

**Evaluation of Oregon's Title IV-E Waiver Demonstration Project
Interim Report**

July 1, 1997 – December 31, 1999

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I. EXECUTIVE SUMMARY

This interim report presents preliminary findings for Oregon's Title IV-E Waiver Demonstration Project for the period beginning July 1, 1997 and ending December 31, 1999. The five-year project, approved by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families, provides opportunities for Oregon's child welfare agency to develop and test innovative strategies to reduce foster care placement and improve the well-being of abused and neglected children.

The design of Oregon's Waiver aims to support statewide systems change. For example, the state and local commitment to building a Strengths/Needs-Based System of Care (SOC) approach to planning and service provision is demonstrated by the infusion of dollars to implement SOC. The Waiver demonstration project was pursued to provide added incentive for regions and counties to strategically utilize Waiver flexible funds to develop community-based collaborative services that supported the philosophy and goals of the SOC initiative (Toran, 1998). Waiver flexible funds are used for: (a) one-time payments for foster care prevention, (b) expansion and enhancement of existing services, and (c) implementation of innovative approaches to service provision.

Oregon's Title IV-E Waiver was intended to provide local communities the autonomy to develop innovative approaches to serving children and families, based upon the needs identified by collaborative community teams. The state agency's capacity to develop an infrastructure to manage and support the wide range of local projects that were pursued evolved during the period that implementation was occurring. Therefore, state and local personnel were on parallel learning curves as they managed their undertakings.

As a result of the learning that took place during the first two years of the project, a number of challenges were identified and addressed. Among these was an intensified awareness that regional and local agency managers, supervisors, and those expected to provide direct services must understand and support the state's purpose in implementing an effort like the Waiver demonstration project. Second, in order to support and participate in the project, local branches should understand, in very concrete terms, how children, families, and their agency might benefit by participating in the project. Third, state expectations of branches must be clear before branches submit proposals to implement services.

The state agency's strategy to encourage local branches to collaborate with community partners to develop and implement innovative services and expand existing promising practices (e.g., Family Decision Meetings) supports SOC reform, Oregon Senate Bill 689, and the Adoption and Safe Families Act objectives. Local branches were encouraged to focus on the provision of strengths-needs based approaches to provide timely services, with the goal of establishing permanency for children as quickly as possible.

During the development phase of the project, Waiver activity increased gradually. However, by the end of December 1999, expenditures reached nearly one and one-half million dollars (\$1,430,792). Family Decision Meetings accounted for nearly 40% of spending. Innovative services accounted for about 26.5% of expenditures. Another 19% of Waiver dollars were used for one-time payments, such as housing, sanitation, and legal fees.

Preliminary process findings suggest that the Waiver is being used effectively to increase state financial and program administrator capacity to consistently make informed, collaborative decisions about the types of service efforts that should be developed and pilot tested. The goal is to ascertain the value of these efforts in contributing to the timely establishment of child safety, permanency, and well-being. The ability of the state, regions, and local branches to collaboratively determine the most efficient and effective use of the Waiver continues to evolve as the demonstration project progresses.

Throughout the first half of the project, front line workers and consumers were the least included in the planning and design of Waiver activities. The lack of involvement of these stakeholders may influence the quality and practicality of program implementation. The issue of workload is one factor that accounts for lack of involvement of caseworkers in planning. However, the importance of achieving buy in from these stakeholders cannot be overemphasized when developing new ways of providing services and support.

A wide range of training needs emerged as the demonstration project evolved. For example, as the state examined the length of time cases were open, a question that arose was "What is the criteria for closing a case?" The answer to this question varied widely from branch to branch and professional to professional. If the goals of child safety, permanency, and well being are to be realized, training and coaching of direct service personnel regarding how to make informed decisions and utilize effective strategies for the transition of families from SCF monitoring to community support and monitoring are essential.

The second half of the demonstration project will provide opportunities for branches to refine existing services and develop additional services, utilizing Waiver flexible funds. Child and family profiles will be developed from combined state data and Cohort V information. Cohort study data are collected from in-depth reading of case files. Combined state information system and Cohort data will provide comprehensive information on which children and families received Waiver services and the extent to which services impacted child safety, permanency, and well being, immediately and up to one-year post Waiver services. The process analysis will continue to explore policy, planning, and program implications of this statewide, locally-based demonstration project.

II. INTRODUCTION

This section presents an overview of the Title IV-E Waiver within the context of state and national demographics and child welfare reforms. Oregon child and family demographics are presented followed by an overview of characteristics of children and families involved with Oregon's child welfare agency, the State Office for Services to Children and Families (SCF). Oregon's rationale for applying for the Title IV-E Waiver is described and followed by a summary of the goals of the demonstration project. The section concludes with a presentation of types of Waiver plans, including examples of each, and a summary of the purpose of the evaluation.

Oregon Demographics

According to the 1990 Census, there are approximately three million people who live in the state (Murphy & Seidel, 1993). Oregon is not as ethnically diverse as the rest of the nation. The population of Oregon is 93% White, Non-Hispanic. The number of children in Oregon under the age of 18 is approximately 723,000, representing one-fourth of the population. This figure is similar to national averages (Children's Defense Fund, 1998). Oregon ranks 24th in the nation for number of families headed by a single parent (25% of families). The teen birth rate is slightly lower than the national average. The annual median family income for the state is \$46,000, slightly higher than the U.S. Census Bureau's figure of \$41,000 for 1996 (Children's Defense Fund, 1998). While unemployment is low, there remains a large unmet need for low-income housing. According to 1990 data from Oregon's office of Housing and Urban Development (HUD), 72% of those who need low-income housing do not obtain it (Oregon State University, 1992). Lastly, based upon 1995 data, 16.4% of Oregon's children live in poverty, ranking Oregon 23rd in the nation (U. S. Census Bureau, 1999). State and national demographics for the general population provide the overall context for assessing differences between the general population and families who come to the attention of the child welfare system.

Demographics for SCF Children and Families

In 1998, SCF received 31,456 reports of child abuse and neglect. There were 10,147 child abuse victims in that year. Nearly eighty percent of these victims were White, Non-Hispanic. However, Hispanics, African Americans and Native Americans were all over-represented in the state's child welfare population. The average population of children in substitute care was approximately 6,500 in 1998. Nearly one-third was under the age of six. About 74% of these children were White, Non-Hispanic. Even though African Americans account for 1.6% of the state's total population, they represented 7.1% of the total number of child abuse/neglect victims and accounted for nearly 13% of the children in foster care (Department of Human Resources, 1998).

Findings from Oregon's Cohort IV Study were based on a sample of 2,450 children in foster care (nearly 40% of the entire number of children in substitute care) for 14 days and longer. The report discusses the range of family issues that appear to influence the placement of children in foster care. The most common factors include: (a) drug/alcohol involvement (66%), (b) chronic neglect (59%), (c) poor parenting skills (59%), (d) teen at time of birth of first child (51%), (e) criminal involvement (51%), (f) single parent household (48%), (g) domestic violence (48%), (h) inadequate income (45%), and (i) past maltreatment resulting in foster care placement (44%). The study found that the average family exhibited 4 to 5 of these nine factors (Child Welfare Partnership, 1999).

These findings support what service providers have understood and expressed for many years. This population of families and children has multiple and complex needs. Therefore, in order to increase the probability of successful outcomes, child welfare service providers must quickly access and coordinate a range of services that address the specific needs of each child and family. The following section explains how child welfare reforms and initiatives, such as the Title IV-E Waiver, reflect an understanding of the changes that need to occur in order to address the information we now have about the families and children involved with child welfare agencies.

Child Welfare Policies Relevant to the Waiver

The Title IV-E Waiver does not occur in isolation. Nationally, as well as within Oregon, the demonstration project reflects policy reforms intended to decrease placement of children in

foster care, reduce the length of stay in foster care, and establish permanent homes for children in a systematic and timely manner. Understanding the key elements of the federal Adoption and Safe Families Act (ASFA) in relation to Oregon's Senate Bill 689 and statewide SOC reform, helps to clarify the rationale for the Waiver and how Waiver planning and implementation compliments and supports these policies.

The Adoption and Safe Families Act of 1997 (H.R. 867)

ASFA promotes adoption and other permanency options. It shortens the timeframe for permanency planning hearings from 18 months to 12 months, at which time there must be a determination of when the child will be returned home or an alternative permanent placement will be sought (with the possibility of terminating parental rights). Under the Act, the initiation of a termination of parental rights is pursued when a child is under the responsibility of the state for 15 of the most recent 22 months, has been abandoned, or is believed to be seriously endangered by returning home. The state may opt not to pursue termination when a child is living with a relative, when there is a compelling reason why it would not be in the best interest of the child to do so, or when the state has not yet provided necessary services to the family (Public Law 105-89).

ASFA clarifies that reasonable effort towards a permanent placement for the child may be made concurrently with reasonable effort towards reunification. It expands health coverage for adopted children with special needs and continues Title IV-E eligibility for dissolved adoptions. The Act prohibits states from delaying or denying adoptions due to geographic barriers such as approved adoptive parents who live out-of-state.

Lastly, there is an allowance for HHS to provide the opportunity for as many as 10 states a year to use funds flexibly to implement new approaches to child welfare reform. States that use this opportunity must continue to provide health insurance to children with special needs who are adopted or who cannot be adopted without such assistance. Special consideration is made for states where there are court orders relating to the administration of public child welfare programs. The HHS Secretary is required to consider applications that include demonstrations regarding reductions in adoption barriers, innovative approaches to substance abuse treatment, and kinship care.

Oregon Senate Bill 689

Oregon Senate Bill 689, “Best Interest of the Child” Bill, is designed to reduce the time a child is in a temporary living situation. It changes the standard for terminating parental rights and focuses on whether a parent will be able to provide for the child within a reasonable amount of time. The legislation also requires SCF to include an alternate concurrent permanent plan along with the reunification plan. If the parents are unable to safely resume physical and legal custody from the state after 12 months, SCF must implement the alternate permanent plan.

