families in crisis that have needs, often multiple and complex needs, that have not been met.

Through the first half of the demonstration, 421 cases that met the screening criteria for the waiver were entered into the random assignment program in the eight counties. Approximately equal numbers were randomly selected for the waiver group (198) and control group (192). Waiver cases included 445 household children and control families included 431 children.

About 4 in 10 (39 percent) cases that had been assigned to the waiver since the start of the demonstration had closed by September 30, 2003, while 61 percent remained open. Counties that implemented the waiver more recently tend to have a larger proportion of open cases. Two out of every three cases that closed by the mid point in the project were cases from Jones and Rankin counties, the first to implement the waiver.

Just over a third of the children in waiver cases lived with two caregivers, while a little over half lived with one caregiver and a small percentage had been cleared for adoption and were considered households of one. There are a few more girls than boys in waiver cases and there are nearly even numbers of white and black children. The average age of children at the time they were assigned to the waiver was 9.4 years—31 percent were younger than 6, while 19 percent were aged 15 and over.

For three out of four waiver cases, the maltreatment problem warranting intervention was some form of neglect. Physical abuse was found in one quarter of waiver cases, emotional abuse was present in 13 percent and sexual abuse was substantiated in 13 percent. In one out of four cases, maltreatment was found in more than one of these four categories.

Seven out of 10 waiver children were judged to be at high risk of abuse or neglect, about a quarter were assessed at medium risk, and 5 percent were considered low risk. One-third of the children in waiver cases were in placement outside their parental homes at the time they were assigned to the waiver. Of the remaining children, the large majority (87 percent) have not entered placement following waiver group assignment.

A high percentage (84 percent) of families assigned to the waiver received some funded services during the first half of the demonstration period. Nearly two-thirds incurred costs associated with placement outside the home, either in foster homes or in

temporary or emergency settings. Psychological evaluation and/or therapeutic services were provided to persons in one in four waiver households. In addition, a wide variety of practical assistance was provided to waiver families and children. This included clothing, food, school supplies, assistance related to housing and utilities, home improvements, medical and dental services and a various additional items and services that addressed other unmet personal needs.

A little under half (44 percent) of all the households assigned to the waiver (including those in cases that remained opened at 9/30/03 along with those in closed cases) had received some service funded through the waiver. The services or assistance provided was often of a very practical kind, involving housing or home improvement services and a wide variety of unmet personal needs.

Impact Study

The impact study is intended to determine certain real effects of introducing the IV-E waiver into the approach to child protection and child and family welfare. The research design is experimental with random assignment of children (along with their entire families) to experimental and control group status. The primary unit of analysis for impact study is the child, and outcomes among waiver children are compared with outcomes among control children. These are organized under research questions and generally emphasize changes in the nature and length of out-of-home placement. Such changes take time to occur and, given the phased-in approach taken to implementing the waiver in the state, the potential for detecting program impacts at this stage is limited. The most that might be hoped for are suggestive trends.

On the other hand, system changes under the Mississippi waiver are dependent on changes in the way families are approached by child welfare workers. Because the Mississippi waiver follows the intensive services model, the primary expectation is that patterns and levels of services to children and families will change in families and among children assigned to the waiver (experimental) as compared to control families and children. This is the necessary precondition of other expected effects of the waiver. Unless the service approach changes, other changes cannot follow. Differences in the deliver of services between waiver and control groups, particularly those that address fundamental needs of children and families, represent system change, itself an important positive outcome sought in the demonstration

Several interim conclusions can be drawn from the impact study at this point. Regarding services, assignment to the waiver increased the likelihood that workers would

request various types of services for children (and their families) other than payments for foster care. Second, such waiver children as a group also received services more frequently. The indications are that this extends across many different categories of services. Third, the highest rates of services requested and delivered were found among children in families in which *the Title IV-E waiver was actually utilized to fund services*. Finally, since only part of the service increase was funded via the waiver, the waiver appeared to have a kind of *leveraging effect on the utilization of services funded by other sources*.

Regarding placement outcomes, few significant changes were found at this point in the evaluation but some possible trends were observed. By focusing on children placed only after they were assigned to the experimental or control group, we saw a possible trend toward placement of children with relatives or in their own homes. When placed, experimental children were placed in settings operated by strangers (foster homes, group homes, and institutional settings) less frequently. The differences were only suggestive, however, and were not statistically significant. No difference was yet apparent in the proportion of experimental children who remained at home overall.

No difference that could be relied on was found in the practice of separating sibling who have been placed. Nor was there a difference in the practice of placing children outside their home counties.

Reduced placements in foster care, institutional care and group care were found for children placed after assignment to the study but these differences were also not statistically significant. A similar pattern was found for the number of different placement providers that children experienced, although in this instance the difference was great enough to be classed as a statistical trend.

Only a little more than a year has transpired for a large proportion of families included in the study. For this reason a large proportion of cases that have thus far entered the study population are still open. Additionally, more than half of the cases that are to enter the population by the end of the demonstration are yet to be assigned and will be over the next two and a half years. The positive findings on differences in services give a basis for expecting that other positive outcomes will emerge as new cases are assigned and as periods for follow-up of children and families already assigned increase.