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

Interim Evaluation Report

**Prepared for
Mississippi Division of Family and Children's Services
Department of Human Services**

**Prepared by
Institute of Applied Research
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State of Mississippi
Title IV-E Child Welfare
Waiver Demonstration Project

Interim Evaluation Report

Submitted to

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Department of Human Services

Submitted by

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Part I

Introduction

This interim evaluation report covers the first two and one-half years of the IVE waiver demonstration in the State of Mississippi, from April 1, 2001 through September 30, 2003. It provides interim findings from the process, impact and cost studies that are being conducted. This introductory section of the report contains an overview of the demonstration and a brief description of the evaluation methodology.

A. Overview

The Department of Health and Human Services under Section 1130 of the Social Security Act approved the State of Mississippi's request for a waiver of specific sections of the Act on September 17, 1998. The state's request for a waiver was broad in nature but limited in scope to eight counties. The resulting demonstration project will run for five years from the time it was initially implemented, April 1, 2001.

DHHS approved waivers of the following provisions of the Social Security Act and Program Regulations to operate a child welfare demonstration project:

1. Section 471(a)(3): To allow the state to conduct the demonstration on less than a statewide basis.
2. Section 472(a): To allow the state to expend title IV-E funds for children and families who are not normally eligible under Part E of title IV of the Act.
3. Section 474(a)(3)(E) and 45 CFR 1356.60(c)(3): To allow the state to expend title IV-E funds to pay for services that will be provided to children and their families that would not normally be covered under Part E of title IV of the Act.

The waiver project in Mississippi seeks to demonstrate the effectiveness of keeping children safe through a Family-Centered Practice Approach. The approved

waiver allows the expenditure of funds on any item or activity, which is directly related to the elimination of behavior, or activity, which causes harm to a child. The type of demonstration operated in Mississippi has been described as an “intensive services option.” It seeks to use the waiver to increase the nature and extent of available services to children and their families in an effort to reduce harm to children, reduce foster care placements and achieve greater permanency and safety for children. The project seeks to improve child-focused, family-centered practice in the eight participating counties.

The evaluation includes process, impact and cost effectiveness studies. The outcome design is experimental with random assignment of children (along with their entire families) to experimental and control group status. This experimental design, in turn, provides the framework for the cost neutrality calculation, with IVE costs associated with the control group establishing the limit of expenditures on experimental (waiver) cases. The project is being evaluated by the Institute of Applied Research using a research design and plan that has been approved by the federal agency.

Purpose, Context and Service Strategy

The central goals of the waiver demonstration are that the child-focused, family-centered practice approach utilized in the project will:

1. Reduce further abuse and neglect among children and families served.
2. Reduce the placement of children outside their family home.
3. Among children removed from their homes:
 - a. increase placement with relatives;
 - b. increase placement within the community of their parental family;
 - c. reduce the number of number of different placement settings;
 - d. reduce the amount of time children remain in foster care.
4. Increase the well-being of children and their families.

In 1995 the Administration for Children and Families and the Department of Human Services completed an assessment of state children and family services. The assessment examined broad indicators of safety, permanency and child and family well-being in the state and identified several specific problem areas. Among these were that practice has not always been guided by strong family-focused principals, that family needs were often not identified or individualized due to inadequate assessment, that there were too few preventive and after care services available to be provided to families needing them, that out-of-home care has received far more emphasis than home-based preventive and reunification or after-care services, that children remain in foster care

longer than necessary and often experience multiple moves, and that foster parents do not have the support or training to properly serve children. The IVE-FC waiver demonstration project was a direct response to the findings of this review.

The Mississippi waiver project was designed to test an intensive services, family-centered practice approach for addressing these deficiencies. The approach focuses on 1) an increased emphasis on a child-focused family-centered approach to child protection, 2) broadening the array of services provided to children and families, especially preventive and after-care services, and providing greater support to foster parents, and 3) ensuring that child and family well-being are the touchstone of practice.

A key factor in the implementation of child-focused family-centered practice has been the provision of services assessed to meet the needs of children and families and necessary to reduce harm to children and keep them safe. The state's waiver proposal requested the flexibility of expending Federal IVE funds on any item or activity "that eliminates or reduces harm to a child such as: services to a child, parent, relative, foster parent, or adoptive parent which would prevent abuse or neglect to a child; services or items which would prevent the necessity of removing a child from his caretaker while assuring that the child remains safe at home; services or items that would facilitate safe relative placements; services or items that would prevent the unwanted and unnecessary and unplanned removal of a child from a foster home or other placement; services or items that would facilitate the reunification of a child with his family in a safe environment; services or items to adoptive parents, potential adoptive parents, and children freed for adoption for the purpose of facilitating permanent placements; and any other services or items that can be shown to reduce harm to children."

The emphasis on child-focused family-centered practice and the broadening of services provided to children and their families through the flexibility allowed by the waiver are the major means through which child and family well-being are being retained as the touchstone of practice, the third element of the project's approach. All project goals and objectives can be subsumed under this general standard which provides the central criterion for the impact evaluation being conducted on the project.

Implementation

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 eight waiver counties can be seen in the following map. Four of the counties are in DHS Region 3—Holmes, Madison, Rankin and Yazoo. Four are in Region 6-North—Covington, Jones, Lamar and Pearl River.

B. Research Design and Methodology

The following is a summary of the research design and methods being used in the impact and process studies. Information is also provided on key research questions driving the study and primary data sources. Evaluators presented an overview of the research design for the evaluation at the 5th Annual Child Welfare Demonstration Projects Meeting in Washington, DC. The overview included a description of the random assignment process and the laptop-based software program being utilized. A summary of the presentation can be found on the evaluator's web site at www.iarstl.org.

An early step in the development of the evaluation design was transforming the goals of the waiver project into research questions that could be investigated. The box that begins on the following page shows the research questions that have guided the evaluation, particularly the impact study.

Impact Design

The impact study is designed to determine certain real effects of introducing the IV-E waiver into the approach to child protection and child and family welfare. The impact study attempts to determine whether the outcomes observed among children and families for whom the Title IV-E waiver was used can reasonably be attributed to the introduction of the waiver or to other causes. In this way the evaluation may determine whether the introduction of the waiver had positive effects and what those effects were.

The impact design is experimental with random assignment of children (along with their entire families) to experimental or control group status. This is traditionally considered the best method of insuring high similarity between groups.

Experimental and Control Group Assignment. In Mississippi the waiver program is focused on particular types of families and children that are either in state custody, out-of-home placement, or 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 the computer program.

Waiver Project Goals as Research Questions

1. Subsequent Abuse or Neglect
 - 1a. Does the demonstration reduce any new CA/N recidivism?
 - 1b. Does the demonstration reduce neglect recidivism?
 - 1c. Does the demonstration reduce physical abuse recidivism?
 - 1d. Does the demonstration reduce sexual abuse recidivism?

2. Remaining with the Parental Family
 - 2a. Do proportionately more children from the experimental group than the control group avoid being placed outside their parental home during the duration of the demonstration?
 - 2b. Do children in the experimental group who have been reunited with their families experience fewer later placements than similar control children?

3. Placement with Relatives
 - 3a. Among children removed from their parental homes, are more experimental than control children placed initially with relatives?
 - 3b. Among children removed from their parental homes, do children in the experimental group spend a greater proportion of their time in placement with relatives than children in the control group?

4. Placement of Siblings Together in the Same Placement Setting
 - 4a. For cases where two or more siblings are removed from their parental home, are there more cases in the experimental group than the control group in which all siblings are placed together in the same placement setting?

5. Placement of Children in the Same Communities as their Parental Families
 - 5a. Among all children removed from their parental homes, is a larger proportion of the experimental group than the control group in placements in the community of the parental family?

6. Reduced Placements in Foster Care
 - 6a. Is a smaller proportion of children in the experimental group than in the control group placed in foster care?

7. Movement of the Same Child among Different Foster Providers
 - 7a. Is the average number of foster providers less for experimental group children than control group children?

8. Time in Foster Care

- 8a. Among all children removed from their parental homes, do children in the experimental group spend less time in foster care than children in the control group?

9. Child Well-Being

- 9a. Do the wages of experimental families show a greater increase on average than control families?
- 9b. Are the numbers of yearly quarters that experimental wage earners are employed greater than the corresponding totals for control wage earners?
- 9c. Do experimental parents participate in TANF and in food stamps less than control parents?
- 9d. Do experimental children receive health care services at greater rates than control children?
- 9e. Do more experimental children perform better in school than control children and/or drop out of school less frequently?
- 9f. Is the emotional well-being of experimental children improved in comparison to control children?
- 9g. Does the demonstration lead to improved services relevant to child development?

10. Provision of Services: Intervening Variables

- 10a. Are formal assessments conducted more often for experimental than for control families?
- 10b. Are more services afforded to experimental than to control children and their families?
- 10c. Are better outcomes within the experimental group in comparison to the control group related to increased utilization of assessments and optional services?

The screening and random assignment program (SRAP) accepts any of four types of cases as appropriate:

1. Cases involving children in state custody.
2. Non-custody cases in which one or more children have been removed from the physical custody of the original caretaker and temporarily placed outside the home, and in which the agency plan is family reunification.
3. Non-custody cases that were active at the time the demonstration started and in which the most recent risk assessment completed on the family indicates a high level of risk to the child or children in the home.

4. New non-custody cases currently entering the child welfare system in which the risk assessment indicates a high or medium level of risk to the child or children in the home.

Cases must satisfy one of these four screening criteria to be considered for inclusion under the waiver. Demonstration cases are defined as entire families including children in active cases with the agency, other siblings, and parents or other caretakers. Such cases together constitute a pool from which random assignments are made.

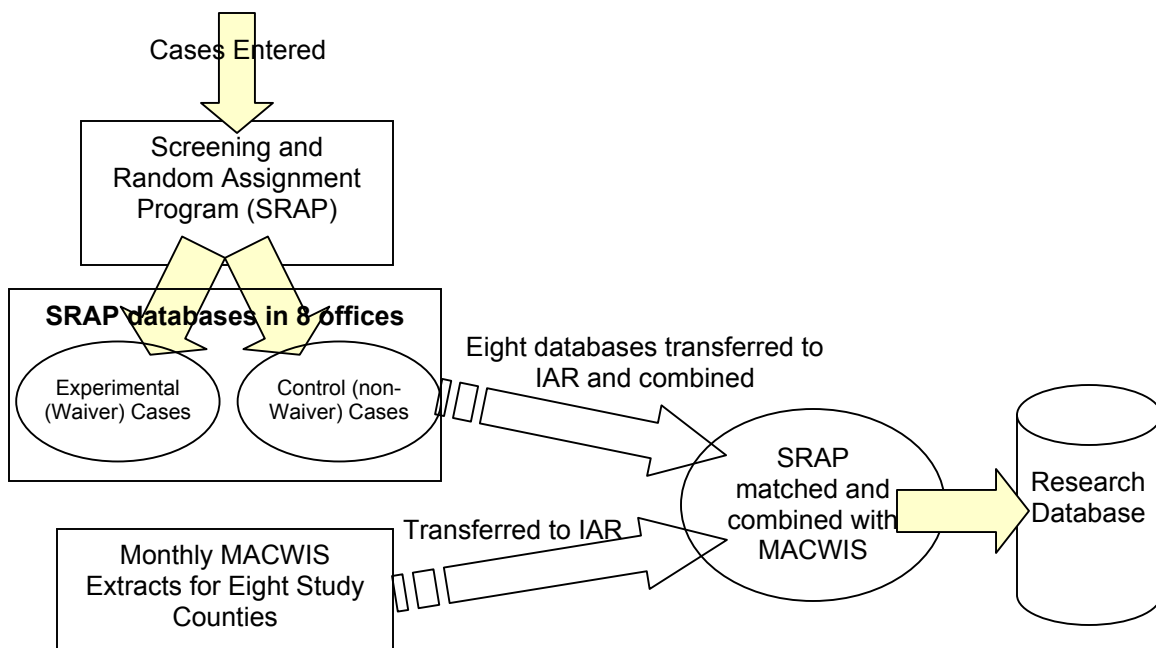
The program thus ensures that only cases that satisfy approved criteria may be assigned to the waiver and that an approximate equal number of such cases are assigned to the experimental and the control group. Cases assigned to the experimental group are eligible to receive waiver services while those assigned to the control group are served in the traditional manner. The computer program for screening and assigning cases greatly reduces the chances that an inappropriate case will be assigned to the waiver, and it ensures that the selection of experimental and control group cases is truly random.

Initially, the program was written so that only one-third of the cases would be randomly assigned to the experimental group and a second third to the control group with the last third assigned to a residual, "other," category. The residual category was established as a safeguard against the suspected possibility of more cases being assigned to the waiver than a local office staff could handle. The only difference between the control and the residual groups was that control cases would be tracked as part of the impact study while the residual cases would not be. The selection of "other" cases was abandoned very early on when the number of cases open prior to the start of the project that met the screening criteria turned out to be significantly fewer than anticipated. The evaluators rewrote the random assignment program so that half of the cases screened appropriate for the waiver would be selected for the experimental group and half for the control group.

Information on the case, including the MACWIS case number, the name of the family case head, the case head's social security number, the current date, and the assignment status (experimental, control or other) are stored to a database. Database records are transferred to the evaluators on a regular basis.

MACWIS and the Research Database. The Mississippi Automated Child Welfare Information System (MACWIS) was in development at the time the Mississippi waiver demonstration was beginning. Since that time all eight counties participating in

the demonstration have switched to MACWIS. For purposes of the evaluation, MACWIS information on each experimental and control case is extracted on a monthly basis by the evaluators through a system of transfer from state data systems to the evaluators. This includes records of child abuse and neglect reports, investigations and intakes in the child welfare system, cases, case members, family relationships, custody and placement of children, services recommended and delivered, and other relevant information. These are combined into a research database. The following diagram shows the process utilized to create the research database.



The eight SRAP databases from the participating counties are combined with MACWIS data on a regular basis to create the research database. The research database contains characteristics of persons and cases, historical data on families, experimental and control identification, along with tracking data on custody and placements, new abuse and neglect reports, and service delivered to families and children.

Samples. Experimental and control cases that have closed are sampled and workers are contacted to provide additional information not readily available through MACWIS. Families in closed cases are also being surveyed. These methods are designed to provide fuller information on outcomes associated with child and family well-being.

Process Study Methods and Data Sources

The purpose of the process study is to monitor and assess the implementation of the demonstration project overall and in each of the participating counties. This component of the evaluation involves an ongoing review of waiver activities and progress in relation to original plans, an examination of the interaction among key program elements, assessment of the diversity of local office approaches to the waiver and variations in population and contextual features, scrutinizing the manner in which the waiver is utilized, appraising unanticipated challenges that arise and approaches taken to address them. A key objective of the process study is to identify factors that may influence program outcomes. And an important contribution of the analysis is to help explain why certain outcomes are found or not found, or why they are found in certain subgroups or locations but not in others, and how the attainment of project goals may be enhanced.

Throughout the demonstration, the process study is focusing on four key dimensions. These are the organizational aspects of the program, services and approaches to service delivery, the situational context of the programs in different parts of the state, and the community dimension including the availability of resources and the willingness of other agencies and institutions to become involved in the waiver demonstration.

Primary research methods utilized for the process analysis in the present report included the following:

1. Interviews were conducted with state-level administrators involved in the planning and implementation of the demonstration and for the organization and provision of training of county social workers. A wide range of documentary material pertaining to the waiver was collected and reviewed, along with other system data and informational resources, including census data.
2. Regular site visits, usually on a quarterly basis, were made to the state to maintain close contact with state, regional administrators, and waiver coordinators and to remain informed of ongoing activities, new challenges and any changes that may have been made in the operation of the project.
3. Site visits were also made to each of the eight county offices that are involved in the demonstration. The original plan called for semi-annual visits, but they have often been

more frequent. During these visits, interviews were conducted with county social work supervisors and social workers.

4. The evaluators have been involved in the training of local office staff in matters related to the evaluation and the entry program that was designed for the screening and random selection of waiver and control cases. Meetings have also been held with members of Multidisciplinary Assessment and Planning Teams in waiver counties in which these teams are particularly active.

5. Through monthly downloads of selected data from the Mississippi Automated Child Welfare Information System, the utilization of the waiver and provision of services within each of the counties was monitored.

6. A case-specific instrument was designed to collect more in-depth information on a sample of cases. This data is important for both the impact and process studies.

7. Waiver and control families are being interviewed to gain their perspectives on the services and acceptance of the new practice. Graduate students at the University of Southern Mississippi and Jackson State University are assisting in conducting these interviews. This process has been initiated relatively recently and there is insufficient findings from this source at this point to include findings in this report.

Part II

Process Analysis

A. Implementation of the Waiver

Project Design and Administration. The waiver project in Mississippi was designed as a response to specific findings of the 1995 ACF/DHS assessment of the state child protection system. The project is built around an intensive services model that emphasizes practice that is child-focused and family-centered. 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. Greater emphasis was to be placed on home-based and prevention services, the provision of greater support to foster parents especially relative caregivers, and ensuring child well-being.

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, under the leadership of the DFCS Director of Administration, 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.