System of Care Reform

Oregon’s Strengths/Needs-Based System of Care (SOC) is a long-term effort founded on strengths/needs based service assessment and planning. It aims to provide an interdisciplinary approach to identifying and meeting the individual needs of children and families involved with SCF. The initiative was the result of the successful negotiation of a legal agreement between the State of Oregon and the Oregon Juvenile Rights Project. The agreement averted a lawsuit to address issues such as duration of foster care placements, placement of children outside their communities and neighborhoods, and frequency of moves for children in foster care.

The practice change focuses on strengths/needs based, individualized approaches to empowering families to assume responsibility for planning for the safety and well being of their children. The goal is that all branches will be implementing this approach to service delivery by the year 2003. During the first 2 years of Waiver implementation, 13 branches implemented or were already operating a system of care approach to service delivery. Beginning in July 2000, an additional 25 branches will access SOC funds to implement a strengths/needs based approach to service delivery.

SOC branches receive additional flexible funds to assist in providing services tailored to the unique needs and circumstances of each child and family. The Waiver supports these efforts by giving branches the flexibility to use previously earmarked foster care maintenance dollars to implement innovative programs that help address unmet needs of specific populations of children and families. Waiver flexible funds are also blended with SOC dollars or used to augment these funds to expand the capacity of a branch to provide a specific service to a larger number of children and families.

Oregon's Title IV-E Waiver Demonstration Project

Implementation of the Waiver, within the context of the federal and state policy and reform initiatives described, was expected to lead to better outcomes for children and families and cost savings for the child welfare system. Oregon was among the first cohort of 10 states to receive a Title IV-E Waiver from HHS, under section 1130 of the Social Security Act. The purpose of granting waivers was to encourage the implementation of innovative services or service delivery in child welfare. Previously, Title IV-E federal funds were used exclusively for foster care maintenance and only for those children who were Title IV-E eligible. With the Waiver, SCF was allowed to spend Title IV-E funds for foster care prevention and services designed to expedite establishment of permanency for children. In addition, Oregon's Waiver allows all children served by participating branches to be eligible for Title IV-E Waiver services.

The state's central office invited county branches to design cost neutral plans for expansion of established services and/or development of innovative services to meet the unique needs of children and families within their communities. Plans must show how out-of-home placement will be prevented or length of stay in foster care will be reduced, in order to ensure cost neutrality. The following Waiver demonstration project mission statement reflects the state's commitment to utilizing the Waiver as a means to accelerate child welfare reform.

To lead the nation in demonstrating a broad range of exceptional solutions and services for preventing or reducing foster care through the efficient use of Title IV-E dollars and collaboration with our community partners.

Goals of the Waiver Demonstration Project

Specific goals of the Waiver Demonstration Project include (a) prevention of out-of-home placement, (b) shorter lengths of stay in substitute care, and (c) improved child and family well-being. The objectives to reach these goals include (a) serving more children in their homes, (b) resolving the original caretaker's issues as soon as possible, (c) reducing the time it takes to arrive at an alternative permanency plan for each child, and (d) lowering the rate of re-abuse and neglect.

Types of Waiver Plans

During the first 2 1/2 years of Waiver implementation, there were 3 categories of Waiver plans: (a) Shelter/Foster Care Prevention, (b) Expansion of Established Services, and (c) Innovative Plans. Branches were able to access Waiver dollars after receiving approval by the state Waiver manager to implement each plan. During year 2, branches were able to utilize Waiver dollars for foster care prevention activities without preparing formal plans to be approved by the State. SCF policies determined the parameters for how dollars could be utilized within expansion of established services and foster care prevention flexible fund categories. A brief definition of each category, followed by examples of how the funds were used, provides an understanding of each flexible funding mechanism.

Shelter / Foster Care Prevention

Shelter/Foster Care Prevention provides additional flexible funds for one-time payments. These funds are available to all branches. Branches that choose to do so, transfer a percentage of their Title IV-E dollars and utilize these flexible dollars for shelter/foster care prevention expenditures. Examples of how this category of flexible funds is expended include: legal fees for the establishment of guardianship, deposits for adequate housing, purchase of fuel for heating, purchase of groceries, and payment for garbage cleanup. A number of criteria must be met, such as multiple administrative approvals and assurances that no other resources are available to the family. These criteria may sometimes limit the ability of caseworkers to access funds quickly for unique services and supports. However, it is generally believed that this type of one time expenditure can mean the difference between the temporary removal of a child from the home and allowing the child to remain at home, since the child's basic needs are met.

Expansion of Established Services

Expansion of Established Services provides branches with additional flexible funds to expand a service already offered in the branch, or initiates a service already provided as standard practice in other branches. Examples of these Waiver activities include contracts for Family Decision Meetings, Family Resource Workers (e.g., Family Builder services based on the Homebuilders model), and Family Mediation. As the demonstration project progressed, state administrators and evaluators found that the greatest amount of dollars were expended on Family Decision Meeting services. The decision was made during year two to focus the expansion of

services evaluation on examining the process of implementation and outcomes resulting from Family Decision Meetings.

Innovative Plans

Innovative Plans are services provided that were not established as typical SCF services or contracted services prior to the Waiver. These services were developed and implemented within the context of each community. In addition, local branches relied on state administration to ensure that policies and procedures for contracting and billing supported the implementation of comprehensive and timely service provision and coordination across systems. Examples of innovative plans include Drug and Alcohol Facilitation, Enhanced Visitation, and Housing Specialist plans. Section IV presents descriptions of each innovative plan, including process and descriptive data. As the Waiver progressed, Drug and Alcohol Facilitation and Enhanced Visitation projects were adopted in additional Waiver branches.

Summary

The Waiver Demonstration Project provides an additional source of flexible funds to address family problems in a timelier manner. The goals of the project are to (a) prevent foster care placement, (b) establish permanent homes and safe environments for children, and (c) ensure the well being of more children and youth than prior to the Waiver.

In order to evaluate how the Waiver impacts Oregon's child and family services systems and individual children and families, process, impact and cost effectiveness information are being collected and synthesized. The Portland State University Evaluation Team is responsible for the process and impact components of the evaluation. The state SCF office is responsible for the cost analysis component. The following section presents the research questions and hypotheses, defines key terminology, discusses the integrative research design, and describes the groups of SCF counties/branches whose services are being evaluated.

III. METHODOLOGY

This section provides an overview of evaluation methods. Included are a presentation of the research questions and hypotheses, definitions of terms, discussion of the integrative research design, and description of the groups to be evaluated.

Research Questions & Hypotheses

The following research questions and hypotheses include those outcomes agreed upon in the terms and conditions of the Waiver. Prior to finalizing the questions and hypotheses, evaluators met with a range of stakeholders, including state agency administrators, regional and branch administrators, local service contractors, parents and advocates. Each provided input to ensure any additional questions of interest would be addressed.

The evaluation team is responsible for answering 3 categories of questions: (a) descriptive, (b) impact, and (c) process. Each research question is stated and followed by related hypotheses. Two impact questions and related hypotheses have been revised since the previous report of August 1999. These are questions 3 and 4. Explanations for these revisions are provided following the presentation of each revised question and hypothesis.

Underlined terms are further explained in the *Definitions* Section. Descriptive questions aim to profile the groups of individuals who are being served with Waiver flexible funding, number of families and children being served by the Waiver, and amount of Waiver dollars utilized. Impact questions are designed to focus on child and family outcomes. Process questions consider how the demonstration developed and is being implemented. Process questions are characterized as organizational, service, and contextual.

Descriptive

***Question 1.* What were the characteristics of children and families who received Waiver services as compared to the population of people receiving services from SCF?**

***Question 2.* What is the reach of the Waiver by state, region, branch and plan?**

Impact

Previous Question 3. Were there differences in the average daily population (ADP) of children in substitute care between Waiver/SOC, Waiver/non- SOC, and non-Waiver/non-SOC branches?

Revised Question 3. To what extent did Waiver services contribute to preventing the placement of children in substitute care and promoting children's return home?

Hypothesis 3a: The percentage of children who remained in their homes successively increased across non-Waiver/non-SOC children, Waiver/non-SOC children, and Waiver/SOC children within one year after receiving Waiver services.

Hypothesis 3b: The percentage of children who returned home successively increased across non-Waiver/non-SOC children, Waiver/non-SOC children, and Waiver/SOC children within one year after receiving Waiver services.

Rationale for revision

During the first two years of Waiver implementation, evaluators and state personnel became increasingly aware that ADP, while an excellent measure for periodic assessment of overall branch financial status and caseload management monitoring, was not a valid measure of the effectiveness of Waiver services. There were 3 key reasons for deciding to replace the ADP measure with a more valid measure.

- A branch may have the opportunity to develop an innovative service by accessing Waiver dollars. However, the implementation of a new service that may divert children from foster care would likely not impact ADP because of the time typically needed to refine a service (developmental phase) and engage caseworkers in making referrals to the service.
- Branch ADP includes all children in substitute care, even though only a small number of those children receive Waiver services. Therefore, the effects of the Waiver services are likely to be diluted. As a result, a Waiver funded service that serves a small number of children may have a positive impact on child outcomes but the ADP branch analysis may show a very minimal effect at best. Many other factors besides the Waiver service affect ADP.

- ADP is influenced more by long-term than short-term substitute care placements. The innovative services provided by the demonstration project tend to serve children who are living at home or have been placed in substitute care recently. Therefore, the ADP measure does not capture the real impact of Waiver innovative services on reduction in substitute care for children in placement for a short period of time.

Previous Question 4. **Were there differences between Waiver/SOC, Waiver/non-SOC, and non-Waiver/non-SOC branches in the average length of stay in substitute care?**

Revised Question 4. **Were there differences in the proportion of children who returned home from substitute care within 3 months, 6 months, 9 months, and 12 months of placement between non-Waiver/non-SOC children, Waiver/non-SOC children, and Waiver/SOC children whose families received services from SCF?**

Hypothesis 4. An increasingly larger proportion of children returned home within 3 months, 6 months, 9 months, and 12 months of placement across non-Waiver/non-SOC children, Waiver/non-SOC children, and Waiver/ SOC children.

