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## Oregon's Title IV-E Waiver Demonstration Project

The State of Oregon was among the first cohort of 10 states to receive a waiver from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), to utilize a portion of Title IV-E dollars to develop, implement, and evaluate innovative approaches to providing child welfare and related services to children and families for a 5-year period. Title IV-E funding is typically authorized to pay for out-of-home placement (i.e., foster care, residential treatment) for children who were abused or neglected and need to be in substitute care to ensure their safety and well-being. The Title IV-E Waiver was the beginning of a national experiment to determine the extent to which state child welfare agencies, when provided more flexibility to spend a portion of foster care maintenance dollars in alternative ways, were able to contain costs while increasing positive outcomes for children and their families.

In order to receive the Waiver, each state child welfare agency negotiated the terms and conditions and methods for measuring cost neutrality and conducting an external evaluation of the process and impact of the project. The state of Oregon's child welfare agency, Services for Children and Families (SCF), initiated the demonstration in July 1997.

The rationale for submitting the proposal was to provide additional support for the systems change efforts already underway in the state. For example, the state and local commitment to build a strengths/ needs-based system of care approach to child welfare planning and service provision, demonstrated by the

infusion of state dollars to change practice, was to be bolstered by the Waiver demonstration project, additional flexible funds, and new types of services. Local child welfare offices, in collaboration with community agencies and other stakeholders, identified unmet needs and strategies to meet those needs that could be addressed with Waiver flexible funds. SCF reviewed each local proposal to assess feasibility. Projects were approved based upon two primary criteria:

1. If anticipated outcomes included prevention or reduction in re-abuse, reduction in length of stay in foster care, and increase in proportion of relative placements for children who needed substitute care.
2. If the proposed activities were within the parameters for cost neutrality agreed-upon conditions.

Waiver flexible funds were used for one-time payments for foster care prevention, expansion and enhancement of existing services, and development and implementation of innovative service approaches. Examples of innovative services include drug and alcohol facilitator support, in-home parenting, and enhanced visitation.

## Research Questions

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The external evaluation addressed a wide range of process and impact questions that included national and state child welfare agency priorities and, later on, outcomes specific to the types of specialized services that evolved within local communities. Process questions were organized in three categories: organizational, service, and contextual. Each of these categories included questions that required the documentation of the evolution of the demonstration and the mutual influence of state and local policy, practice, and working relationships between local SCF and contracting agencies (e.g., substance abuse, mental health, housing). Examples of impact questions include the following:

- ◆ To what extent did Waiver services contribute to preventing the placement of children in substitute care and promoting children's return home?
- ◆ Were there differences in the proportion of children who returned home from substitute care

within 3, 6, 9, and 12 months between the Waiver and non-Waiver group?

- ◆ Were there differences in establishment of permanent placements for children between the Waiver and non-Waiver group?
- ◆ Was there a relationship between the utilization of Waiver expenditures for innovative services and timely resolution of child/family issues or finding children alternative permanent placements?

## Methodology

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The methods employed to evaluate this multifaceted demonstration project included qualitative and quantitative data collection and analysis. Process data were collected at the state and local levels. Methods included review of state policies and Waiver plans, semi-structured and structured interviews with state and local SCF personnel, telephone interviews with service contractors providing innovative services, and mail surveys of parents who received Waiver innovative services. The Assisted Guardianship service (categorized as a statewide innovative service) was evaluated by conducting telephone interviews with caregivers who became permanent guardians as a result of the project and local SCF personnel who were responsible for facilitating the process of establishing this permanency option.

Quasi-experimental methods were used to answer the impact questions. A stratified random sample across local SCF counties of Waiver and non-Waiver cases was selected to ensure adequate children and family representation from each county. Data collection consisted of in-depth case readings at each SCF site for cases that had information for a least 1 year between initial target service date and completion of services.

Preliminary analysis to examine three key outcomes was conducted at the time of this summary. These outcomes were return home rate, re-abuse rate, and type of placement (i.e., relative or non-relative). Direct logistic regression analysis was conducted to establish which factors from the case reading form significantly predicted each of these outcomes. The final analysis will include a non-equivalent comparison group analysis to measure before and after services outcomes between the overall Waiver and non-Waiver groups. In

addition, subgroup analyses will be conducted for selected innovative services (e.g., drug and alcohol facilitation, enhanced visitation, and Family Decision Meetings).