Phase In. The waiver was not begun simultaneously in all eight participating counties as originally planned but was phased in. Implementation began in April 2001 when the waiver program was started in two counties, Rankin (in Region III) and Jones (In Region VI-North). In April 2002 the waiver was extended to two additional counties,

Holmes (Region III) and Lamar (VI-North). In September 2002, the waiver was begun in the final four counties, Madison and Yazoo in Region III, and Pearl River and Covington in Region VI-North. Supervisors and social workers received training prior to beginning the waiver program in their county. This included background on the waiver program nationally, the nature of the waiver in the state, and the elements of the evaluation and how the evaluation would impact local office staff. DFCS administrators and the evaluators combined in providing training to county staff. Staff in place at the initiation of the waiver in the state participated in training related to family team conferencing provided by an outside consultant (described below).

Challenges. The waiver project has faced a number of challenges that have caused some delays and modifications to the original plan. These include changes in key staff, a delay in approval of cost neutrality procedures, a statewide hiring freeze, and the simultaneous introduction of the automated child welfare information system.

1. **Staff Changes.** As is nearly always the case with long-term projects within any state agency, administrative changes within the agency occur while a project is underway as individuals retire or resign and as new appointments are made. This has occurred in the most senior positions within the Mississippi Department of Human Services and the Division of Family and Children's Services since the waiver began. At the same time, the administrator with direct managerial and operational responsibility over the waiver has remained in place since the project was first implemented, providing stabilizing continuity and a steady focus. At the regional level there were two key losses by the time the waiver had been implemented a full year. The Regional Director of Region VI-North, who was a co-author of the original waiver proposal and involved in all phases of initial planning and design, resigned to accept a position outside of state government during the second year of the waiver. The second key staff loss involved the waiver coordinator in Region III who left to accept another position in state government. This person had provided substantial support to county staffs in her region during the first year of waiver implementation and had helped develop materials for family team conferences. The state hiring freeze in place at the time of her departure meant this position could not be filled until relatively recently. The filling of this position with someone able to provide technical assistance and support to county supervisors and social workers and able to facilitate family team conferences is expected to provide significant positive impetus to the project in this region as the waiver enters its second half.

2. **Cost Neutrality Procedures.** A major delay in the project occurred in gaining approval of the state's cost neutrality plan and procedures. Modifications in the department's cost allocation plan related to the cost neutrality requirements of the waiver

were submitted in August, 2000 following extensive conversations with the ACF Regional Office. Final approval of the plan was not granted until July 2002 and until after a comprehensive review was conducted of the state's full cost allocation plan. In the interim, implementation was delayed and then phased-in in two counties in order to get underway. A provisional and conservative budgeting and allocation system was devised for the two counties to monitor waiver expenditures. The delay hindered the forward momentum that had been built up through waiver planning, inter-agency meetings and staff training. The relevance and usefulness of preparatory activities involving county staffs, who had received special waiver-related training, and community groups, with whom waiver planners had held background and organizational meetings, lessened as the time between planning and implementation was stretched out. And, unfortunately, by the time approval was obtained for the cost allocation plan and, therefore, cost neutrality procedures, a state hiring freeze had been instituted that put severe stress on county staffs.

3. Hiring Freeze. The timing of the state freeze on new hires was a setback for the waiver. Both administrative and social worker positions within counties went unfilled for many months when a staff person retired or left to take another job. While the counties participating in the waiver were not the hardest hit by these staff shortages neither were they spared from them. Not only did social workers see their caseloads grow because of staff losses within their own counties, but workers from counties with fewer losses were borrowed out to assist counties hardest hit on a rotating basis. While the freeze on new hires has been lifted, some of the counties lost some of their positions on a permanent basis. In addition, one of the lingering and onerous effects of the cost neutrality negotiations has been the requirement that waiver county workers log 100 percent of their time for the calculation of administrative costs, rather than providing a time sample as is done in non-waiver counties for cost allocation purposes.

4. MACWIS. The development and installation of the Mississippi Child Welfare Information System (MACWIS) coincided with the beginning of the waiver. The training on the new system was intense and took place at a rapid pace across the state during May and June 2001. While this training was taking place it was difficult to initiate other new activities as county staffs were often in the position either of undergoing training or of providing backup for those receiving it. However, the installation of this system represented a significant step in the state where previously many counties relied on paper files only and had few computer resources available for staff. Moreover, the design of the system provides a comprehensive database for storing and tracking information on child protection cases, including service and cost data associated with children and their families.

5. Large Caseloads/Small Staffs/Limited Resources. Unlike the first four challenges facing the implementation of the waiver, all of which involve events that occurred after the state's waiver request had been approved, another major challenge exists that predates the waiver and represents a reason why the waiver is important for the state. Compared with other states, perhaps most other states, child protection caseloads carried by social workers in Mississippi are large, often very large. The ability of workers to provide all the attention some cases require is limited by this. In addition, their ability to address all the significant problems found in cases is often constrained by resources available to them. While many, if not most, counties in the state experience these problems, some experience them more than others. There is a disparity in the resource base among counties and there is, as well, some variability in case-to-worker ratios, something that was exacerbated in some locations by the hiring freeze and the reduction of civil service positions. And so, while all county child protection staffs face a difficult task, workers in some counties have faced a very difficult task and a very complex one. This reality is somewhat visible in the variation in the nature of county caseloads. Some counties have a wide range of cases, from low to high risk and including many prevention cases along with court custody and placement cases. Other counties, however, open many fewer lower risk prevention cases because their small staffs are overwhelmed by the critical cases that take nearly all of their time. This caseload variability can be expected to have some effect on impact analyses in a demonstration project carried out in eight counties, and will have to be taken into account. However, this county effect may be greater in the short run (in analyses conducted for this interim report, for example), where random assignment anomalies are strongest, and diminish as the study groups grow larger and are less affected by idiosyncratic variations.

Changes. These challenges, at least the first four listed above, led to some changes in the operation of the waiver from what had been originally planned. The most significant of these, mentioned above, was the decision to phase-in the project rather than start simultaneously in all eight counties in order to get the waiver underway. A second was the replacement of one of the original counties, Forrest, with another in the same region, Covington, primarily due to complications from personnel changes. A third change, related by the loss of the Region III waiver coordinator and the increased staff load, was the decision to limit family team conferences to a subset of cases in greatest need of them. Finally, experience with some early waiver cases indicated the need to be flexible when thinking about project goals, and that ensuring child well-being in certain cases may involve services and objectives that had not been anticipated when the project was originally planned.

B. Key Features of the Waiver

Waiver County Characteristics. The total population (2000 census) of the eight-county waiver area is 411,788 persons. Twenty-eight percent of the population is less than 18 years of age, and one in three (34.4 percent) of these children live in families with incomes below the poverty level. There are 149,675 family households in the eight counties, and 36 percent of these households (53,870) have children less than 18 years of age. Thirty percent of the family households with children are headed by single parents.

The population figures from the 2000 census for the waiver counties, along with some other demographic data, are shown in Table II.1. Together, the eight counties account for about 15 percent of the total population of the state as well as about this same proportion of the state's total households and households with young children. The other data in the table show the diversity represented in the counties. The counties vary in population from Rankin (115,327) to Covington (19,407). Rankin County, a fast-growing county adjacent to the City of Jackson, had a very low unemployment rate in 2000 and relatively low child poverty rate. Along with Madison County, Rankin ranked high among counties in the state in median household income. At the other end of the economic spectrum, the two Delta counties, Holmes and Yazoo, are among the state's poorer counties. They have many children living in poverty, low median household income and, especially Holmes, very high unemployment rates. Rural Covington County, similarly, has a high percentage of children in poverty, low median household income and many single parent households. Of the remaining two counties, Lamar and Pearl River, the latter is the poorer, with high levels of child poverty and single parent households. Lamar County includes the more affluent suburbs of Hattiesburg as well as a large, rural area with greater poverty. Overall, the counties selected for the demonstration represent the state well on key demographic and economic variables and provide a good and varied test for the waiver.

Identification of Service Needs. Prior to the start of the waiver a survey of experienced DFCS social workers was carried out to help in identifying and prioritizing new services that would be needed by children assigned to the waiver. The survey was conducted in the fall of 1998, and 174 social workers from across the state participated in it. In the survey, workers were asked to identify services and cash expenditures that would reduce the number of children removed from their custodial parents and result in reduced recidivism. Services most often mentioned by the social workers were parenting education, basic and emergency assistance, homemaker services, counseling services, child care, transportation, housing-related services, substance abuse treatment, among

Table II.1. Demographic and Economic Characteristics of Demonstration Counties

<i>County</i>	<i>Total population (2000)</i>	<i>Total households (2000)</i>	<i>Total family households with children under 18 (2000)</i>	<i>Total single parent households with children under 18 (2000)</i>	<i>Percent single parent households (2000)</i>	<i>Labor force (2000)</i>	<i>Unemployment rate (2000)</i>	<i>Median household income (1999)</i>	<i>Percent children in poverty (1999)</i>
Region III									
Holmes	21,609	7,314	2,635	1,484	56.3	7,211	21.1	17,235	52.3
Madison	74,647	27,219	10,186	2,945	29.0	38,831	3.6	46,970	21.3
Rankin	115,327	42,089	15,431	3,798	24.6	63,134	2.5	44,946	12.2
Yazoo	28,149	9,178	3,267	1,541	47.2	9,959	9.2	24,795	42.9
Region VI-North									
Covington	19,407	7,126	2,608	919	35.2	8,726	5.6	26,669	31.6
Jones	64,958	24,275	7,912	2,522	31.9	32,213	3.3	28,786	25
Lamar	39,070	14,396	5,534	1,273	23.0	18,475	3.1	37,628	15.3
Pearl River	48,621	18,078	6,297	1,720	27.3	20,604	4.5	30,912	25.6
Statewide	2,844,658	1,046,434	363,416	128,932	35.5	1,326,365	5.7	31,330	26.7
Total Waiver	411,788	149,675	53,870	16,202	30.1%	199,153	4.7	36,834	23.3
Waiver as % of State	14.48%	14.30%	14.82%	12.57%		15.01%			

other support services. Many also described the need for more staff and smaller caseloads as well as a need for more foster care settings and support for relative caregivers.

Service System Development and Inter-Agency Coordination. The state's waiver proposal envisioned the possibility that the waiver would become part of a significant transformation in the state's child welfare system, one that extended beyond the current scope of the state Department of Human Services. This view arose from the recognition that the needs of families and children exceed the capacity as well as the mandate of any single agency, and that child and family welfare required the involvement and active collaboration of the broader public service system in the state and coordination among formal and informal community and regional resources.

Throughout 1999 and 2000, DHS waiver project representatives met regularly with representatives of the State Department of Mental Health in order to establish lines of communication and an active relationship between the waiver project and ongoing inter-agency collaborations, particularly the Mississippi Families as Allies Wrap-Around Initiative and county MAP Teams. Families as Allies is a project of the Mississippi Children's Advisory Council (CAC) that is housed at DMH with a goal to develop an integrated, wraparound system of services in the home and community primarily for children and youths at risk of placement. Materials and strategies developed by Families as Allies were integrated into the waiver's individualized service planning process. County MAP (Multidisciplinary Assessment and Planning) Teams were established to facilitate local area inter-agency coordination and to staff cases and plan appropriate services. The teams included family members, school representatives, child welfare workers, mental health center case managers and therapists, county health representatives, among other stakeholders. Coordinators of local MAP Teams in waiver counties were included in meetings held between waiver project representatives and DMH officials. These meetings were useful in identifying services and strategies for service delivery and in the development of multi-disciplinary team management methodologies. The MAP Team coordinators also provided another perspective on services needed to reduce harm to children in their communities. During 2000 and 2001, the two Regional Administrators who were the principal co-authors of the waiver proposal made presentations on the nature and scope of the waiver demonstration project to key state and local groups. This included the Citizens Review Board for DFCS, an advisory body that monitors the Division's five-year plan, and to Mississippi Permanency Partnership Networks (federally supported, county-level teams that identify new service needs and seek to facilitate the closing of service gaps) as well as to local MAP Teams operating in waiver counties.

Staff Training and Development of Materials. In 2000, two rounds of training were provided to staff in the eight waiver counties. The training focused on facilitating strengths-based planning and included workshops on strength-based assessment, group facilitation techniques, and family team conferences. Mock conferences were conducted to help staff develop group facilitation skills and techniques that would be needed in family team conferences.

The two regional waiver coordinators participated in the training. Taking what they learned from the training and from a review of best-practice literature including materials developed by the Mississippi Families as Allies project, and with guidance from the two Regional Administrators instrumental in the waiver design, the coordinators developed team conferencing materials for use in individual service planning. The materials are family-focused and child-centered, constructed to assess family needs and child well being, and include guidelines for involving families and, with them, developing individualized service plans. The coordinators also developed ancillary policy and procedural guidelines and forms.

Prior to the implementation of the waiver in each of the counties, social workers and supervisors received training on the system developed by the evaluators for the random assignment of cases into experiment (waiver) and control (non-waiver) groups. This training was combined with an overview of the demonstration project and a review of the purpose and goals of the waiver.

Family Team Conferences. From the beginning, a key element to the state's approach to the waiver was the incorporation of Family-Centered Practice methodology including 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 paradigm calls for a family support team to be assembled composed of parents, relatives, and the DFCS worker along with any other participants seen as critical in establishing a wraparound service plan for the children (such as foster or other substitute care providers, juvenile authorities, school personnel, service providers for the family or child, the family attorney, and others who may be involved in the case or who the family may want to include). The family is fully included and involved in the conference and in the planning and decision-making phases. The conference results in a wraparound plan that specifies the outcomes being sought and the assistance and services that will be provided. The plan also indicates what actions individual family members and other participants have agreed to do.

The staff shortages that hit the agency during the waiver's first year and the loss of the coordinator in Region III 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. Workers 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. Family-centered practice forms the core of the process, which strives to maintain a positive focus that emphasizes the family's strengths and short and longer-term needs and then proceeding as quickly as feasible to the tasks to be done (what, when, how and by whom). A major contribution of the facilitator is to assist the worker in case management, making referrals to other resources in the community and, through the availability of waiver funds, identifying and obtaining practical necessities needed by the family to avoid the removal of the children and placement in foster care or to aid in meeting other case goals.

Guidelines for Waiver Fund Expenditures. While waiver funds may be used on a wide variety of services or items, the agency seeks to restrict their expenditure to situations involving the prevention of harm or potential harm to children. To help ensure this, the agency developed guidelines for the use of waiver funds. Workers are asked to identify and document the specific outcome toward which expenditures are directed from among the following set of potential outcomes that are consonant with the goals of the waiver:

- The reduction or elimination of factors causing abuse and/or neglect in a family or setting.
- Enabling a child to remain safely in his home with his family.
- For children who are removed from their family, the facilitation of successful relative placements.
- The facilitation of placement of siblings in the same setting.
- The facilitation of placements, which allow children to remain in their own community.

- Keeping children safe while avoiding the necessity of state custody and foster care.
- Reducing the length of time a child is in foster care.
- The facilitation of the reunification of a child with his family.
- The prevention of the disruption of a placement.
- Facilitation of the adoption of a child for whom adoption is the plan.
- Decreasing the amount of time necessary for finalization of adoption.
- Enhancing the well-being of a child.

Supervisors within counties are responsible for determining that requests for waiver funds by social workers are legitimate and appropriate and related to one or more of these outcomes.

Emergent Goals. Experience with two early waiver cases provided a lesson on the need to remain flexible when thinking about project goals and services. The cases involved older adolescents who were near the time when they would age out of the child protection system. These cases have required the provision of services not considered initially as the waiver was being planned and involved the identification of desired outcomes not specifically expressed in the state’s waiver application except under the general rubric of child well being. The cases suggested that the nature of child well being must in some reasonable manner be allowed to remain flexible enough to be meaningful in individual cases, to allow for the probability of emergent goals all of which may not have been fully anticipated at the beginning of this project. Clearly, the most appropriate permanency goal consistent with the well being of an adolescent of 18 is not the same as it might be for an 8 year-old. Through these early cases the project came to be recognized more as an organic process in which knowledge gained and lessons learned during the demonstration and through the evaluation could and should be integrated into the operation of the waiver project.

Experimental Design and Waiver Assignment Process. The design of the Mississippi waiver involves an experimental and a control group. Cases that meet screening criteria are randomly selected for inclusion into one of the study groups. The decision to screen a case for possible inclusion in the waiver is the responsibility of the county DFCS office. Workers in each county received training on how to use the selection program developed by evaluators. It is not necessary for a county judge to authorize the process and, as a result, does not play a key role in this waiver project.

Cases, Children, and Waiver Services. Operationally, a case is the family or household of a particular household head. The household (or case) may include one or two adult parents or other caregivers and the children of the household. The case may involve a traditional or standard family (for example with two parents and their children) or a non-traditional or blended family (involving children who are step- or half-brothers and sisters). The case may also involve children who are living with their primary caregivers in the home and any who may have been removed and placed outside the home but for whom reunification remains the goal. In addition, there are a small number of cases in which children have been cleared for adoption and are temporarily classified as a household of one.