Rationale for revision

As with ADP, the length of stay (LOS) measure lacks sufficient sensitivity to detect the effects of Waiver services. LOS is the number of days a child remains in care before leaving the foster care system. These numbers are averaged to determine branch LOS. The validity of this measure for determining the impact of Waiver services is questionable for reasons similar to those for ADP. The key issues are:

- LOS does not consider child and family characteristics and includes Waiver service children combined with non-Waiver service children.
- The proportion of children receiving Waiver services is very small compared with the population of children receiving standard services in an SCF branch. Therefore, the real impact of Wavier services collectively and by individual service on reducing the lengths of time children spend in substitute care would be imperceptible.

Question 5. Were there differences in establishment of permanent placements for children between Waiver/SOC children, Waiver/non-SOC children, and non-Waiver/non-SOC children whose families received services from SCF?

Hypothesis 5a. The percent of children placed with relatives successively increased across non-Waiver/non-SOC children, Waiver/non-SOC children, and Waiver/SOC children.

Hypothesis 5b. The percent of children re-placed into substitute care successively increased across Waiver/SOC children, Waiver/non-SOC children, and non-Waiver/non-SOC children.

Hypothesis 5c. Average number of moves per child in substitute care successively increased across Waiver/SOC children, Waiver/non-SOC children, and non-Waiver/non-SOC children.

Question 6. Was there a relationship between child well-being and utilization of innovative Waiver services?

Hypothesis 6a. Child school and community behaviors most improved when families received innovative Waiver services, with a strengths/needs approach to direct service.

Hypothesis 6b. Child physical health most improved when families received innovative Waiver services, with a strengths/needs approach to direct service.

Hypothesis 6c. Innovative Waiver services enabled children to be served in less restrictive environments.

Hypothesis 6d. Innovative Waiver services enhanced the knowledge and capacities of families to provide for their children's needs.

Question 7. Was there a relationship between child safety and receipt of Waiver services?

Hypothesis 7a. Rates of re-abuse/neglect successively increased across Waiver/SOC children, Waiver/non-SOC children, and non-Waiver/non-SOC children.

Hypothesis 7b. Rates of further abuse by other caretakers successively increased for groups of children in Waiver/SOC, Waiver/non-SOC and non-Waiver/non-SOC branches.

Question 8. 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?

Hypothesis 8. Receipt of Waiver innovative services allowed for more timely resolution of child/family issues or determination of alternative permanent placements.

Process

Organizational.

Question 9. To what extent were stakeholders (SCF personnel, community partners, and clients) involved with planning and implementation of the Waiver?

Question 10. How were Waiver, SOC, and traditional services integrated at the state, regional, and branch levels?

Question 11. What were the barriers to Waiver implementation and how were they addressed at the state, regional, and branch levels?

Question 12. How were clients selected for Waiver services and what processes were employed to monitor activities and measure progress?

Question 13. What branch and community factors influenced the development and implementation of innovative Waiver plans?

Service.

Question 14. How did staffing patterns at the state, regional, and branch levels affect Waiver implementation?

Question 15. How was training provided to regional and branch personnel to assist in implementing and maintaining Waiver activities?

Question 16. How did branches proceed to match Waiver plans with child and family needs within each locality?

Contextual.

Question 17. What were state, regional, and local social, economic and political dynamics affecting Waiver implementation and maintenance of service change over time?

Question 18. To what extent did Waiver activities influence state, regional, and branch perspectives regarding the development of innovative ways to improve services for children and families?

Definitions

The following definitions of terms were developed to ensure that all stakeholders share a common interpretation of findings. These definitions will be used throughout the project period to ensure consistency across instrument design, data collection, data analysis, and interpretation of findings.

Reach: Reach includes the amount of Waiver money spent, the type of services provided by the Waiver, and the number of children and families served.

Substitute Care: Any placement of a child made by SCF and/or the court outside of the child's original home, paid or unpaid. Examples include (a) relative care, (b) foster care, (c) residential treatment, and (d) shelter care.

Innovative Waiver Services: Services provided that were not established as typical SCF services prior to the Waiver.

School Behaviors: Issues affecting the child's ability to function in school. Includes number of behavioral referrals, attendance, enrollment, academic performance, educational needs and the ways in which those needs are met.

Community Behaviors: Includes child behavioral health needs/issues affecting the child's functioning in the community and ways in which those needs are met. Examples include, (a) gang involvement, (b) drug/alcohol use, (c) arrests, (d) juvenile department referrals, (e) DSM labels (e.g. conduct disorder, ADHD, PTSD)

Less Restrictive Environment: Refers to the amount of structure of a child's placement as well as proximity to the child's natural support system (e.g., child's original home). For example, residential treatment and psychiatric hospitalization would be most restrictive placements and relative care would be a less restrictive placement. The goal is to place the child in the least restrictive environment, while still meeting the child's emotional and physical needs.

Knowledge and Capacities of Families: Information learned, skills gained, support systems developed by the family—anything that increases the ability of the family to provide for the child's needs. Examples of knowledge include (a) evidence that a parent(s) has learned how to

provide appropriate discipline or (b) parent(s) knows where and how to access needed assistance. An example of capacity would be evidence that a parent is applying better supervision skills.

Re-abuse/neglect: Subsequent incident(s) of maltreatment inflicted upon the same child by the original caretaker(s). Maltreatment includes: physical/sexual abuse, parental incarceration, threat of harm, mental/emotional abuse, the birth of a drug exposed/affected infant, abandonment, desertion, and domestic violence.

Further Abuse of the Child by Other Caretakers: when individuals other than the original caretaker abuse a child. The same definition of abuse applies as in the re-abuse definition. Examples include maltreatment of the child in the foster home placement, in a relative placement or by any other non-original caretaker.

Resolution: Change related to child/family issues which leads to the return home of the child and/or the closing of the case file or establishment of a permanent home for a child other than the original caretaker home.

Child/Family Issues: Significant issues for the child/family that impact individual and/or family functioning and/or the ability to safely care for the child. Examples include (a) child acting out, (b) drug/alcohol abuse by parents, (c) abusive parenting (physical), (d) domestic violence, (e) non-protective parenting, (f) neglect, and (g) parent/child conflict.

Community Partners: Any individual, group or agency that is or was involved in planning and implementing the Waiver demonstration project. Examples include non-profit organizations, church or youth groups, current or former consumers, service providers, local Commissions on Children and Families, former consumers, and/or other community leaders.

Description of Evaluation Design

Overall Design

The term “integrative design” best describes the overall strategy for conducting this evaluation. An integrative design is one that incorporates and integrates multiple evaluation approaches. This evaluation employs a participatory approach, quasi-experimental, and qualitative methods. Figure 1 depicts the design and its relationship to the impact and process components.

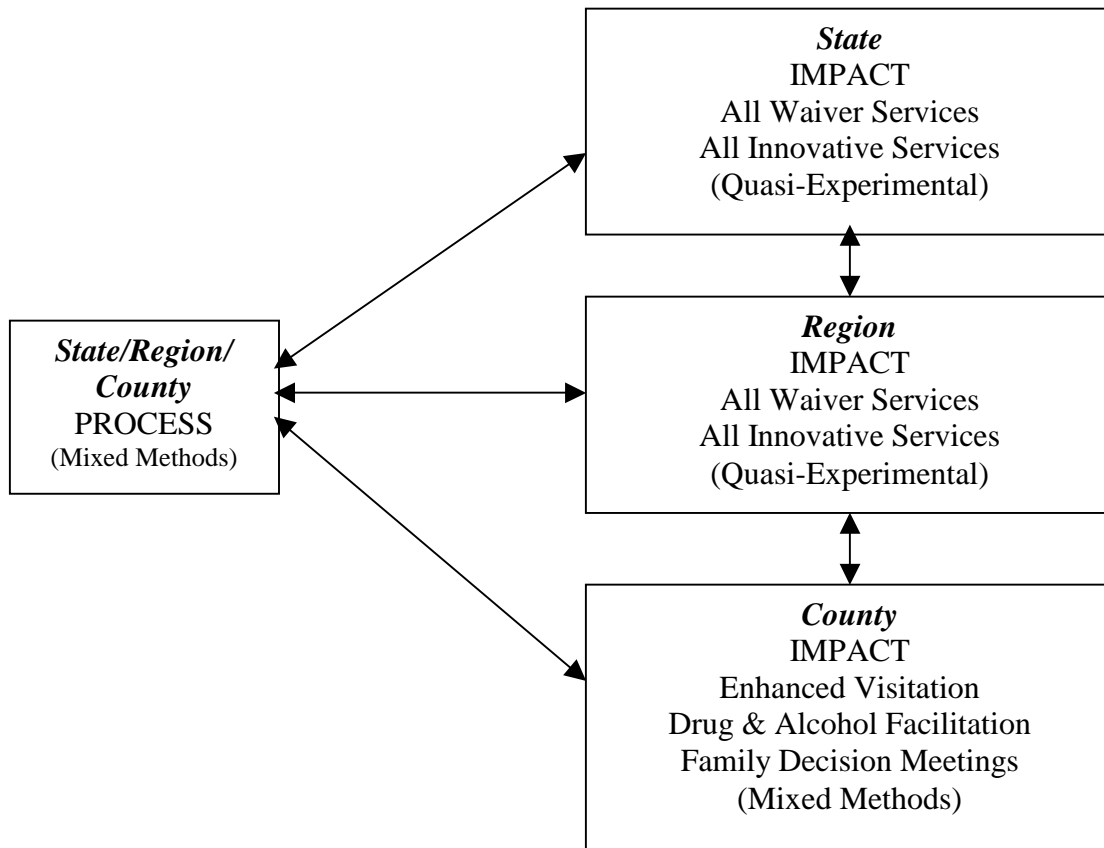


Figure 1. Integrative design.