## Preliminary Findings

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### PROCESS

The process evaluation explored how the project evolved over time. An overview of findings indicates that an important limitation of SCF's collaboration at the state and local levels was the lack of parent/consumer participation. Parent input was absent from state level development and implementation of the Waiver. While each local SCF office was required by the state to collaborate with community stakeholders to develop innovative services, only 2 of more than 20 local offices that developed innovative services reported including parents in the process. This pattern was also reflected in the initial evaluation design. The inclusion of a formal method for accessing parent input was an add-on to the original evaluation design. Therefore, the state and nation missed the opportunity to reliably test the effectiveness of innovations such as enhanced visitation and the substance abuse intervention, because key informants were not systematically integrated into the design. Although mail surveys have been and continue to be conducted, the return rate is very low. Of more than 500 families who received some type of innovative service, at the time of this report, only 46 surveys have been returned.

Analysis of the very limited data indicated that, by and large, parents reported that the types of support received were *helpful* or *very helpful*. However, parent perceptions were equally divided on the change in child quality of life after receiving services from SCF between *much better* and *about the same* or *worse*. Greater than 50% of parents reported that their quality of life was *better* or *much better*. When asked about the frequency of caseworker contact, respondents whose children were in foster care reported less or no contact with caseworkers once out of home placement occurred. Responses were mixed regarding quality and helpfulness of caseworker contacts.

A second finding supports the utilization of extended family to assist parents when abuse and neglect has

been substantiated. Anecdotal information pointed to extended family care for children who would otherwise have been placed in non-relative foster care, provision by parents (child's grandparents) of child care, financial support, and emotional support. A number of parent respondents provided information that suggested the importance of the drug and alcohol facilitator program in providing immediate support to engage in substance abuse treatment. One parent stated, "I was strung out when SCF became involved, and now I've been sober for two years."

### IMPACT

Findings from the initial analysis of case reading data indicate that receipt of Waiver services overall was not a reliable predictor of re-abuse, return home, or type of placement. However, caution should be used in interpreting these preliminary analyses, because their purpose was to look at all relevant factors from the case reading data collection form to explore the variables that may be used for the next level of analysis. We would not anticipate that children and families with multiple and complex issues would show significant improvement because of receipt of one type of service compared with a group whose range of services was likely similar. Therefore, we would expect to look at the interactive effects of certain combinations of services, controlling for child and family factors. The initial regression analysis provides evidence to support the evaluators' initial argument that measuring the impact of child welfare services within the context of family, neighborhood, and community services remains complex and needs to be considered as such. Therefore, careful analysis and integration of process findings with more focused analysis of specific services may produce meaningful results, if not causal relationships.

## Conclusions and Implications

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Oregon's Title IV-E Waiver has increased state and local SCF flexibility to utilize a larger proportion of funding for the development and implementation of different types of services and expansion of services that support a strengths/needs approach to service provision. One important implication of the lack of a systematic effort to involve consumers of SCF services (i.e., parents/caregivers) in planning, implementing,

and evaluating the demonstration project is that this was an isolated instance or that child welfare agencies may need to be reminded and/or educated regarding the important information consumers of services can provide. Clearly, evaluators have a responsibility to express the importance of including this component.

A number of observations of the process as it evolved over the course of 4 years led to the following recommendations:

- ◆ Integrate short- and long-term strategies, rather than stand-alone programs, that are tailored to specific target population. Ensure that these strategies are based upon best practices.
- ◆ Develop pre- and in-service training matched to field-based concerns, needs, and best practices.
- ◆ Conduct longitudinal and/or follow-up studies of child and family life course to measure stability, resourcefulness, utilization of supports, and overall well-being.
- ◆ Strategize structured transition of families and children from child welfare services to community supports.

Oregon's Title IV-E Waiver demonstration project is an important study of the evolution of a statewide 5-year initiative that is used to bolster local capacity to expand and provide innovative services and supports. The effort was developed without knowing how it would proceed, but with the commitment to utilize evaluative information and lessons learned to improve and change procedures as needed to ensure localities could use the opportunities provided by increased flexibility of dollars. Out of this experiment have grown at least three innovative approaches that appear to show promise for improving outcomes for children. These include the drug and alcohol facilitator program, enhanced visitation (community-based site that incorporates multiple service providers), and assisted guardianship. From an evaluator's perspective, a significant challenge was to establish ways to measure effectiveness when the original outcomes were based upon overarching measures of child welfare agency success rather than determined by how effective innovations were in improving child and family functioning and well being.