For the purposes of the demonstration, the important point is that the case initially involves whoever is part of the household at the time of waiver/control group assignment. All household children in a case selected for the waiver group are assigned individually to the waiver and all household children in a case selected for the control group are considered control group children. Any person in a case or household selected for the waiver group or the household as a whole may receive waiver-related services. (Thus, child A may receive school supplies, child B may receive medical services, the mother may receive substance abuse treatment, and the home itself may be repaired.) Moreover, once a household and household members have been assigned to the waiver or control group they remain in that group for the duration of the demonstration. Thus, if a new case is opened on the same family or household members during the demonstration, they return to the system as either waiver or control group members depending on how they were originally assigned. If, in the interim, a new child is born into the household, that child takes on the waiver or control group designation of the household.

C. Waiver Case Assignments and Population Characteristics

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), and a small number (31) were selected for the “other” or residual non-study group during the early months of the demonstration. Waiver cases included 445 household children and control families included 431 children. Figures II.1 plots the cumulative number of cases that were entered into the random assignment program by county by month, whether they were assigned to the experimental, control or residual group. Figure II.2 shows the cumulative number of children in these cases.

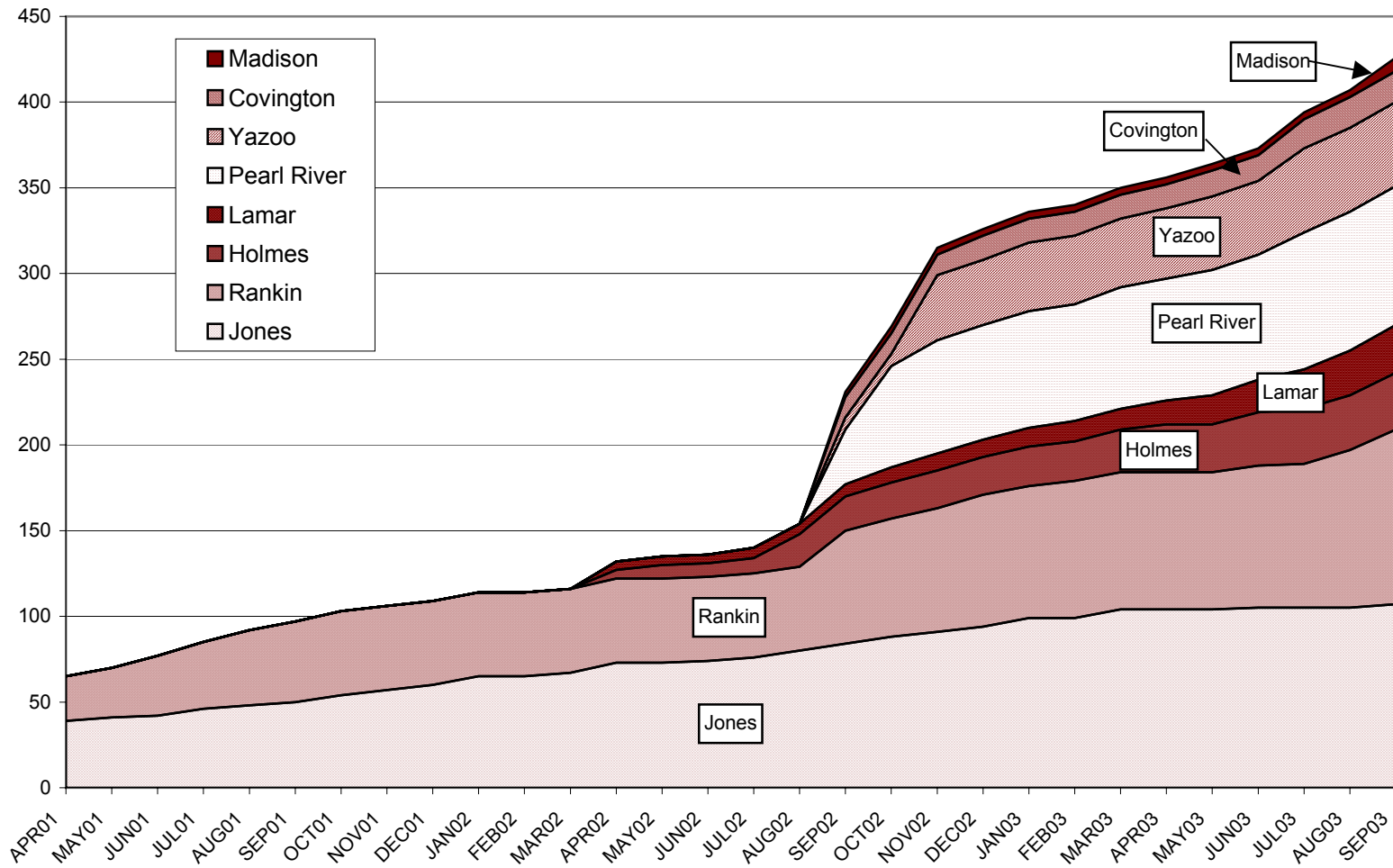


Figure II.1. Cumulative Number of Families by County Assigned to a Waiver, Control or Other Group

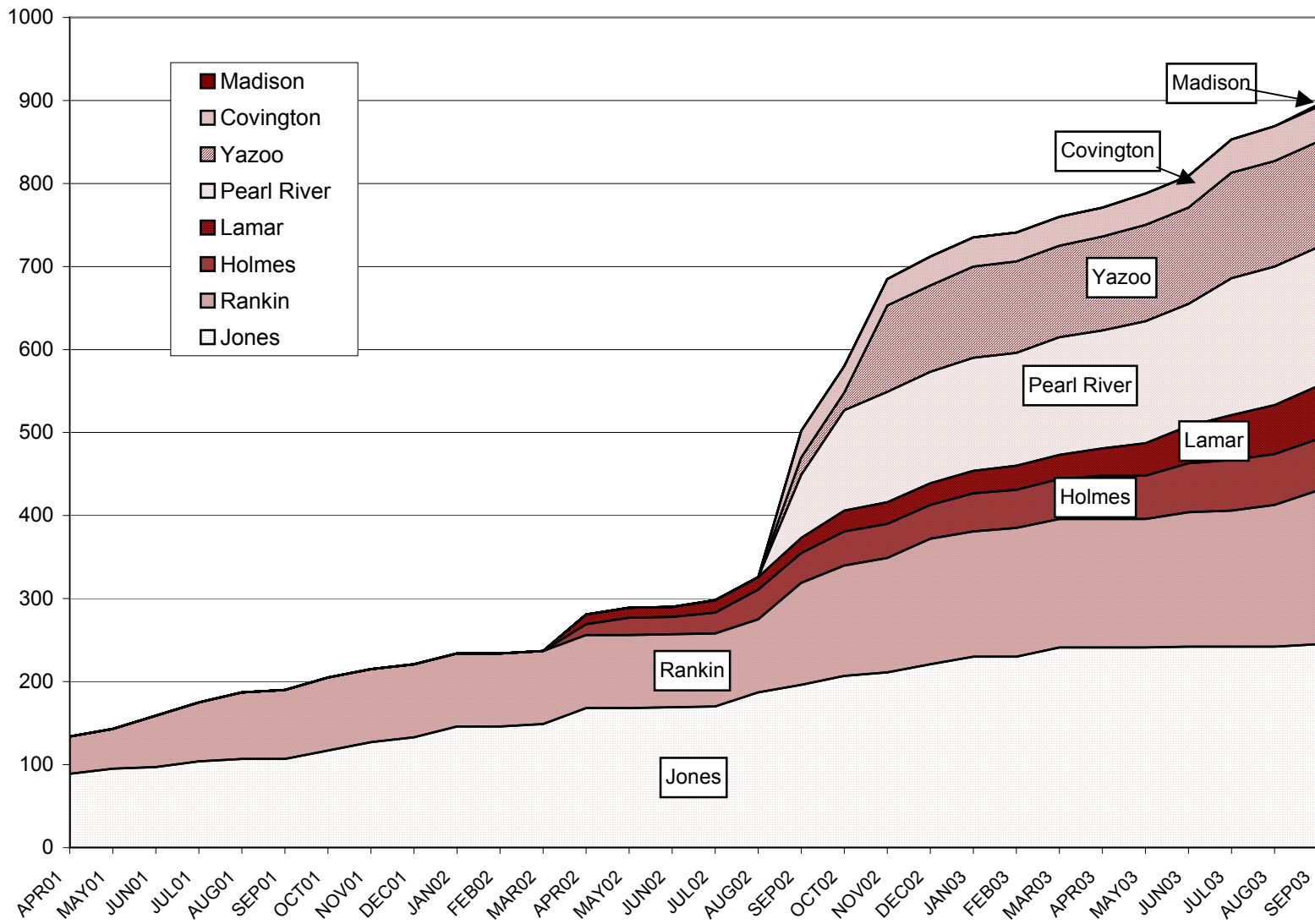


Figure II.1. Cumulative Number of Children in Waiver, Control or Other Group Families

Households and Children. Table II.2 shows the number of waiver, control (and other) cases that have been selected through the random assignment program in each county through September 30, 2003. It also shows the number of children in these cases. While this data represents the end of the first 30 months of the demonstration, half of the approved 60 months, it is not expected to represent half of the cases and children assigned to the waiver and control groups because of the phased-in implementation process and the normal development curve that can be expected of a new program.

Table II.2. Distribution of Waiver and Control Cases and Children by Family

County	Cases			Children		
	Waiver	Control	Other (residual)	Waiver	Control	Other (residual)
Covington	10	8		24	20	
Holmes	16	17		40	25	
Jones	44	43	17	101	112	43
Lamar	15	13		34	32	
Madison	1	5		1	17	
Pearl River	48	33		97	64	
Rankin	43	45	14	87	80	28
Yazoo	21	28		61	81	
Total	198	192	31	445	431	71

Figure II.3 shows the cumulative number of families (cases) and children randomly assigned to the waiver over the first 30 months. What can be appreciated in this graph is not just the growth in waiver cases overall, but the impact of the decision to implement the waiver in stages during the first two years of the project.

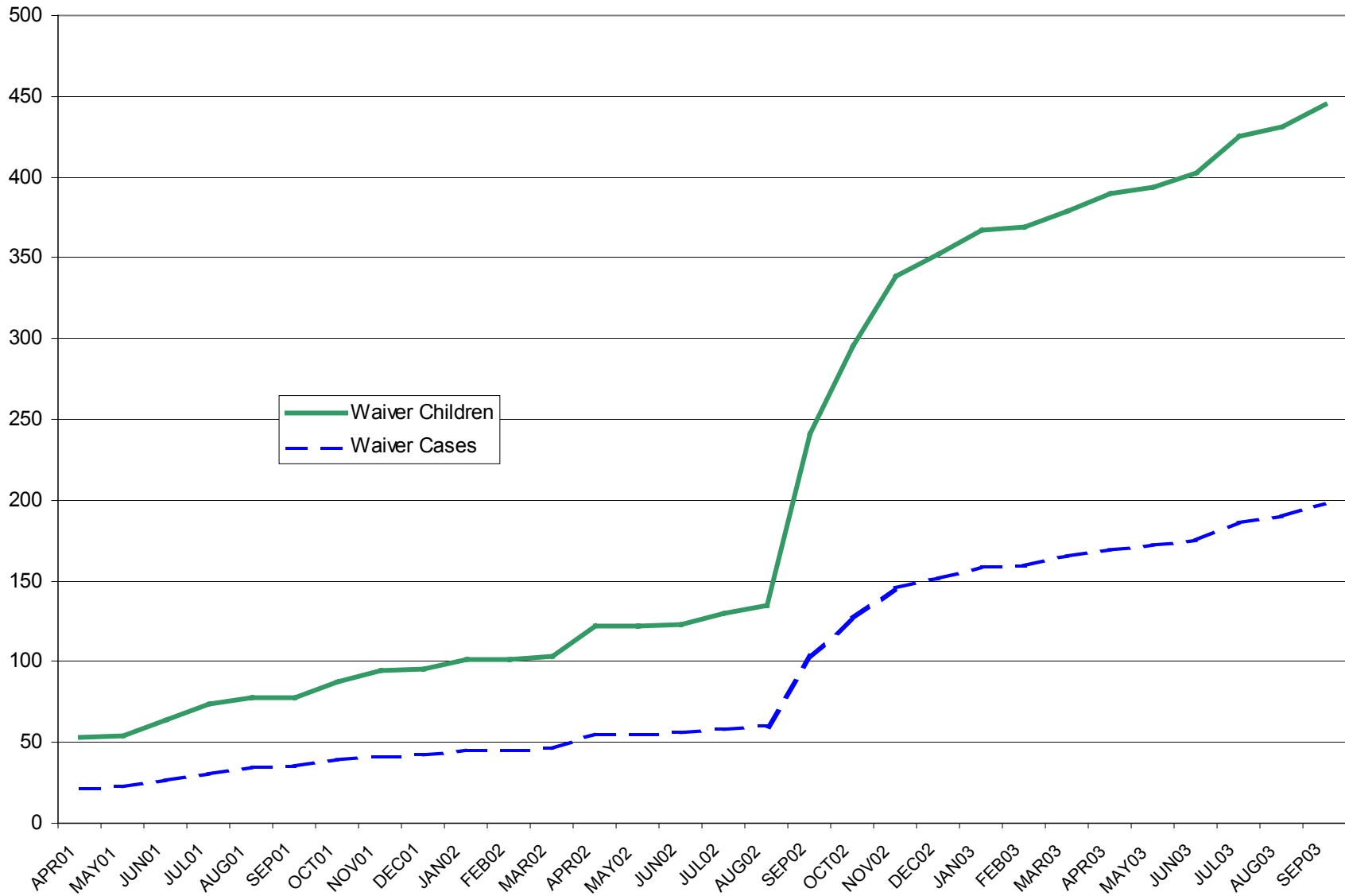


Figure II.3. Cumulative Number of Cases and Children Assigned to the Waiver from 4/1/01 through 9/30/03

Case Opening and Waiver Assignment. The state’s waiver proposal described the waiver population in terms of new cases and previously existing cases, and both types are evident. (See Table II.3.) A little over half (54 percent) of all cases assigned to the waiver during the first half of the demonstration were new cases, that is, cases that opened after the waiver had been implemented in the county that screened and assigned it.

Table II.3. Percent of New and Existing Cases Assigned to the Waiver

<i>County</i>	<i>New Case (%)</i>	<i>Existing Case (%)</i>
Covington	40.0	60.0
Holmes	60.0	40.0
Jones	68.2	31.8
Lamar	86.7	13.3
Madison		100.0
Pearl River	12.5	87.5
Rankin	85.7	14.3
Yazoo	38.1	61.9
total	54.1	45.9

Table II.4 shows the relationship between the date of case opening and the waiver assignment date for all waiver cases. Just under a third (30.7 percent) of the waiver children were assigned to the waiver on the same day their case opened. Another 6.1 percent were assigned to the waiver with the first week after their case opened and another 6.6 percent were assigned within two months following case opening. At the same time, nearly a third (31.9 percent) of the children had been assigned to the waiver over a year after their case had been opened, including 12 percent who had cases that were 5 or more years old. Most of these older, ongoing cases involved children in placement.

Open and Closed Cases. About 4 in 10 (39.3 percent) cases that had been assigned to the waiver since the start of the demonstration had closed by September 30, 2003 and 60.7 percent remained open. The percent of open and closed cases by county

Table II.4. Time between Case Opening and Waiver Assignment

same day	30.7%
within 7days	6.1%
between 8-59 days	6.6%
between 60-179 days	15.3%
between 180-364 days	9.5%
between 1-3 yrs	12.9%
between 3-5 yrs	6.8%
more than 5 yrs	12.2%

can be seen in Table II.5. 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.¹

Table II.5. Percent of Waiver Cases that are Open and Closed as of 9/30/03

<i>County</i>	<i>Percent Open</i>	<i>Percent Closed</i>
Covington	70.0	30.0
Holmes	60.0	40.0
Jones	43.2	56.8
Lamar	93.3	6.7
Madison	100.0	
Pearl River	68.8	31.3
Rankin	42.9	57.1
Yazoo	85.7	14.3
total	60.7	39.3

¹ This means that any analysis of closed cases at this point will primarily provide preliminary findings on these two counties.

Children in Different Types of Cases. Cases in the child protection system in Mississippi can be distinguished depending on whether or not the court has taken custody of the children and whether or not children have been removed and placed outside the home. This gives us four-group typology at the time of waiver assignment in which children may be 1) in custody and placed; 2) in custody but not placed; 3) not in custody and placed; and 4) neither in custody nor placed outside the home. Cases in which the court does not take custody of the children are referred to as prevention cases.

The percentage of waiver and control children in each county who fall into these four groups is shown in Table II.6. Two things should be noted in the table. The first is that there is considerable variation among counties in the percent of their children in the four groups.² The second is that the variation between waiver and control groups for all eight counties combined cannot be considered great at this point and should diminish over time as county-specific differences are reduced.