Participatory Approach

The overarching tenet applied to the evaluation is a participatory approach. The purpose of participatory evaluation is to increase stakeholder engagement, sense of ownership, and self-determination (Patton, 1997). Examples of specific activities include: (a) involvement of multiple stakeholders to determine evaluation questions, (b) development of feedback loops among state Waiver personnel, regional and county administrators, personnel acting as Waiver liaisons at the local level, contractors, and evaluators, and (c) development of communication networks among county Waiver participants who are conducting similar demonstration projects.

Overview of Process Purpose and Methods

The process evaluation explores 3 categories of information: (a) organizational (b) service, and (c) contextual. There are numerous elements of change that potentially impact Waiver implementation and/or outcomes. These changes may originate within policy,

administration, practice, legislation, or community sectors at the national, state, regional, or county levels. These multiple influences create complex interactions that may support or hinder the success of demonstration projects such as Oregon's Waiver.

The process evaluation documents how the Waiver demonstration project progresses over time and synthesizes information collected from multiple sources. Data collection methods include (a) review of SCF documents and flexible fund policies, (b) group and individual interviews with multiple stakeholders, (c) telephone interviews with parents whose families received Waiver services (utilized in second half of the Waiver evaluation), and (d) exit interviews with 2 to 3 stakeholders after a Waiver plan is terminated

Self-Evaluation Strategies

Self-Evaluation strategies were used to assist interested branches and innovative program contractors in conducting collaborative evaluation to measure the effectiveness of innovative services in their communities (Usher, 1995). The Self-Evaluation approach uses a team model to increase collaboration within the community and between local stakeholders and evaluators. Theoretically, the approach increases branch and community ownership and accountability and increases local capacity to evaluate programs. During the first year of the evaluation, it appeared that branches were interested in working with evaluators to conduct self-evaluation. However, as the project progressed, it became apparent that branch stakeholders were not able to devote their efforts toward developing self-evaluation in the context of their Waiver activities. Beginning in year two, the self-evaluation methods were discontinued since, for most branches, the approaches did not appear to be a viable means to evaluate Waiver plans. Key factors that supported or restricted branch participation in self-evaluation are discussed in Section V.

Statewide Impact Evaluation

This section presents an overview of the impact evaluation. First, a description of the three groups of children who received differential SCF services is presented, followed by a presentation of impact evaluation methods.

Description of Groups

As stated in the terms and conditions, 3 groups of children are included in the statewide impact analysis. Group A consists of children whose families received services within

Waiver/SOC branches. Group B includes children whose families received services within Waiver/non-SOC branches and Group C is made up of children whose families received services in non-Waiver/non-SOC branches. The key difference between Groups A, B, and C is the availability of different types of flexible funds. All SCF branches have two base sources of flexible funds: Foster Care Prevention and Payments for Special and/or Extraordinary Needs. Group C has only these two base sources of flexible funds. Group B has two base sources plus the Waiver. Group A branches has the most flexible funding options with two base sources, Title IV-E Waiver, and SOC flexible dollars.

During the first biennium of Waiver implementation (July 1, 1997 through June 30, 1999) Group A consisted of children from 13 branches who received Waiver services and SOC flexible funds. Group B consisted of children from 18 branches who received Waiver services and no SOC flexible funds. In accordance with the HHS approved evaluation plan, Marion County became the sole Group C branch beginning July 1, 1999. Beginning July 1, 2000, 15 Group B branches will become eligible for SOC flexible funds. Table 1 presents branches by group as categorized through June 30, 1999.

Table 1

SCF Branches Classified by Group

Group A [Waiver/SOC]	Group B [Waiver/non-SOC]	Group C [non-Waiver/non-SOC]
Baker	Benton	Coos
Clackamas	Clatsop	Jefferson
Deschutes	Columbia	Marion
Hood River/Wasco/ Sherman	Curry Crook	Umatilla Washington
Klamath Falls	Douglas	
Lane	Gilliam-Wheeler/ Morrow	
Linn	Grant/Harney	
Multnomah:	Jackson	
East	Josephine	
Midtown	Lake	
North/Northeast	Lincoln	
St. Johns	Malheur	
Polk	Union	
Tillamook	Wallowa Yamhill Woodburn	

Impact Evaluation Methods

A Quasi-experimental design is used to answer the impact questions (Campbell & Stanley, 1981). Quasi-experiments are those that have treatments, outcome measures, and experimental units but are lacking random assignment to groups. A non-equivalent comparison group design is used to answer questions related to quantifiable change across groups, such as differences in percentages of children who are placed in substitute care and length of time children are in substitute care. Non-equivalent comparison group designs measure responses of a

treatment group and a comparison group before and after a treatment (Campbell & Stanley, 1981, p. 6). For example, expected and actual child placement averages will be compared between non-Waiver/non-SOC, Waiver/non-SOC, and Waiver/SOC groups. Single system methods are used to examine child and family outcomes over time by repeating the same measures at multiple intervals. Single system methods require the use of one or more reliable measures to assess change at two or more points in time (Royse & Thyer, 1996, p. 107). For example, innovative plans such as the Drug and Alcohol Facilitator service collect child placement data on a quarterly basis from branch personnel. These data will be compared at three-month intervals between the group of children whose families received the service and an equivalent group who did not receive the service to determine the extent to which the service helped maintain children in their homes up to one year after initiation of the service.

Sampling Procedures

Analysis of the impact of the Waiver for the first half of implementation will rely on data derived from Cohort studies V and VI. For the Cohort V analysis, a stratified random sample by branch was used to identify the in-home and substitute care population of children. The Cohort sampling parameters were used to ensure Cohort sample comparability across the 3 groups of interest. In-home was defined as a child living at home for at least 6 months prior to the date of service (target date). Short-term care was defined as a child residing in substitute care for 14 days or less. Long-term care was defined as a child residing in substitute care longer than 14 days. An additional criterion was that a child received the Waiver service within one year of the target date identified. By employing Cohort sampling parameters, not all Waiver cases were included in the sampling universe. Therefore, Waiver state system data (IIS) will be examined for cases outside the sampling parameters to determine the extent to which Cohort Waiver cases are representative of the population of Waiver cases. Additional sampling and/or statistical adjustments may be necessary if the sample is not representative of the Waiver case population.

Data Analysis Procedures

Statewide impact analyses will rely on Cohort V and Cohort VI data. Branch quarterly reports, which consist of branch, provider, and IIS data, will provide supplemental information. Five subgroups of Waiver child and family data will be examined. These include:

- All Waiver services

- Innovative Waiver services
- Enhanced Visitation services [subgroup of Innovative Services]
- Drug and Alcohol Facilitator services [subgroup of Innovative Services]
- Family Decision Meeting services [subgroup of Expansion Services]

All Waiver Services and Innovative Services. The overall analysis of Waiver services and analysis of all innovative services outcomes will rely on the stratified random sample of children whose families received services provided by Waiver flexible funds. Comparisons will be made on key outcomes for substitute care and in-home children in Group A, Group B, and Group C, controlling for child and family difficulty. Outcomes will include (a) child placement at the beginning, ending, and 3 month intervals after completion of services, (b) success in establishing permanency, and (c) rates of re-abuse/neglect and further abuse by other caretakers.

Enhanced Visitation. The impact of Enhanced Visitation on child and family outcomes will examine differences between children and families who received enhanced visitation and those who received traditional visitation services. The enhanced visitation analysis will examine the following child and family outcomes: (a) length of time in foster care, (b) parent capacity to meet their children's needs, (c) maintenance of child safety, (d) timely resolution of family problems, and (e) establishment of permanency. Positive improvements in these areas should contribute to a reduction in child maltreatment and foster care placement. The Enhanced Visitation Section (p. 53) includes a description of the data analysis procedures that will be employed to measure these outcomes.

Drug and Alcohol Facilitator Services. Preventing foster care placement by parent engagement in drug and alcohol treatment services, while preferred, has historically been difficult to facilitate. Participation in treatment is associated with increased return home rates and reduced subsequent maltreatment (Child Welfare Partnership, 1999). Some branches have utilized Waiver flexible funds to develop Drug and Alcohol Facilitator plans to support timely parent engagement and participation in treatment, with the goal of preventing out-of-home placement. Other Waiver plans monitor drug and alcohol involvement by using personnel to facilitate urinalyses. The goals of both approaches are to divert children from entering substitute care, minimize subsequent maltreatment, and promote parental participation in other appropriate services. The comparison group will consist of parents who are referred to drug and alcohol services but have not received Waiver drug and alcohol facilitator services. Impact analysis will

examine the relationship between timeliness of engagement in treatment and prevention of foster care placement, child placement at the beginning, ending, and at 3 month intervals following the completion of service, resolution of child and family issues related to family involvement with SCF.

Family Decision Meetings. Family Decision Meetings (FDM's) are an integral part of SCF philosophy, service strategy, and state legislation (ORS 417.365-417.375). FDM's account for approximately 40% of Waiver flexible spending. The impact analysis will examine differences in case outcomes between families who received Waiver FDM's and an equivalent group of SCF families who received non-Waiver FDM's. These analyses will address the following child outcomes: (a) establishment of permanency, (b) physical well-being, (c) safety, and (d) timeliness of resolution of child and family issues.

Cohort V data collection will be completed no later than November 2000, with data analysis beginning in January 2001. The Cohort VI study will begin in July of 2001.

Status of data collection

Sample selection was completed and case-reading is nearing completion for Cohort V. Cohort in home and out-of-home data collection forms are included in Appendix B. Additional items were added to the Cohort forms to ensure that the case reading instruments captured Waiver and SOC variables considered essential to answer impact questions. Examples of types of data collected for the three groups of interest included (a) demographic information, (b) type of maltreatment, (c) severity of maltreatment, (d) problems or conditions exhibited by caretaker(s), (e) problems or conditions exhibited by children, (f) services offered to caretakers and children, (g) service attendance, and (h) subsequent incidents of removals. Information related to barriers to returning children home is documented for children in substitute care.