Table II.6. Percent of Children in Different Types of Cases by County and Study Group

	<i>Waiver</i>				<i>Control</i>			
	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
<i>In Custody:</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>No</i>
<i>Placed:</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Covington	45.8%	0.0%	4.2%	50.0%	20.0%	5.0%	20.0%	55.0%
Holmes	15.0%	7.5%	0.0%	77.5%	11.5%	7.7%	11.5%	69.2%
Jones	24.8%	12.9%	0.0%	62.4%	19.1%	7.8%	2.6%	70.4%
Lamar	5.9%	8.8%	0.0%	85.3%	33.3%	3.0%	0.0%	63.6%
Madison	100.0%	0.0%	0.0%	0.0%	5.9%	0.0%	0.0%	94.1%
Pearl River	46.9%	26.0%	2.1%	25.0%	39.7%	17.6%	4.4%	38.2%
Rankin	23.7%	7.5%	1.1%	67.7%	28.8%	5.0%	2.5%	63.8%
Yazoo	49.2%	8.5%	6.8%	35.6%	31.7%	12.2%	9.8%	46.3%
total	31.5%	12.5%	1.8%	54.2%	26.5%	8.8%	5.2%	59.4%

² The percentages for Madison County should be discounted at this point due to the low number of children assigned to the waiver or control groups.

Inter-county variability can also be seen when we look only at the percentages of children who were in placement outside their homes at the time they were selected for the waiver or control groups. (See Table II.7.) At the same time, differences between waiver and control groups overall are very similar. (Note that whether or not a child is in placement is independent of waiver effects. The figures show their situation at the time of group assignment. The point is that the groups are very similar in regards to their placement status at this point, as they were expected to be.)

Table II.7. Percent of Children in Placement

	<i>Waiver</i>		<i>Control</i>	
	<i>placed</i>	<i>not placed</i>	<i>placed</i>	<i>not placed</i>
Covington	50.0%	50.0%	40.0%	60.0%
Holmes	15.0%	85.0%	23.1%	76.9%
Jones	24.8%	75.2%	21.7%	78.3%
Lamar	5.9%	94.1%	33.3%	66.7%
Madison	100.0%	0.0%	5.9%	94.1%
Pearl River	49.0%	51.0%	44.1%	55.9%
Rankin	24.7%	75.3%	31.3%	68.8%
Yazoo	55.9%	44.1%	41.5%	58.5%
total	33.3%	66.7%	31.7%	68.3%

Family Characteristics. Just over a third (35.2 percent) of the children in waiver cases lived with two caregivers, while a little over half (53.6 percent) lived with one caregiver and a small percentage (3.6 percent) had been cleared for adoption and were considered households of one. For 75 percent of the children, their primary caregiver was considered to be a birth parent; for a small percentage the primary caregiver was another relative. The mean number of people in the households of waiver children was 4.3. This included an average of 1.5 caregivers, 2.3 children, and .5 other adults. The percentage of households considered to involve blended families, in which the children did not share the same mother and father, was 12.8 percent.

Table II.8 shows the similarity and dissimilarity among counties in certain household characteristics in cases that have been assigned to the waiver thus far. Cross-

county comparisons at this point should be done with caution because the number of waiver cases in some counties is still relatively small. As more cases are added to the waiver group over time, a more accurate picture will form of areas of significant inter-county dissimilarity. As this happens, the potential effect this may have on outcome and impact analyses will be assessed.

Table II.8. Mean Number of Children, Caregivers and Total Household Members In Waiver Cases by County

<i>County</i>	<i>Mean number of</i>		
	<i>Household members</i>	<i>Children</i>	<i>Caregivers</i>
Covington	6.7	2.4	1.9
Holmes	4.1	2.7	1.3
Jones	4.5	2.3	1.5
Lamar	4.3	2.3	1.9
Pearl River	3.8	2.0	1.4
Rankin	3.9	2.2	1.5
Yazoo	4.4	2.8	1.3
Total	4.3	2.3	1.5

Additional details about the characteristics of waiver families are provided in the next section in which waiver and control households are compared.

Characteristics of Children. There are a few more girls than boys in waiver cases (53.8 percent vs. 46.2 percent). There is a nearly even split in the ethnicity of the children, 50.5 percent are white while 49.5 percent are black. A majority (84.6 percent) had one or more brothers or sisters. Only a small percentage (2 percent) of the children were recorded in MACWIS as having a disability, but this is notoriously poor data in state child protection systems.

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. (See Table II.9.)

Table II.9. Age of Children Assigned to the Waiver

<i>Age</i>	<i>percent</i>
less than 2	11.8%
3-6 yrs	19.2%
7-10 yrs	22.3%
11-14 yrs	21.8%
15 and over	19.2%

Seven out of 10 (71.9 percent) waiver children were judged to be at high risk of abuse or neglect, 23.1 percent were assessed at medium risk, and 5.0 percent were considered low risk. As noted above, one-third of the children (149 of 448) in waiver cases were in placement outside their parental homes at the time they were assigned to the waiver. Of the remaining (299) children, the large majority (87.3 percent) have not entered placement following waiver group assignment.

Table II.10 shows some of the characteristics of children in the waiver cases in each of the counties. While some of the variation among the counties can be expected continue throughout the demonstration (the racial break down, for example), other characteristics may grow closer together. Again, it is prudent not to draw conclusions about inter-county differences at this point. At the same time, we must remain vigilant that certain significant difference will be found and such differences may effect impact analyses and will have to be monitored.

Type of Maltreatment.³ For three out of four waiver cases (77.7 percent), the maltreatment problem warranting intervention was some form of neglect. Physical abuse was found in 26.1 percent of cases, emotional abuse was present in 12.7 percent, and sexual abuse was substantiated in 12.7 percent of waiver cases. In one out of four cases (24.2 percent), maltreatment was found in more than one of these four categories.

³ Data on the nature of the maltreatment finding was available in MACWIS on 80 percent of the waiver cases. Data on older cases (cases that had opened prior to the introduction of the automated system) had not always been brought into the new system.

Table II.10. Characteristics of Children in Waiver Cases by County

<i>County</i>	<i>Gender (%)</i>		<i>Ethnicity (%)</i>		<i>Risk Level (%)</i>			<i>Age at Waiver Entry (mean)</i>	<i>% with one or more siblings</i>
	<i>Boys</i>	<i>Girls</i>	<i>White</i>	<i>Black</i>	<i>High</i>	<i>Medium</i>	<i>Low</i>		
Covington	58.3	41.7	63.6	31.8	62.5	37.5		13.8	87.5
Holmes	42.5	57.5	96.3	3.7	67.5	32.5		9.0	95.0
Jones	46.5	53.5	62.2	36.7	69.5	22.1	8.4	8.3	85.1
Lamar	44.1	55.9	46.4	53.6	76.5	23.5		7.8	85.3
Pearl River	42.7	57.3	16.9	82.0	91.7	8.3		10.0	77.1
Rankin	48.4	51.6	27.8	70.8	58.1	28.0	14.0	9.1	87.1
Yazoo	47.5	52.5	86.0	14.0	69.5	28.8	1.7	10.3	84.7
Total	46.2	53.8	49.5	50.5	71.9	23.1	5.0	9.4	84.6

Table II.11. Percent of Waiver Cases by County in which Certain Types of Maltreatment were Present

<i>County</i>	<i>Neglect</i>	<i>Physical Abuse</i>	<i>Emotional Abuse</i>	<i>Sexual Abuse</i>
Covington	70.0	20.0	10.0	30.0
Holmes	90.0	10.0	20.0	
Jones	75.0	25.0	19.4	5.6
Lamar	80.0	20.0	10.0	10.0
Pearl River	75.6	39.0	19.5	19.5
Rankin	80.6	12.9	9.7	12.9
Yazoo	78.9	36.8	10.5	10.5
Total	77.7	26.1	15.3	12.7

D. Services

A high percentage (83.7 percent) of families assigned to the waiver received some funded services during the first half of the demonstration period. Nearly two-thirds (65.3 percent) 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 25 percent of 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.

Table II.12 shows the number of waiver families, and the number of persons within these families, who received particular services and assistance irregardless of the

Table II.12. Number and Percent of Waiver Households that Received Specific Services

<i>Services</i>	<i># of waiver cases</i>	<i># of persons in waiver cases</i>
Clothing	118	267
School Supplies	45	62
Housing, Rent, Utilities	44	54
Home Improvement	13	18
Food Needs	32	38
Personal Hygiene	13	13
Transportation	14	16
Other Unmet Personal Needs	141	443
Medical	37	55
Dental	13	14
Prescription Drugs/Glasses	38	42
Psychological Evaluation	20	25
Counseling/Therapeutic Treatment	29	36
Substance Abuse Services	2	2
Emergency Shelter	20	32
Temporary Boarding	20	24
Foster Home/Facility	88	162
Independent Living	51	106

funding source. The sources of funding for the services includes the waiver, but also includes other federal, state and regional funds as well as local county dollars and donated services. Figure II.4 shows the percentage of waiver families who received various kinds of assistance.

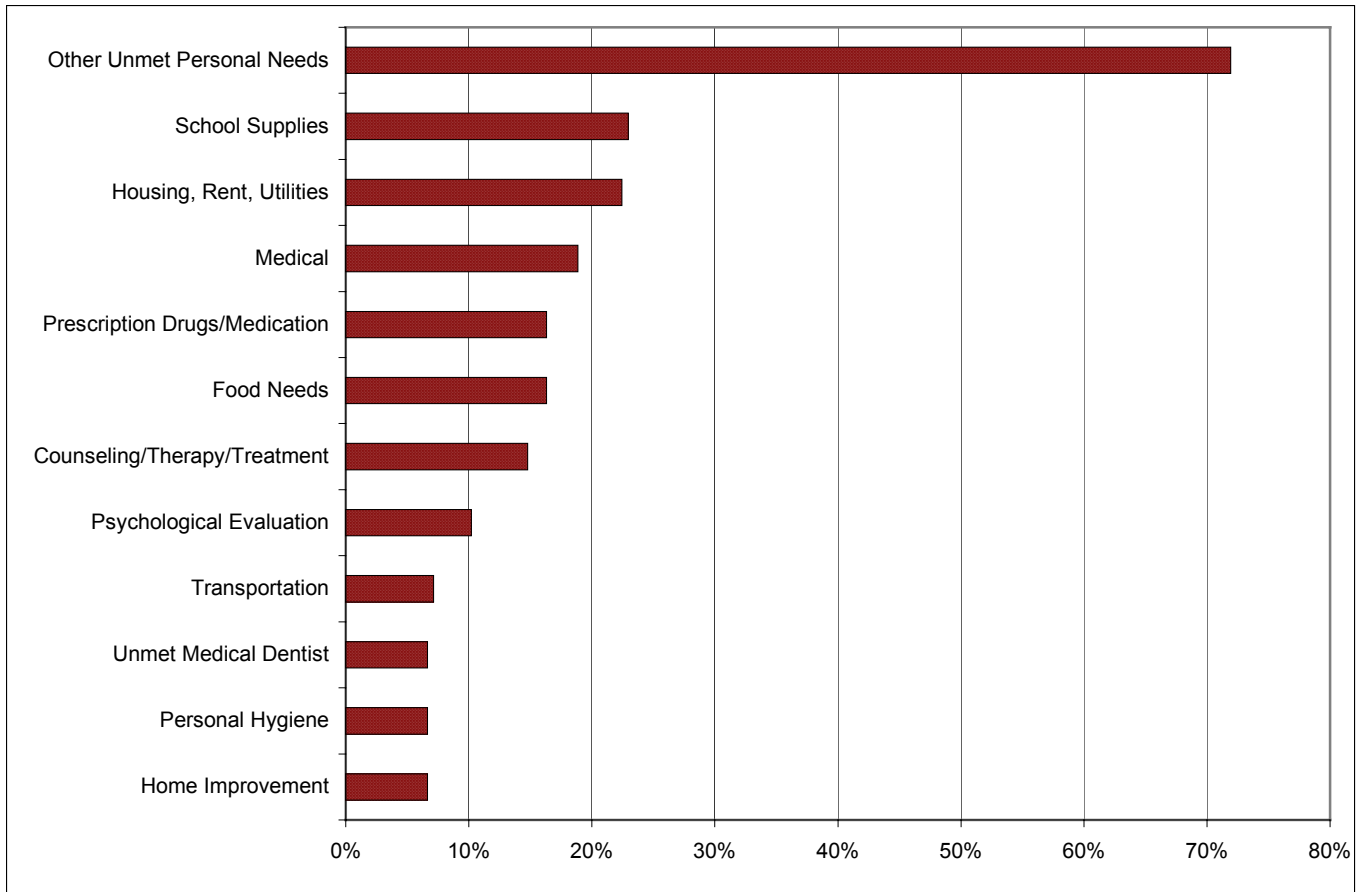


Figure II.4. Percentage of Waiver Families Receiving Specific Services

A little under half (43.7 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 type of support service or assistance funded through the waiver. The amount of waiver-related expenditures by type of support service is shown in Table II.13. The table, which does not include foster or institutional care costs, also shows the percent of the funds that were expended on items within each service category. As can be seen 25 percent of waiver funds were used on some housing or home improvement service and 40 percent were expended on unmet personal needs in a wide variety of areas

beyond the categories shown in the table. The amount and percent of waiver expenditures by service type for each of the counties in the demonstration through the first half of the project period can be seen in Tables II.14 and II.15.

**Table II.13. Amount and Percent of Waiver Funds
Expended for Various Support Services/Assistance
(does not include foster care or institutional care costs)**

<i>Services</i>	<i>Waiver Funds</i>	<i>Percent</i>
Clothing	\$5,085	8.5%
School Supplies	\$587	1.0%
Housing, Rent, Utilities	\$8,926	14.9%
Home Improvement	\$6,024	10.1%
Food	\$1,628	2.7%
Hygiene	\$102	0.2%
Transportation	\$2,499	4.2%
Other Unmet Personal Needs	\$24,018	40.2%
Medical	\$481	0.8%
Dental	\$3,934	6.6%
Prescription Drugs & Glasses	\$348	0.6%
Psychological Evaluation	\$2,580	4.3%
Counseling	\$477	0.8%
Substance Abuse	\$100	0.2%
Boarding	\$3,002	5.0%
Total	\$59,790	100.0%

Examples of Waiver Usage. During the first half of the demonstration, the waiver in Mississippi was used to provide a wide range of services, often services that would not have been available otherwise. It was often used to help manage and address problems in particularly complex cases. Waiver funds were sometimes blended with those available from the county and the state through other programs to create the critical financial mass needed to make a difference. The following is an example of waiver use in one case from each county.

Table II.14. Amount of Waiver Funds Expended by Service Type and County

<i>Services</i>	<i>Covington</i>	<i>Holmes</i>	<i>Jones</i>	<i>Lamar</i>	<i>Madison</i>	<i>Pearl River</i>	<i>Rankin</i>	<i>Yazoo</i>	<i>Total</i>
Clothing	\$675	\$0	\$2,515	\$0	\$0	\$0	\$1,825	\$70	\$5,085
School Supplies	\$0	\$0	\$562	\$0	\$0	\$0	\$25	\$0	\$587
Housing	\$0	\$1,393	\$2,470	\$961	\$0	\$1,023	\$2,084	\$995	\$8,926
Home Improvement	\$450	\$110	\$4,123	\$1,341	\$0	\$0	\$0	\$0	\$6,024
Food	\$0	\$495	\$580	\$128	\$0	\$0	\$250	\$175	\$1,628
Hygiene	\$0	\$0	\$102	\$0	\$0	\$0	\$0	\$0	\$102
Transportation	\$0	\$0	\$417	\$201	\$0	\$206	\$1,675	\$0	\$2,499
Other Unmet Personal Needs	\$510	\$709	\$12,419	\$154	\$0	\$4,692	\$3,553	\$1,981	\$24,018
Medical	\$54	\$40	\$3	\$258	\$0	\$0	\$126	\$0	\$481
Dental	\$0	\$0	\$7	\$0	\$0	\$3,927	\$0	\$0	\$3,934
Prescription Drugs	\$0	\$0	\$193	\$156	\$0	\$0	\$0	\$0	\$348
Psychological Evaluation	\$0	\$0	\$2,080	\$0	\$0	\$0	\$500	\$0	\$2,580
Counseling/Therapeutic Treatment	\$0	\$0	\$78	\$10	\$0	\$389	\$0	\$0	\$477
Substance Abuse	\$0	\$0	\$0	\$100	\$0	\$0	\$0	\$0	\$100
Boarding	\$0	\$0	\$2,928	\$0	\$0	\$74	\$0	\$0	\$3,002
Total	\$1,688	\$2,747	\$28,475	\$3,310	\$0	\$10,311	\$10,038	\$3,220	\$59,790

Table II.15. Percent of Waiver Funds Expended by Service Type and County

<i>Services</i>	<i>Covington</i>	<i>Holmes</i>	<i>Jones</i>	<i>Lamar</i>	<i>Madison</i>	<i>Pearl River</i>	<i>Rankin</i>	<i>Yazoo</i>	<i>Total</i>
Clothing	40.0%	0.0%	8.8%	0.0%	0.0%	0.0%	18.2%	2.2%	8.5%
School Supplies	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.2%	0.0%	1.0%
Housing	0.0%	50.7%	8.7%	29.0%	0.0%	9.9%	20.8%	30.9%	14.9%
Home Improvement	26.6%	4.0%	14.5%	40.5%	0.0%	0.0%	0.0%	0.0%	10.1%
Food	0.0%	18.0%	2.0%	3.9%	0.0%	0.0%	2.5%	5.4%	2.7%
Hygiene	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Transportation	0.0%	0.0%	1.5%	6.1%	0.0%	2.0%	16.7%	0.0%	4.2%
Other Unmet Personal Needs	30.2%	25.8%	43.6%	4.7%	0.0%	45.5%	35.4%	61.5%	40.2%
Medical	3.2%	1.5%	0.0%	7.8%	0.0%	0.0%	1.3%	0.0%	0.8%
Dental	0.0%	0.0%	0.0%	0.0%	0.0%	38.1%	0.0%	0.0%	6.6%
Prescription Drugs	0.0%	0.0%	0.7%	4.7%	0.0%	0.0%	0.0%	0.0%	0.6%
Psychological Evaluation	0.0%	0.0%	7.3%	0.0%	0.0%	0.0%	5.0%	0.0%	4.3%
Counseling/Therapeutic Treatment	0.0%	0.0%	0.3%	0.3%	0.0%	3.8%	0.0%	0.0%	0.8%
Substance Abuse	0.0%	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Boarding	0.0%	0.0%	10.3%	0.0%	0.0%	0.7%	0.0%	0.0%	5.0%
Total	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%

Covington County. The waiver was used for school-related needs of a 17 year-old boy in to help his prospects of completing high school successfully and entering college, his goal. His mother, a single parent, has a long history with the child protection agency and a long arrest record with periods of incarceration. She is an alcoholic and she and her son have been without a stable living situation for some time. The goal for the boy was emancipation, and services were focused on achieving this, particularly providing funds to meet school-related expenses.