IV. STATEWIDE PRELIMINARY FINDINGS

This section includes preliminary findings for process, descriptive, and impact questions and hypotheses. Process and Descriptive findings account for the greater part of information for the first half of the Waiver. Statewide impact analyses will begin for Cohort V data in January of 2001.

The statewide synthesis of process findings is presented, followed by innovative plan descriptions and findings. Subsequent to the innovative plan report, is the section describing the Family Decision Meeting evaluation design.

Process Findings

The process evaluation involves multiple data collection methods. These include (a) document review, (b) exploratory and follow-up semi-structured interviews with state and local SCF and contracting professionals, (c) telephone interviews with parents whose families received innovative services, and (d) exit telephone interviews with stakeholders after Waiver services have been terminated within a branch.

Statewide Process Findings

The process evaluation explores how the Waiver demonstration project progresses over time and provides possible interpretations for why the activities evolved as observed. To date, review of SCF flexible fund policies, policies specific to Waiver plans (e.g., Visitation, Family Decision Meetings), and individual and group interviews have occurred. Parent telephone interviews were initiated in 2000.

This section provides a synthesis of preliminary findings. Information is organized by research question. Process findings related to innovative plans only are presented in the Innovative Plan section (p.48).

Organizational Factors

Question 9. To what extent were stakeholders involved with planning and implementation of the Waiver?

During the course of the first two and one-half years, there was a shift in stakeholder involvement at the state and local levels.

State level. The planning and implementation of the Waiver became increasingly collaborative as the project matured. The following state-level factors may have implications for refining how the state progresses toward statewide systems change, during and beyond the Waiver period.

- As the state administration continued to strategize how to ensure cost neutrality, state financial and program administrators began to work in more focused partnership. The goal of the Waiver administration was to access program expertise to identify specific innovative strategies that would more likely ensure that branches maintain cost neutrality, while implementing best practices to serve specific target populations.
- The Waiver manager's working relationships continued to develop and collaboration increase with accounting services, state information systems analysts, and the evaluation team. The critical need to integrate innovative and expansion of services plans billing records into child and family service data required collaborative problem solving. The ability to reconcile information to ensure its usefulness in planning and monitoring Waiver activities depended upon a team approach and cross-department learning.

Local level. Collaboration with local community partners frequently occurred within the context of planning for the development of Waiver services to meet agreed upon needs. In some instances, the requirement that branches work collaboratively with community partners to develop innovative plans resulted in an increased awareness of the role and organizational structure of SCF. As the demonstration project evolved, some local collaborative relationships were maintained and others deteriorated or dissolved. The following summary presents themes that emerged from interview and exit interview transcripts and surveys.

- A range of community partners (e.g., Commission on Children and Families, Adult and Family Services, private non-profit contractors, family court) was included in deciding the focus of Waiver innovative plans in each site. All sites included community professionals during the developmental stages. There was little evidence of consumer representation on planning groups.

- As the state administration held branches accountable for ensuring the cost neutrality of Waiver services, a number of branch administrators and contractors expressed anxiety about not knowing whether innovative Waiver service contracts would be continued. The state administration struggled to help continue innovative services in branches that were in the developmental stages of innovation but had difficulty ensuring cost neutrality and managing branch-wide ADP. When decisions were made to discontinue Waiver innovative plans, branch management and service providers worked with each other and community partnership teams to identify other sources of funding so that the innovative service efforts could continue. In some instances, resources were found within branch allocations to continue the services. However, the services were usually funded at a lower rate. The results were either fewer children and families served, less comprehensive level of service, or both. Specific examples of how branches accessed resources after Waiver plans were terminated are reported in the Innovative Plan section, beginning on page 48.
- Several branches collaborated with service integration projects. These projects were developed through collaboration between Oregon's Department of Human Services (DHS) and local communities, beginning in the early 1990's. The purpose of the projects was to integrate services at the local level to more effectively address the multiple needs of vulnerable children and families. Each service integration project has local service integration teams that meet regularly to monitor community services and identify creative ways to improve integration of services.
- Generally, as the implementation of innovative services got underway, involvement of the original collaborative groups lessened. Key collaborators over time consisted of the contracting agency and SCF. However, local communities who had well-established collaborative groups (e.g., service integration teams), with SCF as a key partner, tended to be more aware of Waiver progress.
- While the state management realized the need to gain input from those in the field, the development of the Waiver management infrastructure was complex and time consuming. Significant time was spent on review and approval of plans, ensuring and trouble-shooting contracts, reviewing and monitoring plans, tracking the numbers of

children and families served, and developing the strategy for determining cost neutrality. There appeared to be less time to build working relationships with regional and local administration than was preferable

Question 10. How were Waiver, SOC, and traditional services integrated at the state, regional, and branch levels?

The integration of Waiver efforts, SOC, and traditional service provision was observed and documented at the county/branch, regional, and state levels. The following summary presents the themes identified.

- The blending of Strengths-Needs Based SOC and Waiver funds to expand and enhance existing services (e.g., FDM's), or develop more comprehensive services (e.g., enhanced visitation), occurred in multiple counties/branches. Innovative and Expansion of Established Services Plan summaries describe how these efforts have evolved and discuss implications for building more effective community partnerships. For example, in two communities, Waiver flexible funds paid for the cost of renting the visitation site. In the case of FDM's, Waiver flexible funds were used to expand the number of FDM's conducted by enabling branches who were utilizing SOC funds to contract for facilitation of additional meetings.
- The CASA Diligent Search project will utilize trained volunteers to locate potential relative caretakers for children in foster care. The use of CASA volunteers may provide an additional opportunity to work in partnership with the juvenile court and community volunteers. This plan was not implemented prior to December 31, 1999.

Question 11. What were the barriers to Waiver implementation and how were they addressed at the state, regional, and local levels?

Identification of the multiple and complex challenges and description of how these stumbling blocks are being overcome by the state, region, and local SCF branches provide useful insights for Oregon, other states, and the federal government. This section presents the challenges reported by both state administrators and local SCF personnel. Information from interviews, observations, and exit interviews were analyzed to identify key challenges.

Cost-neutrality. Perhaps the greatest challenge to implementation during the first half of the project related to cost neutrality. Oregon was responsible for calculating the cost-neutrality formula. Since the goal was to develop and implement Waiver activities as early as possible after federal approval of the Waiver, local branches were encouraged to submit plans early and begin implementation. Therefore, branches that took advantage of the opportunity early on did not have a thorough understanding of what cost-neutrality meant, how it would be calculated, and the consequences of not maintaining cost neutrality. Accessing Waiver flexible funds seemed like the opportunity to implement new and innovative services for a target population identified by the community partners as in dire need of a different type of support to either resolve family problems or establish permanency sooner for children. As the state administration continued to examine how best to ensure cost-neutrality, it became evident that the cost-neutrality strategy required viewing the Waiver within the context of overall branch activities, especially Average Daily Population (ADP) of children in paid foster care.

During year two, the decision was made to establish ADP as the primary criteria for renewal of existing and approval of newly submitted Waiver plans. For example, while some branches who implemented Waiver innovative services within the first year did not have their plans renewed, others with early implemented plans were able to continue, provided their ADP rate remained either constant or reduced. This decision had the following ramifications:

- Innovative efforts that had gone through the complex and time consuming development phase and were providing services to children and families lost their Waiver flexible funding source. For most branches, the community teams or SCF and the Waiver service contractor worked together to identify ways to continue to fund the service. In most cases, resources were shifted within branch budgets. However, the level of funding was usually less, resulting in either fewer children and families served, a reduction in the quality of professional services offered, or a loss in comprehensiveness of services and support for individual children and families.
- A potential benefit of the Waiver was that these innovative efforts (e.g., enhanced visitation in off-site visitation centers and housing specialist services) were encouraged in

other branches with better chances of maintaining or lowering ADP. Seed money was provided, and service approaches that had not been tried were developed and initiated.

- Some regional and branch managers interpreted the decision as the state administration's misunderstanding of the importance and effectiveness of the specific service or approach.
- There was the perception on the part of some branch administrators that the termination of a collaboratively developed service after a short period of implementation weakened the partnerships and working relationships between community agencies and SCF. On the other hand, the pulling together to find resources to continue services may imply a strengthening of these bonds.
- Generally, the birth of new service programs for children and families evolves over the course of years. Therefore, one year would not be long enough to establish a solid infrastructure for managing, implementing, and providing effective services for children and families. Time limited demonstration programs all encounter the conflict between the time it takes to get a program up and running and the limited duration of the funding source. The Waiver demonstration project is no exception.

Incongruity between Waiver Plans and Proposed Outcomes. Evaluators reviewed each Waiver written plan to identify the relationships between the proposed service, strategies for implementation, and projected outcomes. Generally, measures of success included the reduction in branch ADP, with little or no specification how the service would impact child and family participants. For example, an appropriate outcome for a Drug and Alcohol Facilitator Plan that assists parents to access timely treatment may be to maintain children in their homes. In practice, this service may reduce foster care placement for a significant number of children whose parents receive the service. At the same time, branch-wide ADP may remain the same or even increase.

Complex Nature of Family Problems. A significant challenge and charge of child welfare is to effectively ensure the safety and well being of children by providing services to children and families who have complex and formidable problems. The following issues challenge the ability of the Waiver activities to produce powerful effects:

- While strengths/needs based approaches to service planning and delivery are occurring, the state and local infrastructure to ensure fidelity and quality continue to evolve.
- Family problems of greatest concern were drug abuse, alcohol abuse, and domestic violence. Rural SCF branches reported a growing methamphetamine problem that brought an increasing number of very high-risk families to the attention of SCF.
- Branch managers and supervisors agreed that most often there was no “quick fix.” Service provision and coordination tended to be labor intensive for SCF caseworkers and community providers.

Question 13. What branch and community factors influenced the development of innovative Waiver plans?

Results of exploratory visits and interviews at local sites suggested that multiple factors contributed to branch ability to develop innovative plans. Among these were:

- Branch management with motivation and high-level skills.
- Historically well established partnerships between SCF and community agencies.
- Local leadership who viewed the Waiver as an incentive and opportunity to establish more timely and effective services for a specific target population.

Service factors

Question 15. How was training provided to regional and branch personnel to assist in implementing and maintaining Waiver activities?

- Prior to Waiver implementation, the state Waiver manager met with regional administrators and provided written procedures to branch managers regarding the purpose of the Waiver and how to apply. During year two, the project manager provided prototype plan applications to regional and branch administrators to increase the capacity of regional and branch administrators to submit plans by decreasing the amount of time required for plan development.

- The Waiver manager provided systematic contact with regional and branch managers to provide on-going support and technical assistance. This contact occurred through regular meetings, e-mail, and a newsletter specifically for Waiver participants.
- The SCF state office provided training related to cost neutrality, with written information sent to regional and branch managers.
- Professionals who provided contracted Waiver services and front line caseworkers and their supervisors worked together at the local level to develop and implement innovative services.
- Teams of branch personnel presented their innovative service programs at regional and statewide SCF meetings/trainings.
- The SCF Waiver administrator provided training to regional groups to assist in implementing the Guardianship Assistance plan. [This plan is currently being implemented statewide. Evaluation information will be available for the final report.]

Contextual factors

Question 17. What were state, regional, and local social, economic and political dynamics affecting Waiver implementation and maintenance of service change over time?

Differences in demographics among regions and branches affected types of Waiver activities. Among these factors were:

- Population of the service area (i.e., less populated areas sometimes had difficulty finding qualified professionals to provide services)
- Extent of ethnic and cultural diversity of SCF population compared to availability of qualified professionals with appropriate ethnic and cultural backgrounds to provide the service.
- Variability across branches in proportions of families with high levels of child and family difficulty.

- Differences in community leadership and attitudes toward SCF as an agency appeared to affect the level and quality of collaboration and partnership branches experienced.
- Changes in leadership and management strategies at the state SCF level may have impacted the Waiver. The following examples appeared to have implications for the Waiver in terms of focus, which branches participated in the Waiver, and a shift toward increased collaboration among regional and state administrators.
- As the state agency approached critical points (e.g., preparations for the state legislative session and addressing the requirements of ASFA) there appeared to be increasing pressure to establish ways to ensure that each branch strategically manage its caseload. Moreover, there was growing urgency to understand why Oregon's ADP was increasing when ADP was decreasing in other states and to strategically address ADP.
- A new SCF director came on board in August 1999 and several other upper management personnel changes were made. It is too early to know how these changes may impact Waiver implementation and direction.

Descriptive Findings

In analyzing Waiver activities, demographic characteristics of children served by the Title IV-E Waiver were compared with characteristics of the SCF population. During the first half of the project, 3 characteristics were summarized: (a) age, (b) gender, and (c) ethnicity. In addition, we analyzed expenditure patterns over the first two years of the Waiver by (a) month, (b) type of service, (c) Group, (d) region, and (e) type of Waiver plan.

The information presented in Tables 2-7 and Figure 2 is based on data from the statewide data management system (IIS) for Waiver activities that occurred between July 1, 1997 through December 31, 1999. The most accurate reflection of total numbers of children and families served by the Waiver is 3,703 children and 1,673 families. These totals were calculated from state IIS family data, with the addition of total number of children and families served as reported to evaluators by two branches whose family data were not included in the IIS system.

Demographic Characteristics of Children and Families

Question 1. What were the characteristics of children and families who received Waiver services as compared to the population of people receiving services from SCF?

The number and characteristics of children and families served by the Waiver were calculated from state IIS family data (children=3,591; families=1,616). Wasco-Sherman-Hood River branch and Lane branch family data are not available from the IIS system. These Waiver services account for an additional 112 children and about 57 families.

We compared Waiver and SCF child age to determine differences between children served by the Waiver and the SCF population overall. Findings suggest that the Waiver project served nearly equivalent percentages of each age group. Table 2 reports the ages of 3,591 children who received Waiver services.

Table 2

Child Age by Number and Percent of Waiver and SCF Children Served

Age Range of Child	Number of Waiver Children Served	Percent of Waiver Children Served	Percent of SCF Children Served
Birth to 5	1,064	31.9	33.3
6 to 12	1,468	43.9	41.4
13 to 18	810	24.2	25.3
Total	3,342	100.0	100.0^b

^aMissing cases = 249

^bPopulation of children served by SCF=43,991

Gender was divided about equally for male and female between Waiver children and the population of children served by SCF.

The majority of children served by the Waiver (65.4%), were White, Non-Hispanic. Ethnicity “unknown” was the second largest category for both Waiver and SCF groups. With the exception of the Hispanic category, percentages of children served by the Waiver and children served by SCF were comparable. The percentage of children reported as Hispanic who received Waiver serves was 3.9%, compared to 7.6% for the general SCF population. Table 3 shows the distribution by ethnicity for children who received Waiver services and the population of children receiving services from SCF.

Table 3

Child Ethnicity by Number and Percent of Waiver and SCF Children Served

Ethnicity of Child	Number of Waiver Children Served	Percent of Waiver Children Served	Percent of SCF Children Served
White, Non-Hispanic	2,283	65.4	60.7
Unknown	577	16.5	19.9
African American	338	9.7	7.6
Native American	133	3.8	3.2
Asian	19	0.5	0.9
Hispanic	136	3.9	7.6
Pacific Islander	8	0.2	0.1
Total	3,494	100.0	100.0^b

^aMissing Cases = 97

^bPopulation of children served by SCF=43,991

Reach of the Waiver

Question 2. What is the reach of the Waiver by state, region, branch and plan?

Reach includes the amount of Waiver dollars spent, the types of services provided by the Waiver, and the number of children and families served.

The state expended 1,430,792 dollars for Waiver activities between July 1, 1997 and December 31, 1999. The average state Waiver expenditure per month to provide child and family services in the second half of calendar year 1997 was \$9,071. The average expenditure in 1998 was \$29,863. In 1999, the average expenditure per month had increased to \$84,834.

The numbers of children and families served were calculated using two sources. Tables 4, 5, 6, and 8 include the number of children and families served, as calculated from state IIS family data. Table 7 includes the number of children and families served, based on family data collected directly from branch staff and innovative service providers. Figure 2 shows Waiver expenditures by month for the first half of the project.

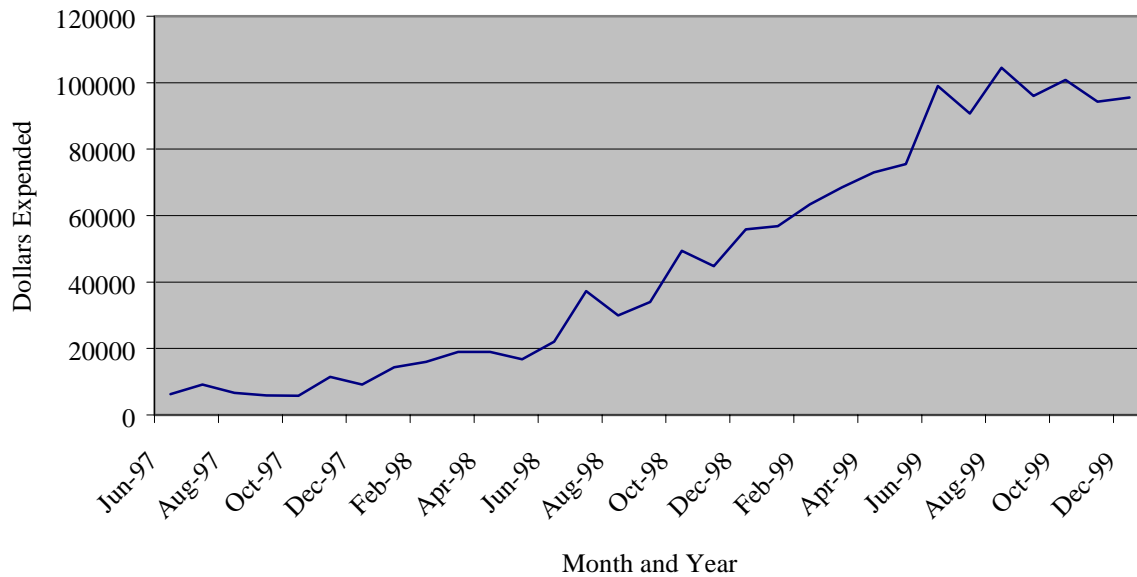


Figure 2. Waiver expenditures by month from July 1, 1997 through December 31, 1999.

Expenditures by Group

Group A branch Waiver spending represented about 70% of total Waiver expenditures for the period. Group B branches accounted for the balance of Waiver expenditures. Table 4 presents approximate expenditures by group.

Table 4

Expenditure Information by Group

Branch Type	Families Served ^a	Children Served	Amount Spent	Percent Spent
Group A	1,086	2,490	1,002,012	70
Group B	530	1,101	428,780	30
Total	1,616	3,591	1,430,792	100

Note. Dollar amounts are rounded to the nearest dollar.

Expenditures by Region

Analysis of expenditures by SCF region show the Metropolitan Portland and Western regions utilized Waiver flexible funds at similar levels during the first half of the demonstration project. These findings are not surprising since these regions incorporate the largest population centers in the state. Table 5 presents the approximate number of families and children served and amount and percent of Waiver dollars utilized.

Table 5

The Number of Families and Children Served, Amount, and Percent of Waiver Dollars Spent by Region

Region	Families Served	Children Served	Amount Spent	Percent Spent
Metro Portland	669	1,537	516,415	36.1
Western	508	1,073	492,878	34.5
Southern	377	832	356,787	24.9
Eastern	62	149	64,712	4.5
Total	1,616	3,591	1,430,792	100

Note. Dollar amounts are rounded to the nearest dollar.

Expenditures by Type of Flexible Waiver Funding

Table 6 presents the number of families and children served, amount billed, and percent of total spending for the three different types of Waiver flexible spending. The number of families and children represent a duplicated count because some children and families received more than one Waiver service. The largest category of Waiver expenditures, 39.7%, was for Family Decision Meetings. The second largest, 26.5%, was for innovative services. The third, 19.6%, was for plans that provided one-time payments to prevent foster care placement.