Holmes County. The county has used the waiver to purchase basic necessities for families, such as food and clothing for children, to buy school supplies, and to pay utility bills to prevent families from being thrown out of there living situation which would lead to the court taking custody of the children and placing them in foster care. The county is also using the waiver to assist with relative placements and to keep such placements from disrupting. An example of this involves a young mother with a serious drug abuse problem with two children, 3 and 12 years old. The children were removed due to safety concerns and placed with the woman's mother, the children's grandmother. Waiver funds were used to purchase a hot water tank and food, preconditions for the placement with the grandmother.

Jones County. Perhaps the most interesting waiver-related story has come out of Jones County. A high school girl from an exceedingly troubled background was the focus of a number of family team conferences and was helped by the waiver in combination with the state's Independent Living Program. The girl was remarkably motivated and a good student. To assist her, waiver funds were used to help her obtain a small, laptop computer. Through the computer, and via the internet, she entered an Independent Living contest sponsored by the Daniel Memorial Institute in Florida. Her essay, which described her story, was selected as a winning entry and she received a free trip to Orlando, Florida to participate in the 16th National Independent Living Conference for Adults and Youths held in August 2003.

Lamar County. Among other uses of the waiver, funds have been used here to upgrade the living situation of families to prevent the removal of children. One such case involved efforts to make basic repairs to a family's modular home (a medium-sized trailer) so that children could return from a foster situation. The three children had been placed in a foster home a hundred miles from their parents because a closer foster placement could be not found that could accept all three children. The family had been homeless—the reason for placing the children—until a brother gave them the trailer, but the unit did not have functioning sanitary or electrical systems. When added to available

county money, funds from the waiver were sufficient to purchase needed materials, and the DFCS caseworker, showing extraordinary commitment to her case family, laid the plumbing and did all the needed electrical work herself.

Pearl River County. One of the cases in which the waiver was used in this county involved using the funds to enable a single mother with a two year-old get set up house-keeping in a new apartment. The funds helped with the purchase of needed household goods and bedding supplies and to make the deposit necessary to have the electricity turned on. The woman's previous living situation was unsafe for her child—unheated, extremely filthy, with mattresses on the floor and without sheets, including a mattress on the back porch. The alternative to the new living situation was removing the child.

Rankin County. An example of the use of the waiver in this county involved a family that had an open case prior to being selected for the waiver. The family had a history of instability and frequent moves that led to serious behavioral and emotional problems for the 14 year-old daughter and educational problems for the 11 year-old son. More recently, the father had hurt his back and was unable to work. The family became homeless when they were unable to pay their rent and were forced out of their home. The children were taken into custody and placed in foster care, but the placements were not working out well. With the availability of waiver funds, the family received short-term assistance to pay rent and the parents found new living arrangements allowing the son to live with them once again. Waiver funds paid for tutoring services for the boy to help him catch up for missed school time. Waiver funds were also used to assist with a relative placement for the daughter, paying for incidental living expenses and a bed for the girl as well as for medication prescribed for her emotional condition. The mother has begun working and the life of the family has become stabilized to the point that the county office has petitioned to end court custody of the children.

Yazoo County. The county has used the waiver to support kinship care and pay utility bills and other home maintenance costs. One example of the use of the waiver involved the case of one-year old twin girls. The girls had been removed from the mother due to neglect stemming from poor living conditions. The mother took the girls from their placement setting and fled to Chicago (and was charged with kidnapping and returned). Once back in Mississippi, the children were placed in temporary foster care. The county DFCS office help the mother find an apartment and, through the waiver, paid initial utility bills and helped her buy necessary household items. She was also given help to find help and her children have been returned to her. The case remains open and county staff expects to keep it open for at least six months so that the safety of the children can be monitored.

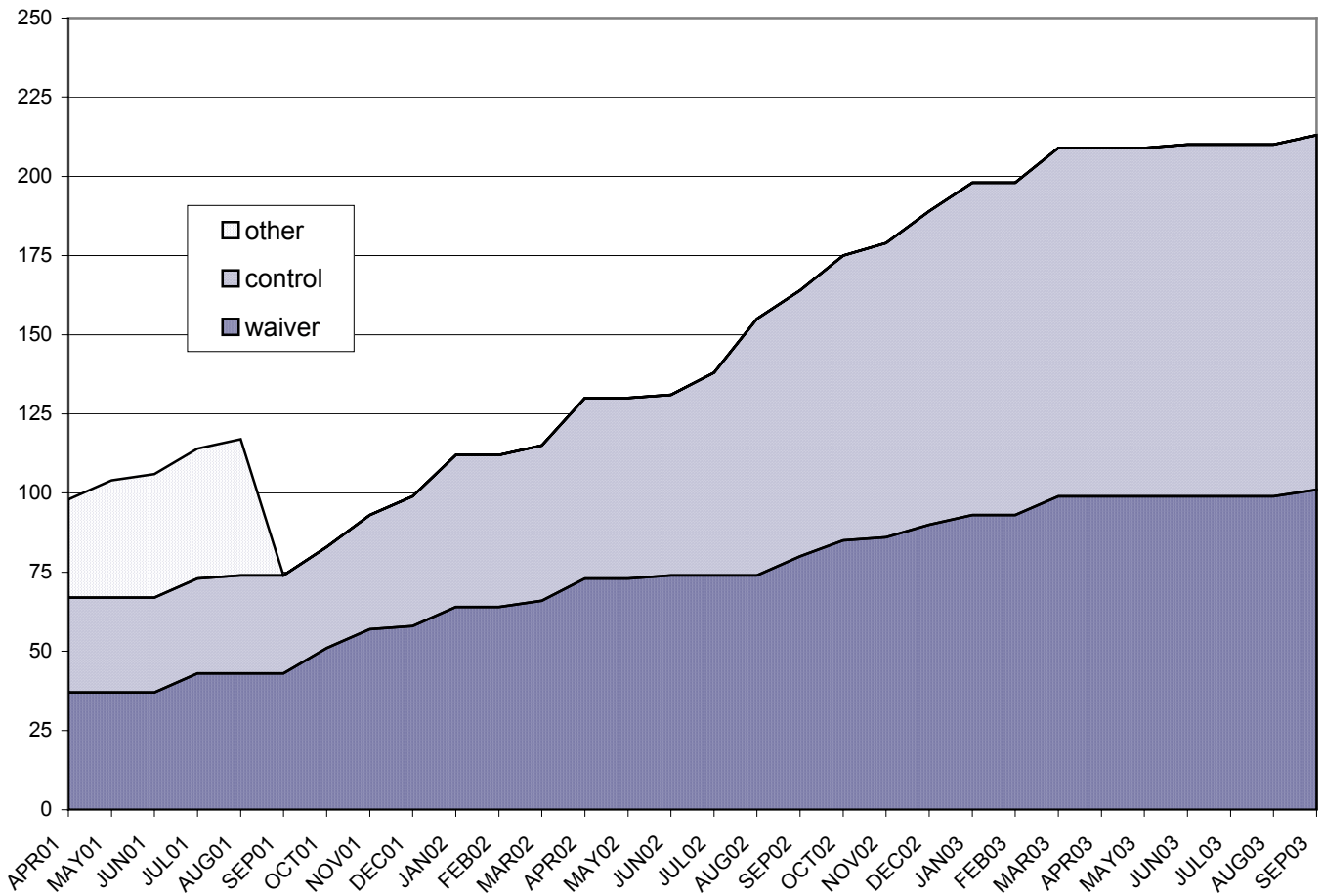
Waiver funds have not been used in all cases assigned to the waiver, as has been noted. The funds are more likely to be used if a Family Team Conference is held, although use of the funds is not contingent on this. But the funds and the conferences are more likely to be utilized in cases that are especially complex and in which ordinary resources are insufficient to prevent the breakup of the family or to ensure a fundamental quality of life for the children. The use of Family Team Conferences has been less than was originally envisioned, primarily due to staffing problems previously discussed and to the loss of the waiver coordinator in Region 3. Experience with the conference and its use has been greatest in Jones County where the waiver coordinator for Region 6N has had her office from the beginning of the demonstration. An good example of the use of the waiver and family team conferencing in this county involves a case of a teenager who had been in foster care for a year. The placement was made because of the violent relationship between the girl and her father. When the girl became pregnant she informed her father through a social worker for fear of his reaction. Family conferences were held with two goals, to explore the possibility of reuniting the girl with her father and to keep her from dropping out of school. The girl was older than her classmates; her father had been phlegmatic about her school attendance and she had fallen a grade behind her peers. The conferences were attended by the school counselor and work-study teacher, along with the father and teenager, her social worker and the waiver coordinator who served as facilitator. The forum gave the father an opportunity to voice his concerns about his daughter, to learn about issues related to his daughter's pregnancy, and for both of them to learn more about child development and consider future practical considerations, such as child care. With assistance of other members of the group, a pragmatic plan for the future was developed that addressed the pregnancy and health concerns and set graduation from high school as a central objective. The father and daughter have lived together amicably since the last conference, and the father, more understanding and tolerant of his daughter, wants her and her baby to remain with him.

While the long-term outcomes of these cases is not yet known, it is clear that the well-being of a number of children and families have been enhanced and in various ways their lives made safer and more humane because of funds available from the waiver. In this regard, it is interesting to observe how the waiver is viewed by administrators and utilized by workers. While administrators, with a broader and overarching view of the project, remain sharply focused on anticipated outcomes and goals that were the reason for the waiver, social workers focus on helping families in the many practical ways they need help, improving the day to day well being of children, hoping the outcomes will follow.

E. Progress of Waiver Implementation in Counties

The waiver implementation process in the individual counties is reflected in Figures II.5 through II.11 which show the number of children in waiver and control group cases during the first half of the demonstration in each county.

Jones County. In Jones County, one of two counties to begin the waiver in April 2001, 44 cases were assigned to the waiver group through the first half of the demonstration and 43 cases were assigned to the control group (and 17 cases were assigned to the other or residual group before this was stopped in August 2001). There were a total of 101 children in the waiver cases, 112 children in the control cases (and 43 children in residual cases). Figure II.5 shows the number of children that came into these groups in Jones County each month. The waiver coordinator for Region 6N has worked



.Figure II.5. Children in Jones County Waiver and Control Cases

out of this office from the beginning of the waiver, and her close involvement with this county was primarily responsible for the steady stream of cases assigned to the waiver throughout the first half of the demonstration. The slackening in the number of case assignments over the last two quarters came at a time when she was given additional caseload duties within the county office

Rankin County. Rankin County was the second county to begin waiver implementation in April 2001. It is the only county other than Jones to have any cases assigned to the other or residual group. Figure II.6 shows the cumulative number of children assigned to the waiver (87), control (80) and residual (28) groups during the first half of the demonstration. The original waiver coordinator for Region 3 worked out of this county office. Until she left to take another job in state government in the last

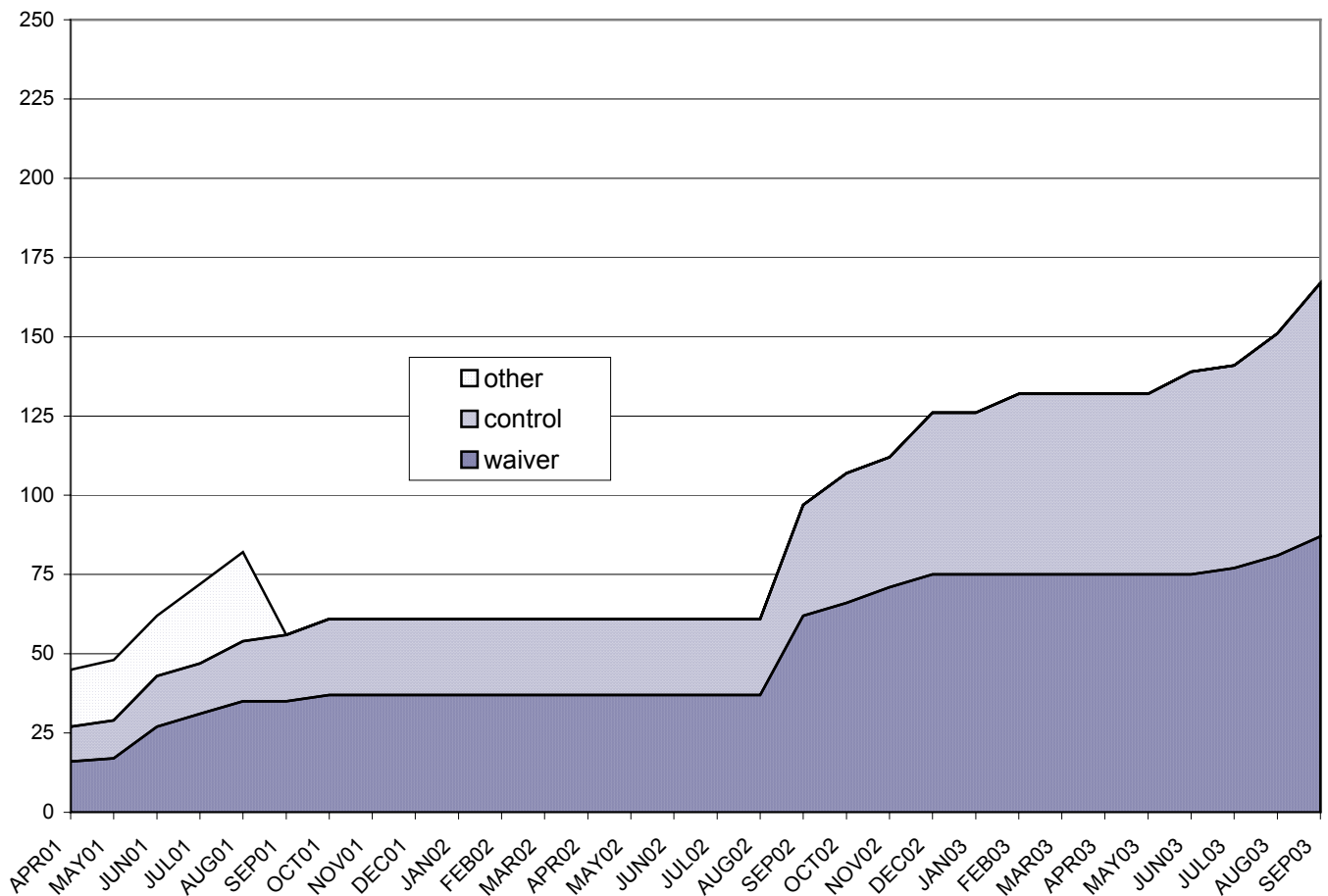


Figure II.6. Children in Rankin County Waiver and Control Cases

quarter of 2001, waiver assignment in this county proceeded steadily. When she left, however, she could not be replaced while the state hiring freeze was in effect and the effects of her loss on the waiver are obvious in the graph as there were no new assignments (flat line) until the summer of 2002, during the period of the most acute staff shortages. As the staff situation improved, the waiver began to be utilized once again. The upturn in the assignment of new cases that can be seen towards the very end of the graph coincides with the addition of the new waiver coordinator for the region who also works out of this office. Her presence and role is expected to make a significant impact on the waiver not only in this county but in the other three counties of Region 3.

Holmes County. The second stage of waiver implementation began in April 2001 and occurred in Holmes and Lamar Counties. The pattern of waiver utilization in Holmes County, reflected in Figure II.7, is one of starts and stops. Holmes is a small county in Region 3 that is significantly affected by the loss or gain of a single social

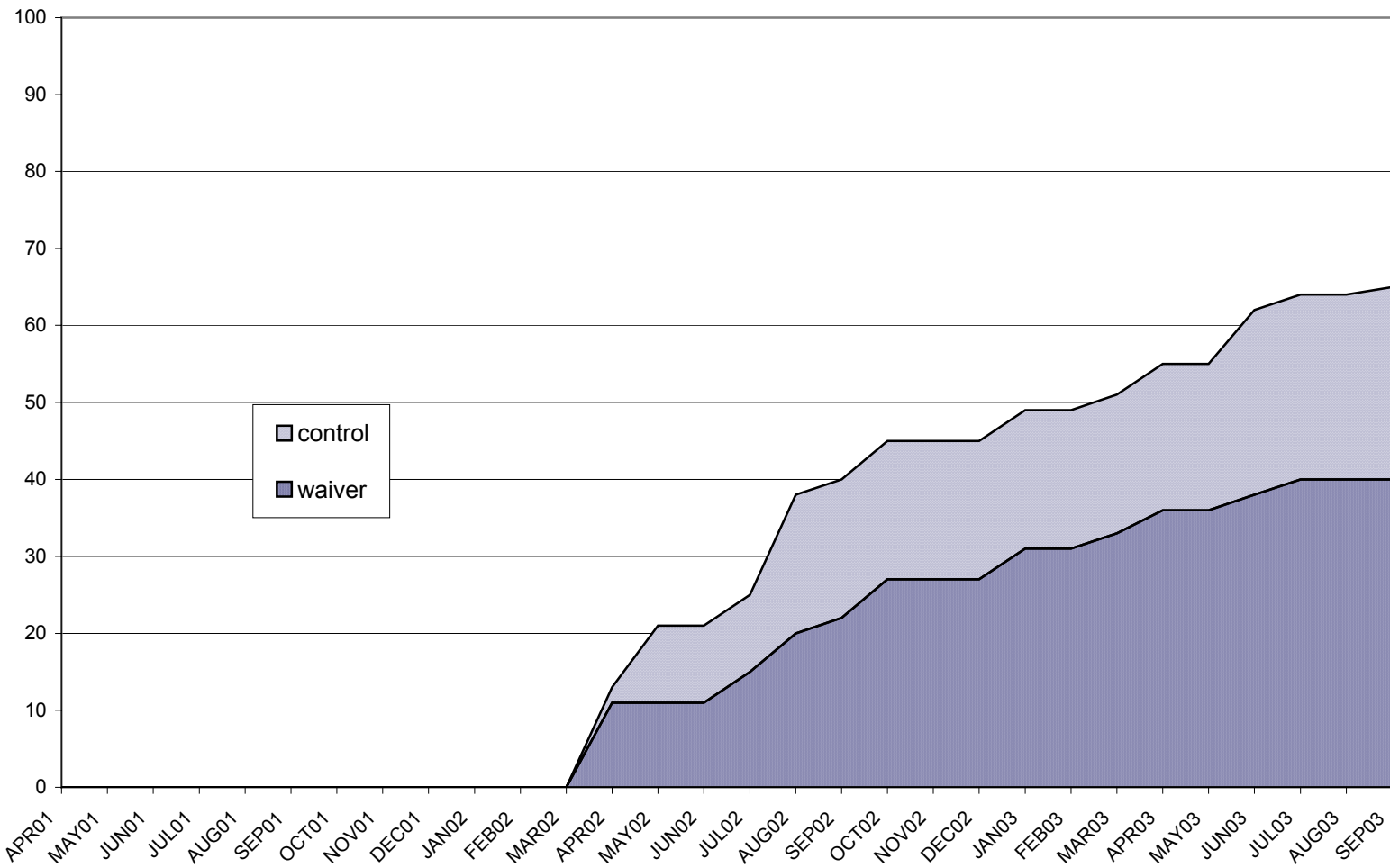


Figure II.7. Children in Holmes County Waiver and Control Cases

worker. The lack of a waiver coordinator in this region until very recently put the full burden of waiver implementation squarely and on the shoulders of the Area Social Worker Supervisor, along with the other responsibilities of child protection in her county. The county has many court custody and placement cases that place significant demands on the staff. Through the end of September 2003, there were 40 children in 16 cases assigned to the waiver and 25 children in 17 cases assigned to the control group. Holmes County will be greatly benefited by the support provided by the new waiver coordinator in the region.

Lamar County. The pattern of waiver utilization in Lamar County that is reflected in Figure II.8 shows a cautious start but an accelerated use of the waiver over time. In fact, no other waiver county has made greater proportionate use of the waiver during the last six months (April 1 to September 30, 2003) as has Lamar. The graph also

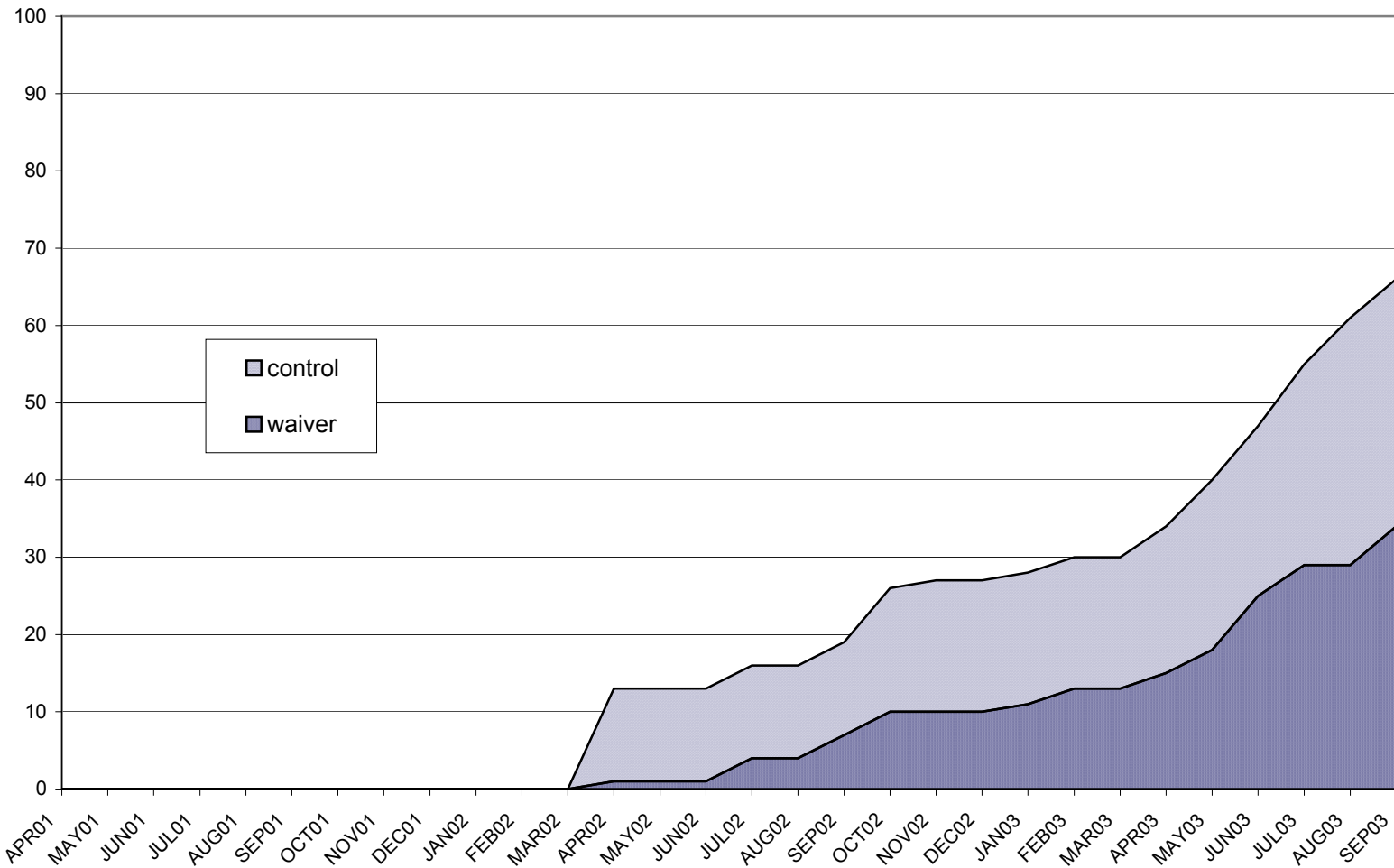


Figure II.8. Children in Lamar County Waiver and Control Cases

shows the quirks of random assignment. In the first month in which cases were assigned, the assignment program selected 1 case with 1 child for the waiver group and 4 cases with 12 children for the control group. Over time this has evened out with a total of 15 waiver cases with 34 children and 13 control cases with 32 children through the end of this reporting period. The increase use of the waiver during the last six months would seem to reflect the strong positive response to the waiver in this county and the realization of the flexible service benefits it can bring to families.

The final phase of implementation began in September 2002 in the four remaining counties participating in the waiver, Yazoo, Covington, Pearl River and Madison.

Yazoo County. Figure II.9 shows the pattern of waiver utilization in Yazoo County. In the first quarter following implementation, a relatively large number of open cases were screened for waiver assignment. Subsequently, children have been assigned

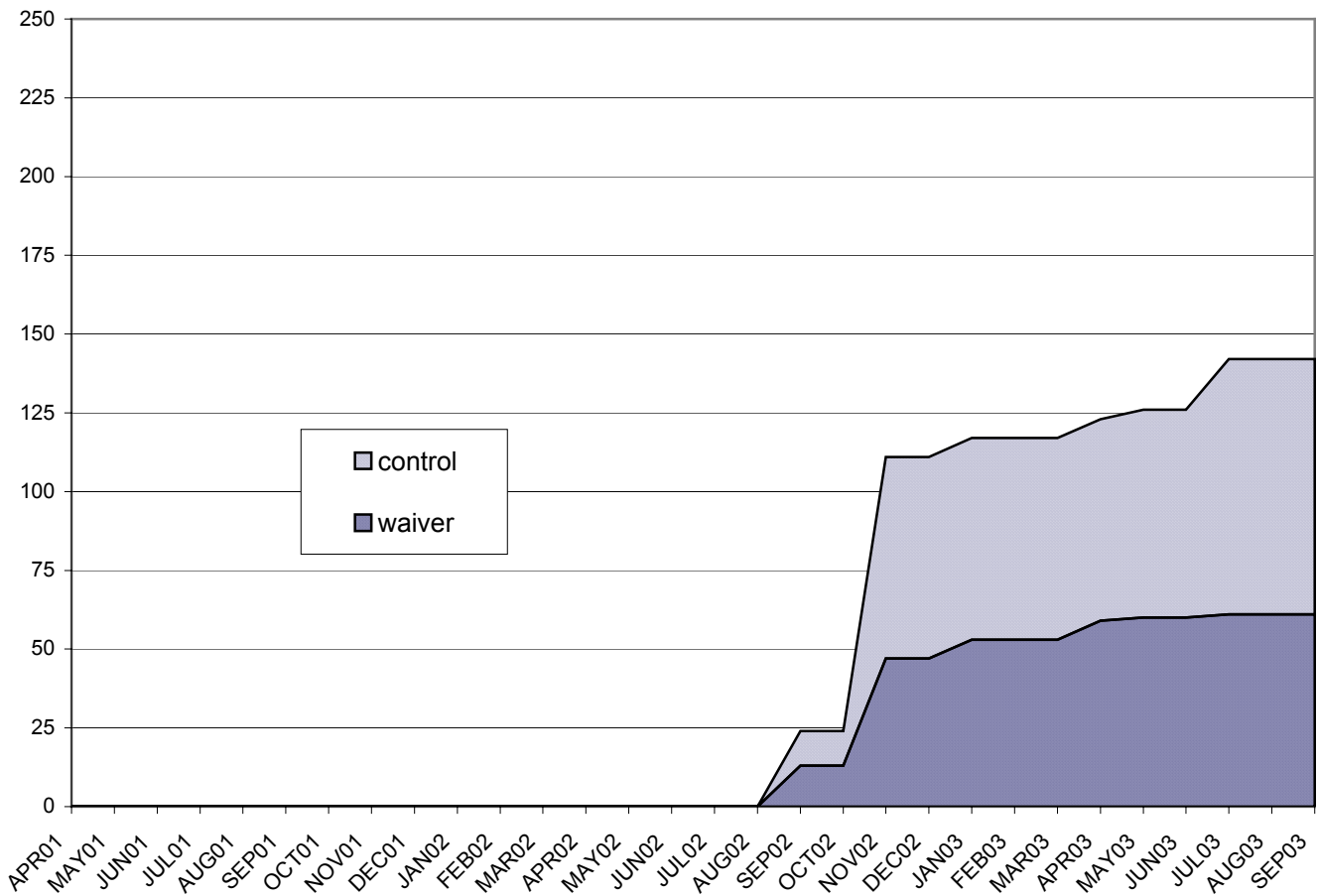


Figure II.9. Children in Yazoo County Waiver and Control Cases

to the waiver and control groups very cautiously. Recent indications from the county and the addition of the regional waiver coordinator suggest an upturn in waiver use here. Through the end of the period, 61 children in 21 cases have been assigned to the waiver and 81 children in 28 cases have been assigned to the control group.

Covington County. Covington is the smallest county in population size among the eight waiver counties. Like Yazoo County, Covington also screened a large number of existing, open cases when the waiver was initially implemented, as can be seen in Figure II.10. Subsequently, cases have been screened as they were judged to be eligible and appropriate for waiver services. Throughout the 12 months that the waiver has been used here, 24 children in 10 cases have been assigned to the waiver, while 20 children in 8 cases have been selected for the control group. The Area Social Worker Supervisor

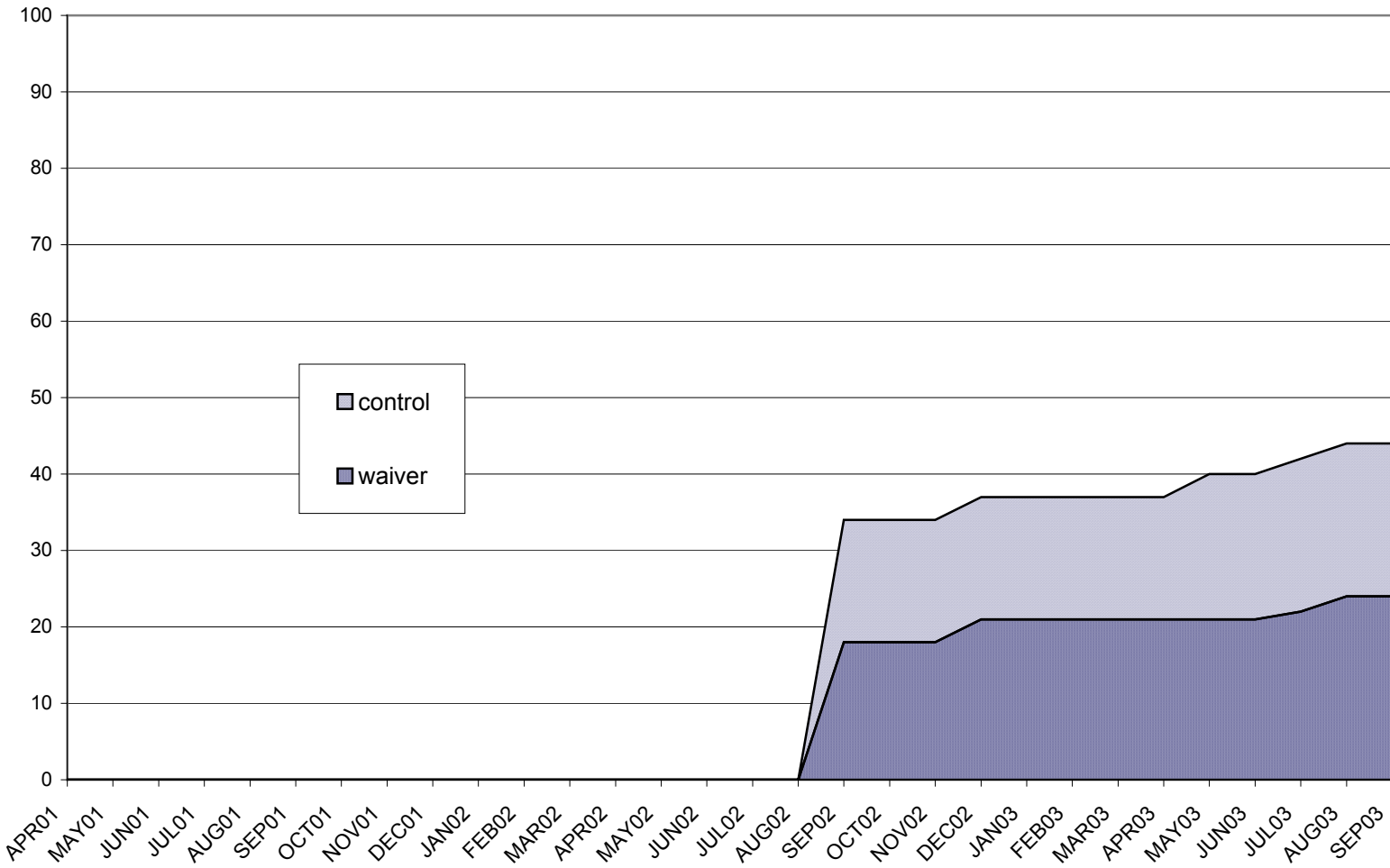


Figure II.10. Children in Covington County Waiver and Control Cases

was promoted to his position shortly before the waiver began in this county. He had previously been a social worker in Jones County and was, consequently, very familiar with the waiver and how it functioned and could be utilized when he became the Supervisor in Covington County. He also benefited from the close working relationship he had with the waiver coordinator who worked out of Jones County and participated in a significant amount of training from the beginning of the demonstration.