The number of families and children served was calculated from two different data sources. Table 6 reports data summaries based on state IIS billing and family data. The total number of families served by innovative plans using these data sources was 419. This total was much lower than the number of families served by innovative plans, based on data collected directly from branches and service providers ($n = 527$). The difference of 108 families might be accounted for in a number of ways. First, innovative service data includes all families who

received each service, regardless of whether the service was billed to Waiver or SOC accounts. Second, A number of innovative service contracts were billed quarterly by the service provider without reporting case-by-case activity to the state. Third, developing efficient billing and service reporting to the state data system has required ongoing problem solving. The state and PSU evaluators have made significant strides in reconciling state system and branch/provider innovative service activities' data.

Table 6

Number of Families and Children Served by Type of Service and Dollars Expended

Type of Service	Number of Families	Number of Children	Amount Billed	Percent of Total Spending
Foster Care Prevention (One time payments)	424	1001	280,430	19.6
Innovative Services	340	718	379,320	26.5
Family Decision Meetings (FDM)	995	2168	567,380	39.7
Expansion of Services (except FDM)	60	136	203,663	14.2
Total	1,819*	4023*	1,430,793	100.0

Note. Families and children could receive more than one type of Waiver service. A family could receive a housing subsidy (a one-time payment) and family decision meeting services (an expansion of service).

Note*. Family and child data for the Wasco/Sherman/Hood River and Lane plans are not included. Therefore, numbers of families and children may be slightly underestimated.

Table 7 presents a summary of Waiver activities for each innovative service. All four SCF regions and 12 branches implemented at least one innovative plan. The Klamath Falls Enhanced Visitation plan served the largest number of children and families, at a cost of \$55,824. The Clackamas Drug and Alcohol Facilitator plan served only one family, at a cost of \$594. Both of these plans were discontinued. A total of 1,074 children and 527 families received innovative services, at a cost of \$379,320. Since some children and families received more than

one innovative service, these totals represent the duplicated count of children and families served.

Table 7

Innovative Plan Expenditures for Families and Children Served from July 1, 1997-December 31, 1999

Name of Plan	Branch	Amount Billed	Number of Families	Number of Children
Drug and Alcohol	Klamath Falls	24,728	51	111
Facilitator	Yamhill	42,116	43	88
	Clackamas	594	1	2
Early Intervention	Josephine	12,890	16	39
Housing Specialist	Jackson	12,536	54	125
	Yamhill	10,907	20	44
Star Base One	St. Johns	47,945	13	30
SAFE House	Clatsop	22,000	17	27
Hands-On Parenting	Klamath Falls	48,325	13	32
In Home Parenting	Union	9,979	8	17
Visitation	Deschutes	8,500	31	63
	Josephine	27,314	44	74
	Klamath Falls	55,824	157	326
	Lane	35,828	27	49
	Linn	18,731	27	37
	Malheur	--	--	--
	Hood	270	5	10
	River/Wasco/ Sherman			
Therapeutic Visitation	Lane	833 ^a	--	--
Total		379,320	527	1,074

Note. Dashes indicate a value of zero. A child and family may have received more than one service.

^aThe Lane Therapeutic Visitation Plan served no families. The amount of expenditures listed is

reported as a billing error.

Table 8 presents Waiver activity for Expansion of Service plans. Twenty-three plans were active across the state. All four regions had at least two plans. About 903 families in 16 branches received at least one FDM.

Table 8

Expansion of Service Plan Expenditures for Families & Children Served from July 1, 1997-
December 31, 1999

Name of Plan	Branch	Amount Billed	Number of Families	Number of Children
Family Resource Advocate	Polk	66,363	17	38
Mediation	Clackamas	9,463	5	10
Family Nursery	Midtown	69,000	21	60
Family Resource Worker	Lane	7,952	9	18
Safe Haven Shelter	St. Johns	36,000	2	6
Supportive Services Position	Wasco/Sherman/ Hood River	14,885	30	63
FDM	Josephine	58,847	60	118
FDM	Yamhill	36,510	31	89
FDM	Benton	33,493	37	79
FDM	Columbia	24,367	29	51
FDM	Linn	33,484	42	85
FDM	Lincoln	26,783	38	96
FDM	Douglas	31,229	49	105
FDM	Crook	14,083	23	44
FDM	Clackamas	46,652	76	175
FDM	St. Johns	31,955	59	135
FDM	Gresham	18,065	76	88
FDM	North/Northeast	29,663	55	129
FDM	East Multnomah	81,025	203	426
FDM	Midtown	77,432	187	443
FDM	Klamath Falls	14,126	14	144
FDM	Jackson	9,667		88
Total		771,043	1063	2490

Note. Blanks indicate data not available from IIS during this reporting period. A child and family may have received more than one expansion service.

Descriptive Conclusions

Overall, Waiver activity dramatically increased from year one to year two and continued to increase throughout the second year. Comparisons between children served by the Waiver and the population of children served by SCF across 3 child demographics revealed similarities in age and gender. With the exception of the Hispanic population, ethnic representation was also similar. The percentage of children reported as Hispanic in the Waiver group was nearly half that of the SCF population.

The heaviest users of the Title IV-E Waiver (accounting for comparison branch caseload) were the B branches, especially branches in the Metropolitan Portland and Western regions of the state. Group B did not have access to SOC dollars. For B branches, the Waiver may have been the most expeditious means to systematically implement specific types of services and innovative new programs. The amount of time involved in planning and developing a Waiver plan proposal may have discouraged or at least slowed branch enthusiasm to apply for the Waiver.

Family Decision Meeting services were extensively supported with Waiver flexible dollars. For example, there were 16 Waiver FDM plans. These services accounted for nearly 40% of total Waiver spending.

The Eastern region implemented the Waiver the least. A number of issues may be related to this finding. First, some branches in the eastern area of the state have no locally based, appropriately trained professionals to provide services that require extensive training and experience. In addition, the reality of ensuring cost neutrality within a region or branch with a small population becomes much riskier for branches serving a small number than for those serving large numbers of families. For example, a branch in the Eastern region that utilizes a percentage of Title IV-E dollars to implement a new service or expand an existing service may find the need to place several children from one family in substitute care six months after implementing the Waiver service. Unable to predict this event, the branch must ultimately respond and keep the children safe. The cost of these multiple placements may exhaust the branches Title IV-E dollars and assure an increase in ADP. The ability to maintain cost-neutrality may be thwarted by one such unanticipated event.

Impact Findings

This section presents preliminary information related to the impact of the Waiver. A discussion of revisions in data collection and analysis procedures is presented, followed by a statement of each question, related hypotheses, and synopsis of how each question will be answered. Preliminary impact findings based upon the quasi-experimental design will be available after January 2001.

Revisions in Data Collection and Analysis Procedures

When the report for year 2 was completed (August 1999), the evaluation team was in the process of determining if it was feasible to utilize Cohort Study V and Cohort Study VI data collection and analysis methods to evaluate the impact of the Waiver on key outcomes. The team concluded that, by employing the extensive case reading approach used in the Cohort studies, it would be possible to access the types and quantity of data needed to effectively answer each key research question and hypothesis.

The Cohort study utilizes two data collection forms. These are the In-Home form and the Out-of-Home or Removal form (Appendix B). The evaluation team reviewed all items on each of these forms and developed additional items to ensure that the data collection instruments included the items essential to answer the research questions.

Revised Research Question 3. To what extent did Waiver services prevent the placement of children in substitute care and promote children's return home?

Hypothesis 3a: The percentage of children who remained in their homes successively increased across non-Waiver/non-SOC, Waiver/non-SOC, and Waiver/SOC children.

Hypothesis 3b: The percentage of children who returned home successively increased across non-Waiver/non-SOC, Waiver/non-SOC, and non-Waiver/non-SOC children.

Cohort data will be used to measure the impact of Waiver services on diverting children from placement in substitute care and returning children home from placement. A statistical model used to analyze data from Oregon's Cohort study will be employed to estimate the

expected and actual percentage of the Cohort sample that enter substitute care. The expected and actual percentage of Waiver sample children who enter care will also be calculated. The differences between Cohort expected and actual and Waiver expected and actual will be compared to determine the Waiver's overall impact on substitute care.

Revised Research Question 4. Were there differences in the proportion of children who returned home from substitute care within 3, 6, 9, and 12 months between non-Waiver/non-SOC, Waiver/non-SOC, and Waiver/SOC children?

Hypothesis 4. An increasingly larger proportion of children returned home within 3, 6, 9, and 12 months across non-Waiver/non-SOC, Waiver/non-SOC, and Waiver/SOC children.

Cohort data will be used to ascertain the dates that children from Groups A, B, and C enter and return home from substitute care. Proportions of children returning home within 3, 6, 9, and 12 months will be calculated and compared, controlling for child and family difficulty.

Research Question 5. Were there differences in establishment of permanent placements for Waiver/SOC, Waiver/non-SOC and non-Waiver/non-SOC children whose families received services from SCF?

Hypothesis 5a. The percent of children placed with relatives successively increased across non-Waiver/non-SOC, Waiver/non-SOC, and Waiver/SOC children.

Hypothesis 5b. The percent of children re-placed into substitute care successively increased across Waiver/SOC children, Waiver/non-SOC children, and non-Waiver/non-SOC children.

Hypothesis 5c. Average number of moves per child in substitute care successively increased across Waiver/SOC children, Waiver/non-SOC children, and non-Waiver/non-SOC children.

Outcomes related to these hypotheses will be measured using Cohort case reading data. Statistical significance will be determined by testing differences between proportions for the 3 groups of children.

Question 6. Was there a relationship between child well-being and utilization of innovative Waiver services?

Hypothesis 6a. Child school and community behaviors most improved when families received innovative Waiver services, with a strengths/needs based approach to direct service.

Hypothesis 6b. Child physical health most improved when families received innovative Waiver services, with a strengths/needs based approach to direct service.