Pearl River County. As can be seen in Figure II.11, this county screened a relatively large number of cases for the waiver during the first two months of the period. At the same time, however, the county did not fully implement a practice change until later in the year. This means that the early waiver cases (representing 78 percent of all waiver children for the 12 month period) were essentially treated the same as the control

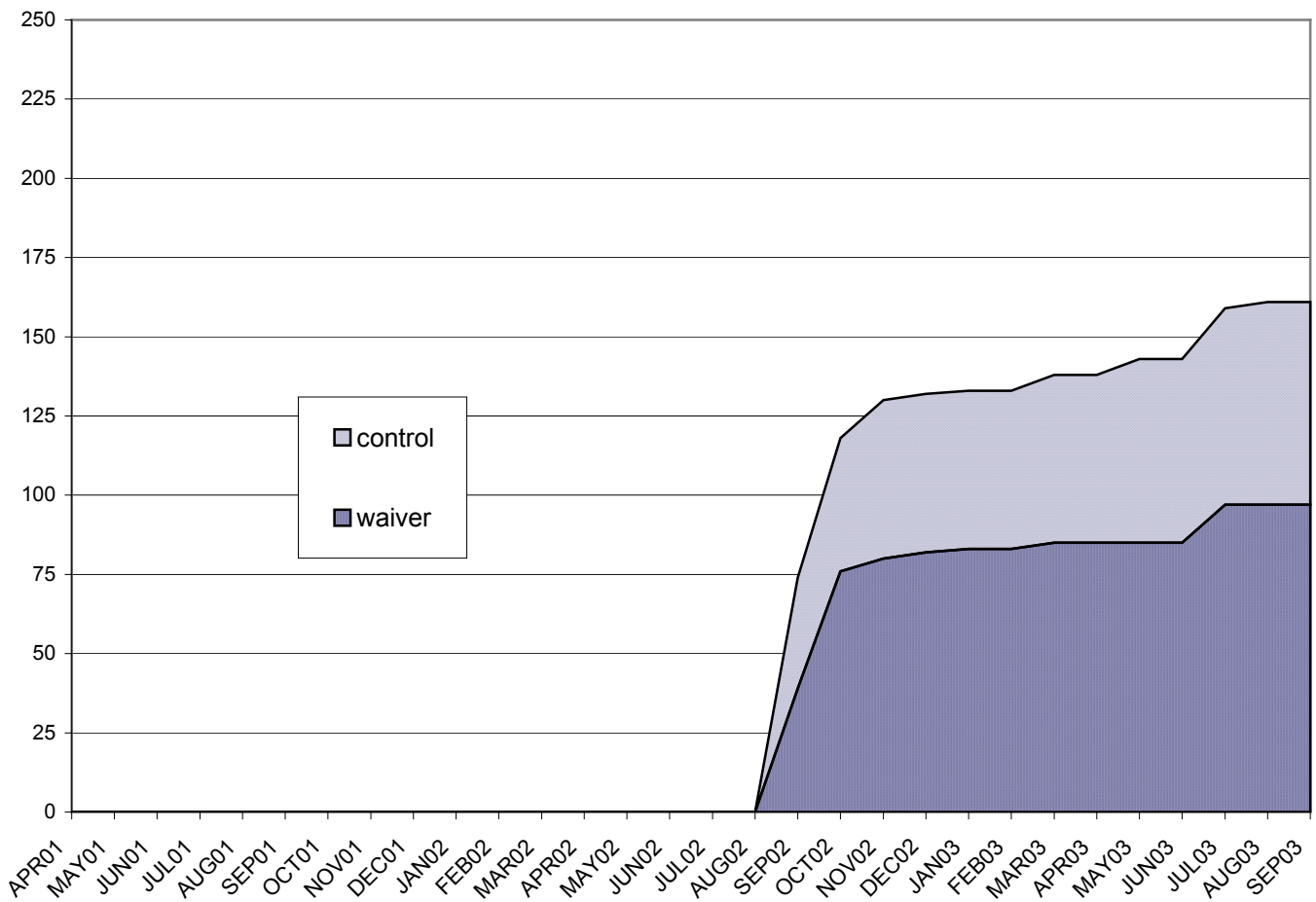


Figure II.11. Children in Pearl River County Waiver and Control Cases

cases and were only nominally waiver cases. Testing for the effects of treatment differences in these cases would be a misleading exercise. (Because of this, Pearl River County cases have been excluded from many of the impact analyses reported in the next section of the report.) Based on interviews with the Area Social Worker Supervisor responsible for the waiver program in the county and analysis of waiver-related expenditures in MACWIS, treatment differences began to occur in subsequent cases and are expected to continue during the second half of the demonstration.

Madison County. There is no graph for Madison County which has struggled to begin to truly utilize the waiver. Unfortunately, due to the whims of random assignment, there was only 1 waiver child compared with 17 control children selected by the screening program through the end of the period. Madison County is a major focus of the efforts of the new waiver coordinator in Region 3 and is expected to begin to use the waiver more regularly throughout the second half of the demonstration.

Part III

Impact Analysis

The impact analysis compares outcomes for experimental and control cases. Planned outcome analyses were described in detail in the research plan.⁴ These were organized under research questions and generally emphasized 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. The first task of the impact study, therefore, will be to examine whether differences in services requested and delivered can be found between the experimental and control groups. We refer to these as “service outcomes,” on the assumption that delivery of services, particularly those that address fundamental needs of children and families, is itself an immediate positive outcome.

It is also possible that even if services changes are put into effect they will be insufficient to change long-term outcomes for families. There are several reasons for this: First, poverty, with its attendant effects, is a major contributor to removal and placement of children outside the home, but the waiver can address only marginally the intense poverty

⁴ *Mississippi Title IV-E Waiver Research Plan*, Institute of Applied Research, February 2001.

of many families on the state's caseload. Second, as pointed out earlier in this report, most of the waiver counties have experienced severe staff shortages. This may impinge on the effectiveness of the waiver. Third, low staffing and limited resources result in caseloads with large numbers of custody cases. There are often limited options in such cases, which often consist of families in dire conditions and with complex, multi-dimensional problems. The likelihood that the effects of the waiver will show up in traditional outcome measures, such as reduced placement, reduced time in placement, and other related measures, is problematic. These are empirical questions to be answered later in the demonstration.

The *primary unit of analysis* for the research questions being analyzed in this section of the report is *the child*. For most experimental and control cases, the child (or children) of interest is (are) designated as "household child(ren)" in MACWIS. Other children are sometimes listed as "other members" of the household. These may be older siblings that are not included in the case but more often are children of the extended family, that is cousins of children in the case, aunts and uncles who are under 18 years of age, or unrelated children of other adults in the household. Such children are excluded from the analysis.

In the following sections, we first examine service outcomes and, then, outcomes related to removals and placements of children.

A. Services to Children

Information on two general categories of funded activities was available to the evaluators: payments for out-of-home care and expenditures for services. Services to children refer to any funded service activity that is a) attempted or b) attempted and completed. Such service activities are stored in MACWIS, where they are attached to specific persons in the case. The present analysis considers *services directed to experimental and control children only* and not to the parents of the children. In this way, services to children are utilized as an index of total services delivered.

MACWIS records store not only payments for services but service requests of workers, even those that are denied or that remain undelivered because state and local funding is unavailable. Service requests refer to services submitted by workers for approval by supervisors or by the state and can be taken as a measure of "attempted" services, a useful indicator of the extent to which the waiver has led to changes in worker orientation and behavior.

One way to illustrate the relative difference in services is to calculate the *rate per 100 children*. These are shown for several service categories in Table III.1. The rate is not the percent of children, but a kind of average. Looking at the first cell in the table, for example, for every 100 experimental children there were 86.2 requests for clothing services (.862 requests per child). Some children received no requests for

Table III.1. Services Requested and Approved or Completed for Experimental and Control Children (Rate per 100 Children)

<i>Services</i>	<i>Services requested</i>		<i>Services requested and approved or completed</i>	
	<i>Experimental</i>	<i>Control</i>	<i>Experimental</i>	<i>Control</i>
Clothing	86.2	75.1	81.9	71.7
School supplies	17.9	13.6	17.6	13.2
Housing, rent, utilities	8.0	18.6	7.4	18.1
Home improvement	5.8	2.7	5.6	2.7
Food	4.0	2.9	4.0	2.7
personal hygiene	2.0	2.0	2.0	2.0
Transportation	2.5	2.9	2.5	2.9
Other unmet personal needs	302.9**	185.9	283.9**	171.4
Medical	9.6	7.3	8.9	6.8
Dental	3.6	1.8	3.3	1.8
Prescription drug/medication	4.2	3.6	4.2	3.4
Glasses/hearing aids	1.1	2.7	1.1	2.7
Psychological Evaluation	2.0	0.7	1.8	0.5
Counseling/Therapy/Treatment	0.4	1.4	0.4	1.4
Temporary Boarding	4.5	5.4	4.5	5.4

** p < .01

clothing while others received one request and still others received two or more. Adding these up and dividing by the total number of children (times 100) gives the rate per 100 children.

Among service requests, the large residual category of “other unmet personal needs” is significantly greater for experimental children but, as inspection of the table reveals, requests favored the experimental children in 9 of the 13 service categories. These differences are reflected in the service index, discussed below, and can reasonably be interpreted to reflect changes in the way services are being approached to children assigned to the waiver. (The one clear exception is the category of housing, rent and utilities where control children had more service requests than waiver children.

Moving to the two columns on the right side of Table III.1, a subset of service requests are approved. In such cases, dollars are actually spent on children. Significantly more services were approved for waiver children again in the same unmet personal needs category but higher rates are found for experimentals in some of the largest categories (clothing, school supplies, other unmet personal needs, medical). This reflects increased requests but may also be the result of changes in the rate of approval by supervisors of services to children and families assigned to the waiver.

The average dollar expenditure for each of the categories generally reflects the rate of services requested and approved, although no statistically significant differences were found. For example, an average (mean) of \$124.12 was spent on clothing for experimental children compared to \$114.96 for control children; an average of \$384.78 was expended for other personal need of experimental children compared to \$197.03 for control children.

A service index was generated from the services included under Table III.1. This was done by adding all service requests, service requests approved and service dollars expended for each child. An average 4.5 services of these kinds were requested per experimental child compared to 3.3 per control child. This difference was statistically significant ($p = .033$). Services were on average more often approved for experimental children (4.3 per experimental versus 3.1 per control child). Similarly, overall average dollar expenditures were greater for experimental children (\$616 per experimental; \$426 per control). These differences were also statistically significant ($p = .033$ and $p = .048$, respectively).

These analyses beg the question, was assignment to the waiver the reason for increased service requests and service completions? This is a reasonable assumption based simply on the fact that families were assigned randomly to the experimental and control

groups. However, some families assigned to the waiver showed no service expenditures paid for under Title IV-E, that is, they received no direct waiver services. Other families assigned to waiver did receive waiver services. By comparing these two groups with the control group it is possible to determine directly whether waiver activity was implicated in the increase of services to waiver families. This is done in Table III.2.

In Table III.2 the experimental group is split into the two sub-groups. The first consists of experimental children in families where at least one service was purchased under the waiver. The second group consists of experimental children in families in which this did not occur. In nearly every case, both for all services requested and for the subset that were approved or completed, the children in families that had received one or more services financed under the waiver received *more services overall*, whether funded under the waiver or not. Significantly more clothing and food were requested and approved. Significantly and substantially greater numbers of services under “other unmet personal needs” were requested and provided. Psychological evaluations were requested significantly more often. Prescription drugs and medications were delivered significantly more often.

Using the same service index described above, the group of experimental children in families with one or more services funded via the waiver had 7.1 service requests per child compared to 3.7 for the remaining experimental children and 3.3 for control children ($p < .001$). For services approved or completed, the same groups received 6.5, 3.6, and 3.1 services per child, respectively ($p = .001$). In both cases the differences were statistically significant and in both cases it was the rates for the first of the three groups that produced the significant statistical effects. Differences were found in actual dollars expended as well: \$672, \$598, and \$426 respectively. This difference may be described as a statistical trend ($p = .102$).

Finally, it appears that the waiver may be acting as a kind of leverage for the expenditure of other dollars. For example, 38.8 percent of waiver families received some services purchased with county dollars, compared with 28.8 percent of control families. This trend can also be seen with state and donated funds, although the between-group differences are not as great. It may be that, at least in some cases, the funds available through the waiver, if combined with other existing resources, yield a kind of critical mass sufficient to make a difference. This will become a focus of the cost study during the second half of the demonstration.

**Table III.2. Services Requested and Approved or Completed
for Children from Experimental Families that received Waiver Services,
those from Families with no Waiver Services and Control Children
(Rate per 100 Children)**

Services	Services requested			Services requested and approved or completed		
	<i>Experimental child in family that received one or more services funded via the waiver</i>	<i>Experimental child in family that received no services funded via the waiver</i>	<i>Control child</i>	<i>Experimental child in family that received one or more services funded via the waiver</i>	<i>Experimental child in family that received no services funded via the waiver</i>	<i>Control child</i>
Clothing	129.9**	72.4	75.1	120.6**	69.8	71.7
School supplies	29.9	14.1	13.6	29.0	14.1	13.2
Housing, rent, utilities	12.1	6.7	18.6	10.3	6.5	18.1
Home improvement	9.3	4.7	2.7	8.4	4.7	2.7
Food	9.3**	2.3	2.9	9.3**	2.3	2.7
personal hygiene	3.7	1.5	2.0	3.7	1.5	2.0
Transportation	1.9	2.6	2.9	1.9	2.6	2.9
Other unmet personal needs	481.3**	246.9	185.9	438.3**	235.5	171.4
Medical	4.7	11.1	7.3	4.7	10.3	6.8
Dental	8.4	2.1	1.8	7.5	2.1	1.8
Prescription drug/medication	5.6	3.8	3.6	5.6*	3.8	3.4
Glasses/hearing aids	0.9	1.2	2.7	0.9	1.2	2.7
Psychological Evaluation	3.7*	1.5	0.7	2.8	1.5	0.5
Counseling/Therapy/Treatment	0.9	0.3	1.4	0.9	0.3	1.4
Temporary Boarding	5.6	4.1	5.4	5.6	4.1	5.4

* p < .05, ** p < .01

B. Outcome Measures

This section focuses on immediate outcomes related to out-of-home placement. Outcomes associated with *returns* to placement after a child is reunited with the family, new reports of child maltreatment after a case has been closed and special measures of child and family well-being are not yet meaningful because a substantial proportion of experimental and control cases were assigned only during the previous 12 to 18 months.

Remaining with the Parental Family. As a general rule, it is assumed that keeping families intact is more beneficial than removal and placement of children. There are various negative consequences of out-of-home placement, particularly those that are long-term, that make preservation of the family a more desirable outcome. This is only true if the safety of children and their long-term welfare can be assured, and because of this out-of-home placement is unavoidable in some cases. Keeping children with their parental families is a goal of the waiver demonstration.

Some experimental and control children were already in placement situations outside their homes at the time they were assigned to the waiver. This amounted to 326 of 963 children or about one-third (33.2 percent). These include children in out-of-home placement and legal custody on the day they were assigned to the experimental (waiver) group as well as a small percentage of children who were in placement but not in legal custody on that day. It does *not* include children in legal custody and *placed by the court in their own homes*. Out-of-home placement, therefore, in this instance refers to placement with relatives, all types of emergency and foster placements and various group, institutional, and hospital placements.

A majority of the children (66.8 percent) in study families were not in placement situations outside of their homes when they were assigned to either the waiver or control group (at which point they entered the study population). However, some of these children have been placed outside their homes subsequently (after assignment) and while the case remained open. This included a slightly larger percentage of control children, 12.6 percent, than waiver children, 11.7 percent. (See Figure III.1.) This difference is much too small to be statistically significant at this point, given the number of children involved. We shall see if the pattern holds up as more cases enter the study population. And, of course, many (50.7 percent) of the children represented in the current statistics are in cases that remain open and in which placement outside the home may yet occur. Even at the present time, the difference between the groups becomes somewhat greater if we include cases in which the court takes custody and places the child within his or her own home. Currently, this has

been the case for 14.0 percent of control children and 12.7 waiver children—a still non-significant difference, but one in the hypothesized direction.

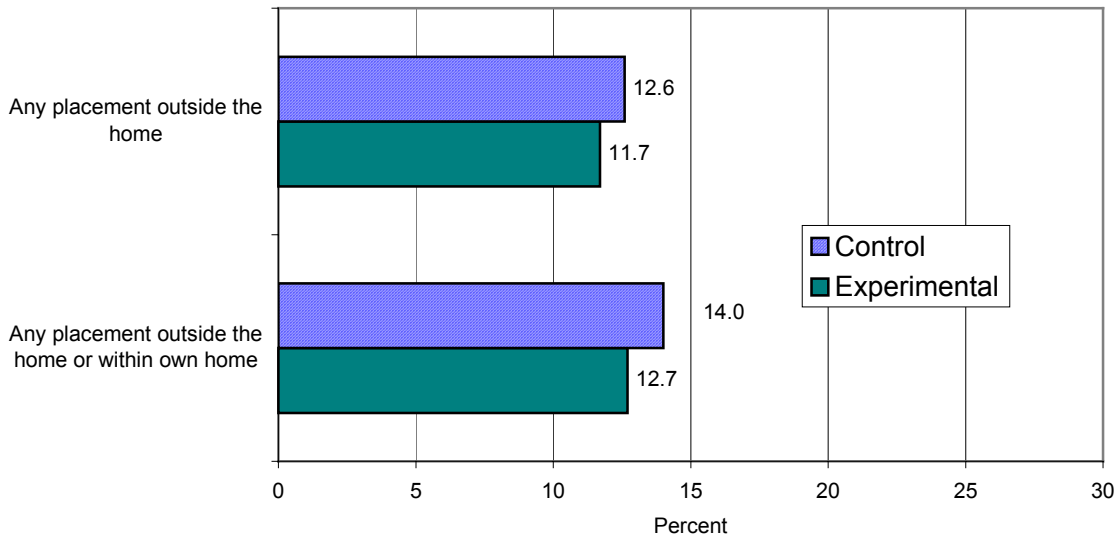


Figure III.1. Children Placed after Being Assigned to the Experimental or Control Groups

Examining outcomes of cases already closed might provide an inkling of what will come. This is shown in Figure III.2. The children in these cases, again, are only those who were not in placement outside their homes at the time of assignment to the waiver or control group. The percentages for both groups are lower (because they typically involve less critical cases that are shorter term), but the differences are somewhat greater, relatively speaking than those above. Still, the differences are not yet statistically significant. However, if this pattern is maintained for children whose cases are still open and for new waiver and control children who enter the study population such differences will be statistically significant in future analyses. (On the other hand, it is possible that these closed cases are dissimilar from the majority that remain open currently and that the experimental differences will shrink as the demonstration continues and more cases close.)

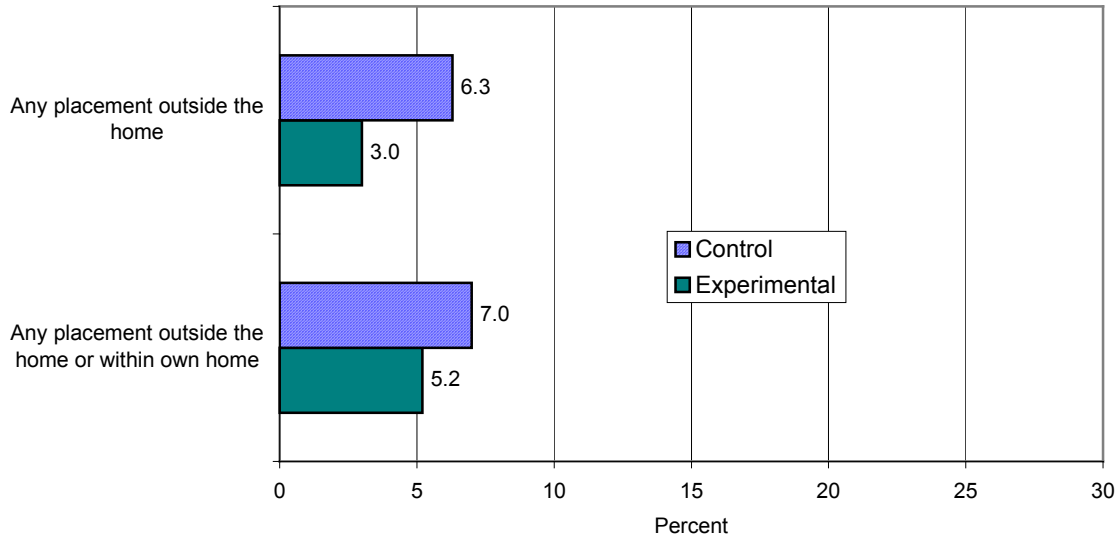


Figure III.2. Children Placed after Being Assigned to the Experimental or Control Groups in Closed Cases

Placement in Own Home or in Home of Relative. Of the children who were placed *after* assignment to the experimental or control group, how many were placed by the court in their own home or in the home of relative at some point during the case? The population of children for this analysis is currently very small consisting of 38 experimental and 42 control children. Many of these cases are still open. However 21.1 percent of the experimental versus 19.0 percent of the control children were placed with a relative *at some time* during the case. Similarly, 42.1 percent of experimental children versus 40.5 percent of control children were placed in their own home at some time during the case. These percentages are in the predicted direction but are relatively small and the base numbers of children too small to conduct a dependable analysis. The proportions may change over time as children move from one setting to another and as more children are taken into custody and placed.

Similarly, we can look at the number of days that children spent in in-home placement or in relative placement. Experimental children averaged 67 days in in-home placement compared to 59 days for control children, and experimental children spent 35 days on average in placement with relatives versus 28 days for control children. Again, these differences are in the hypothesized direction but are not statistically significant. Definitive analyses must be deferred until more time has passed.

Remaining at Home. Another planned measure concerned keeping children in their parental homes. This was measured by combining children who were never placed after assignment to the study or, if they were placed, spent the entire placement in their parental home. So far, no differences have been found between the experimental and control groups on this variables: 58.9 percent of experimental children versus 59.6 percent of control children. The caveat about open cases applies to this variable as well.

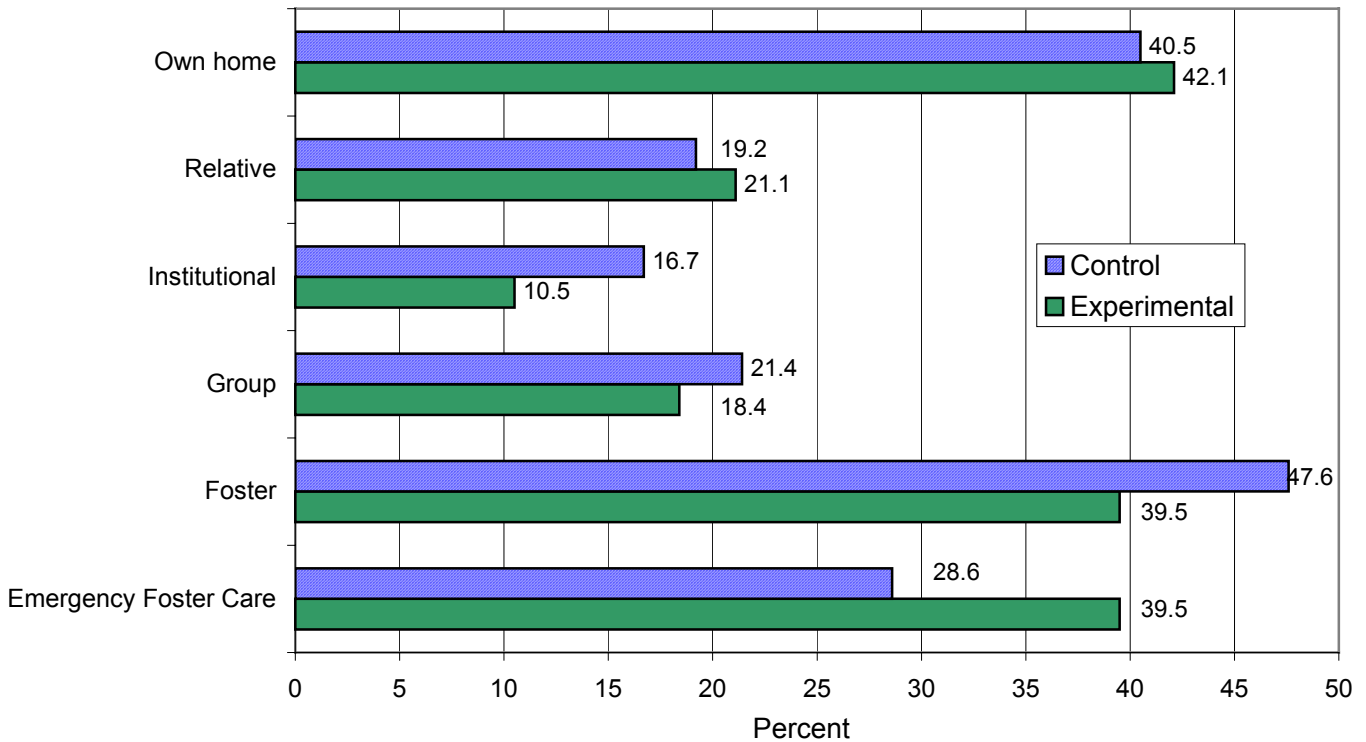
Placement of Siblings Together. If two or more children must be removed from the same family, a part of promoting future family stability involves keeping the children together. Ideally they should be placed together with the same provider. Being placed together increases the chance that siblings will remain in contact and will be able to maintain the emotional bonds of sisters and brothers. It is a goal of the demonstration to place siblings together in the same placement setting. Currently the number of families with multiple children in which two or more were placed is quite small. There are 6 cases of this kind among experimental families and in all 6 the children were placed in the same placement setting for at least one of the placement and in 4 of these they were placed together for the entire time that children have been in placement. On the control side, there were 8 similar families. Of these, the children were never placed together in 2 of the families, while in 6 they were placed together for at least one of the placement settings, and in 4 families they were placed together for the entire time the children have been in placement. These numbers and differences are too small to be meaningfully interpreted at this point in the study.

Placement in the Same Community. There is an advantage to placement within the community of the parental family of any child who has been removed. Placement outside the community inhibits regular contacts between parents and children. Placement within the same community as the family is a goal of the demonstration. The measure available for this analysis was a percent of total days in placement that children were at a placement provider within their home counties. Like the previous analyses, the number of children who were removed and placed after assignment to experimental or control status is relatively small at this time (Experimental=38, Control=42). Of these children, the number of days placed in the home county was exactly the same (24 percent) for both groups. At this point, no difference is detectable between waiver and control children.

Rate of Placement in Foster Care. Reducing the number of children placed in the care of strangers (not family or relatives) is a goal of the waiver program. The clearest view of trends of these kinds can be obtained by again focusing on children who were not in out-of-home care at the time of assignment to the waiver. The number of children in this

category and placements, as noted above, is relatively small and about half of the cases are still open.

Figure III.3 shows the percent of such children who were *ever placed* in particular types of care after being assigned to the experimental or control group. Differences can be observed but *none are statistically significant at this point*. The primary reason for this is that the number of children in the analysis is small. If the trends in the table continue as more children are added to the waiver and as more cases close later analyses may show effects on which we can rely. The table shows lower proportions of experimental children in foster, group and institutional care and slightly increased numbers in own-home and relative care. The differences are in the hypothesized direction but are not large enough and the number of families in the analysis is too small to permit any conclusions to be drawn at this time.



**Figure III.3. Experience of Children in Various Placement Settings
(Children Placed after Being Assigned to the Experimental or Control Groups)**

Number of Placement Providers. Another goal of the demonstration was to reduce the number of different foster providers utilized during each child's tenure in placement (after being assigned to the experimental waiver group or to the control group). This is a measure of the stability of placements.

The analysis for the entire groups of experimental and control children, whether in placement at the time of experimental/control assignment or placed later, showed no effects of the waiver. When the analysis was restricted to the set of children who were placed only after being assigned to the waiver, differences appeared. Experimental children experienced on average .39 different foster providers compared to .69 per control child. Putting this in more understandable terms, 10 experimental children would have cycled through about 4 (3.9) different foster care providers compared to almost 7 (6.9) foster providers for every 10 control children. This difference was large enough to represent a statistical trend ($p = .08$). This is a positive finding at this point in the demonstration but only if the difference continues and only if it also is found to apply to other children who were in placement when assigned. Similarly, although more modest differences were found for institutional placements (experimental = .13; control = .17) and group homes (experimental = .21; control = .26), the differences were in the desired direction. The total number of placement providers of these three types averaged .74 for experimental children compared to 1.1 for control children.

Days in Various Types of Placements. The waiver might be used as a method of shortening the length of stays of children in foster, group and institutional settings. This was also one of the goals of the demonstration. The length of stay was calculated as a percent of total days in placement. For example, if a child was in placement for 100 days and 25 of those days had been spent in foster care, we would calculate that the child had spent 25 percent of his or her days in foster care. The measure does not concern the length of stay in care overall but the proportion of the time in care that the child is in less desirable settings. Under this assumption and if the goal of the demonstration is met, the percentage of days in relative care and home care would be higher for experimental children and at the same time the percentage of days in foster, group and institutional care would be less in comparison to control children.

Variables calculated in this way have the potential to be indicators of basic changes in the way children are treated under the waiver. However, a large proportion of currently in the experimental and control groups are still in placement. Currently no statistically significant differences and no evident trends can be found between experimental and control children. This analysis will be revisited later in the evaluation after a greater proportion of study cases have closed.

C. Comparability of Experimental and Control Groups

Thinking about future findings derived from impact analyses as the demonstration progresses and more cases are assigned to the waiver and then as more cases close, it is important to have confidence in the comparability of the experimental and control groups. For this evaluation, families were constituted within the research database. Families generally correspond to MACWIS case designations, although not completely. When more than one case had been opened on a family, other children may be discovered. In this way families in the research database may have more members (and more children) than they do in any particular case. Since the rule of the demonstration is that families and children will retain their waiver status throughout the period of the demonstration, children added to families in this way are, unless otherwise noted in this report, counted as waiver children.

Random assignment was applied to families without regard to the number of children in particular families. For the interim impact analysis, 194 experimental and 182 control families were considered. They were distributed unevenly across the eight counties because of the varying sizes of county caseloads and in the length of time counties had operated the waiver. The number of experimental and control families in each county is shown in Table III.3. *(The number of families considered in this section varies slightly*

Table III.3. Number of Experimental and Control Cases within each Participating County

County	Experimental		Control	
	Number	Percent	Number	Percent
Holmes	14	7.2	10	5.5
Lamar	15	7.7	13	7.1
Madison	1	.5	5	2.7
Yazoo	21	11.2	26	14.6
Covington	10	5.2	8	4.4
Jones	44	22.7	43	23.6
Pearl River	48	24.7	33	18.1
Rankin	41	21.1	43	23.6
Total	194	100.0	182	100.0

*from totals described in the process section. This analysis includes a few additional children that were **not** in the original waiver or control case but appeared in later cases opened on the same family. Under the waiver, such children are theoretically eligible for waiver services.)*

A number of comparisons are possible to show that the process of random assignment yielded comparable experimental and control groups. In each case, the important finding is that no statistically significant differences were found between experimental and control families or children. Lack of statistical significance means that the experimental and control groups were so similar that they could not be distinguished statistically. Such similarity is the goal of the experimental method and the reason for utilizing random assignment.

Regarding children in cases, the mean number of children in experimental families was 2.31 compared to 2.42 in control families. This difference was not statistically significant. Because families rather than children were randomly assigned to waiver and control, it was possible that different numbers of children would be found in experimental as compared to control families. However, this potential source of variation was controlled through random assignment as well: there were 448 children among experimental families and 441 children in control families.

The same findings were evident for the ages of the children. In Table III.4 the distribution of ages of children are shown in the experimental and control groups. The numbers and percents in nearly all age categories in the table were comparable and no statistically significant difference was found between the ages of experimental compared to control children. The table also shows that the large majority of children (more than 7 in every 10) were 12 years of age or younger. Teens were fairly evenly distributed within age groups from 13 to 17 years of age. Some 18 year old and older individuals were included in the analysis, either because they were in independent living when they reached their eighteenth birthday and continued to be supported or because they were in adoption cases.

**Table III.4. Age Distribution of Children in
Experimental and Control Families**

Age	<i>Experimental</i>		<i>Control</i>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Infants	25	5.6	24	5.4
1 year old	28	6.3	29	6.6
2 years	26	5.8	27	6.1
3	16	3.6	18	4.1
4	23	5.1	40	9.1
5	25	5.6	20	4.5
6	22	4.9	15	3.4
7	29	6.5	29	6.6
8	18	4.0	17	3.9
9	29	6.5	39	8.8
10	24	5.4	21	4.8
11	26	5.8	22	5.0
12	23	5.1	18	4.1
13	21	4.7	23	5.2
14	26	5.8	28	6.3
15	20	4.5	20	4.5
16	24	5.4	20	4.5
17	24	5.4	16	3.6
18 and older	19	4.2	15	3.4
Total	448	100.0	441	100.0

The similarity between the experimental and control groups is also supported by distribution of male and female children (Table III.5). Slightly more of the children in each group were female. The between-group differences in percents were not statistically significant.

Table III.5. Distribution of Male and Female Children

<i>Gender</i>	<i>Experimental</i>		<i>Control</i>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
Female	241	53.8	228	51.7
Male	207	46.2	213	48.3
Total	448	100.0	441	100.0

The analysis of the distribution of racial groups was hampered by a relatively large percentage of missing data in MACWIS records. Over 15 percent of children had no racial designation in the system. Table III.6 shows only African American and Caucasian children. The apparent imbalance in the table was statistically significant ($p = .038$) but was likely due to the proportions of missing data, which were greater for the experimental children (17.0 percent) than for control children (12.9 percent).

Table III.6. Distribution of African-American and Caucasian Children

<i>Gender</i>	<i>Experimental</i>		<i>Control</i>	
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>
African-American	182	49.5	56.2	51.7
Caucasian	186	50.5	166	43.8
Total	368	100.0	379	100.0

Summary

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.