Hypothesis 6c. Innovative Waiver services enabled children to be served in less restrictive environments.

Hypothesis 6d. Innovative Waiver services enhanced the knowledge and capacities of families to provide for their children's needs.

Data items specifically designed to address these child well being hypotheses were incorporated into the Cohort data collection instruments. We anticipate that one limitation to adequately testing these hypotheses is that child well being data specific to each hypothesis are not always documented in SCF case records. Therefore, it may be difficult to collect the essential information needed to conduct rigorous hypothesis testing. Initial analysis of Cohort V data will provide the information needed to determine the feasibility of using these data to assess child well being outcomes.

Question 7. Was there a relationship between child safety and receipt of Waiver services?

Hypothesis 7a. Rates of re-abuse/neglect successively increased across Waiver/SOC children, Waiver/non-SOC children, and non-Waiver/non-SOC children.

Hypothesis 7b. Rates of further abuse by other caretakers successively increased for groups of children in Waiver/SOC, Waiver/non-SOC and non-Waiver/non-SOC branches.

Children who return home and children who remain at home after a protective services assessment may be subsequently maltreated. In Oregon, about 16% of children who return home and 17% of children who remain at home are subsequently maltreated, within one year (Child Welfare Partnership, 1999).

There are two measures of subsequent maltreatment: children maltreated by the same caretaker and those maltreated by a different caretaker. For the first category of children, logistic regression will be used to estimate family difficulty or likelihood of subsequent maltreatment. Comparisons will be made between families provided Waiver services, families provided Waiver and SOC services, and non-Waiver non-SOC families. One analysis will consider children who return home from foster care placement and a second analysis will include children who remain at home. To examine subsequent maltreatment for children placed with different caretakers, the proportion of children subsequently maltreated will be compared across the three groups.

Research Question 8. 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?

Hypothesis 8. Receipt of Waiver innovative services allowed for more timely resolution of child/family issues or determination of alternative permanent placements.

The impact of Waiver services on the timely resolution of child and family issues and determination of permanent placements will be examined by identifying the barriers to returning children home and the associated barrier resolution rates, as documented in the Cohort instruments (Appendix B). The rates of resolution of identified barriers will be compared across groups, controlling for level of child and family difficulty.

Summary

The statewide impact of the Waiver demonstration project on child and family outcomes was not determined during the first half of the project. Case reading is nearing completion for the first statewide data set (Cohort V) that will be used to examine the impact of the Waiver. Preliminary analysis of findings will begin in January 2001.

The next section presents detailed descriptions of the innovative plans and preliminary findings. Process and descriptive data are summarized that encompass the collective innovative data.

V. INNOVATIVE PLANS

Twenty-one of the 47 (45%) approved Waiver plans were classified as innovative. This section includes an overview of the types of plans and descriptive information about the development and implementation of each plan. Summaries of service activities are provided for those plans that provided services to children and families between July 1, 1997 and December 31, 1999. The child and family information included in this section is based on data received directly from the local community. The evaluation team is currently in the process of comparing branch data with IIS data to identify and correct for discrepancies.

There are 4 criteria that define an innovative plan:

- The service is different from traditional services provided by SCF (e.g. visitation).
- It is a contracted service not previously established in the branch.
- The service at least partially depends upon funding through the Waiver.
- The branch collaborates with community partners to develop the service.

Overview of Preliminary Findings

This section summarizes descriptive, process, and impact-related data for all innovative plans. Information is organized by research question. Subsequent to the overall findings, each plan is described in detail. Finally, a discussion of the findings and anticipated next steps in the evaluation are presented.

Descriptive Findings

A total of 21 plans were classified as innovative. Of that number, 17 branch plans were implemented in 11 SCF branches during the reporting period. Four types of plans were implemented in more than one branch. These were Enhanced Visitation, Drug & Alcohol Facilitator, In-home Parenting, and Housing Facilitator. Refer to the map in Appendix A to identify locations of specific branches.

Enhanced Visitation plans were implemented in Deschutes, Josephine, Klamath, Linn, Lane, Malheur, and Wasco/Sherman/Hood River branches. The number of months the plans were active (i.e. served one or more families) ranged from 1 to 18. The average length of

implementation was 11 months. Malheur and Lane branches proposed visitation plans that expired prior to serving children. Later, Lane branch proposed and implemented a different type of visitation service.

Drug & Alcohol Facilitator plans were implemented in Clackamas, Yamhill, and Klamath branches. Klamath's plan was discontinued in November 1999. The number of months the plans were active ranged from 0.5 to 26. The average number of months was 11.

In-Home Parenting plans were implemented in Klamath and Union branches. The Klamath plan was discontinued in November 1999 after 6 months of activity. The Union plan was active for 21 months.

Housing Facilitator plans were implemented in Jackson and Yamhill branches. The Jackson plan was discontinued in June 1999 after 15 months of activity. The Yamhill plan has been active for 3 months.

Multiple Plans. There were 3 counties where more than one innovative plan was implemented. Yamhill implemented Drug and Alcohol Facilitator and Housing Facilitator services. Josephine provided Early Assessment and Visitation services, and Klamath implemented Drug and Alcohol Facilitator, In-home Parenting, and Visitation services.

Since there are some discrepancies between innovative plan summaries and IIS data, we chose to report only data provided directly to the evaluators by branch and provider personnel and from case files. A total of 947 children, representing 457 families, were served by innovative services during the first half of the Waiver. Of this number, 85% ($n=808$) of the children received support from 1 innovative service, 12% ($n=116$) received 2 innovative services, and 3% ($n=23$) received 3 innovative services. The majority of children served were White, non-Hispanic, although there were a substantial number of children for whom there was no reported ethnicity. Innovative Waiver plans primarily served children under the age of 12. The genders of children served were fairly equal between males and females.

Process Findings

Process information is reported through February 29, 2000. Information was collected through interviews with branches and service providers, review of Waiver plans, state generated branch review reports, and review of state policies and legislation.

Stakeholder Involvement [Research Question 9]. The state required that Waiver plan proposals include collaboration with community stakeholders to develop each plan. Branches complied with this requirement, although some more than others, rigorously sought the inclusion of their community partners. It appeared that branches with a history of collaboration with community partners had fairly easy access to the collaborative group to elicit ideas and support. In one instance, the provider agency approached the SCF branch with the service proposal.

Service Integration [Research Question 10]. The best example of the extent to which Waiver services were integrated with other community services was the sharing and/or blending of funds. Enhanced Visitation service efforts most frequently worked in an integrated fashion. Other community entities and SCF shared resources for service site expenses and staffing. In addition, a range of direct service providers met regularly to address the progress of individual families.

Challenges and Barriers [Research Question 11].

- Access to reliable and timely data. These efforts were time intensive for branch personnel, providers, and evaluators. Branches and providers worked diligently with the evaluation team to complete the data set. A related challenge was the coordination of data collection between evaluators and branch personnel. Data collection strategies were tailored to each branch.
- Plan Implementation. The implementation of the CASA Diligent Relative Search plan in the Metro Region was delayed due to contractual issues between CASA and SCF. The Family Care program in Woodburn, that targets Hispanic families, was unable to identify a culturally appropriate provider.
- Cost Neutrality. As stated previously, many branches had difficulty understanding the state administration's criteria for approving, renewing, and discontinuing Waiver plans. Training was conducted to help branches understand cost neutrality. However, some branches reported the cost neutrality explanations were complex and confusing.

Client Selection [Research Question 12]. Overall, innovative plans focus on serving families with young children. The exception is the Starbase One program which targets children

ages 8-12 years old. Typically, children targeted for Waiver services are those whom the agency is attempting to prevent from placing in foster care or expedite their return home.

Branch & Community Factors [Research Question 13]. Branches with established community partners prior to implementing a Waiver plan seemed to develop and implement the Waiver plan more quickly and with fewer problems. In contrast, branches that needed to develop new community partnerships seemed to encounter challenges in implementing their Waiver plans.

Staffing [Research Question 14]. Many of the innovative Waiver plans were staffed by contracted paraprofessionals. Paraprofessional positions are generally paid less than professionals, based upon their level of training and expertise. Utilizing paraprofessionals appeared to be more cost effective. However, there may be implications for the quality of intervention and services provided. In one branch, the paraprofessionals who were to provide additional services as part of a Waiver visitation plan reported that they were reluctant to do so for two reasons. First, they were not included in the planning and development process. Second, they felt they should be compensated if expected to do additional tasks. Evaluators will examine staffing decisions, patterns, and their impact on Waiver implementation during the second half of the project.

Training [Research Question 15]. Training was done by the state administration. Trainings were conducted during centralized meetings, regional meetings, and at branch sites. The state administration provided trainings on cost neutrality, since branch managers expressed concern that they did not have a good grasp of the concept. While some branch managers gained a better understanding of the measure, a number of managers remained confused about how to apply to analysis. Few branches conducted pre-implementation training with staff and providers to strategize the process of implementation or obtain the buy in of frontline workers.

Addressing Child & Family Needs [Research Question 16]. How child and family needs were addressed varied by branch and type of plan. For example, visitation focuses on the emotional and attachment needs of the child and Drug and Alcohol facilitator services focus on the treatment needs of the parents. Detailed descriptions of the goals of each service are presented in each plan section.

Social, Economic & Political Dynamics [Research Question 17]. Families involved with SCF appeared to have become more difficult in recent years with a wider range of problems and

more severe issues. Caseworkers continued to report having caseloads that were too large and paperwork that required increasingly more time to complete. During the second half of the Waiver, evaluators will interview frontline workers to document their perspectives.

The goals of the newly implemented Adoption and Safe Families Act (ASFA) policy and the goals of the Title IV-E Waiver are similar in that both aim to achieve permanency for children more quickly. During the second half of the Waiver, evaluation information relating to the extent that ASFA influences the development and implementation of Waiver plans will be collected.

State, Regional & Branch Influence on Innovation [Research Question 18]. The Drug & Alcohol Facilitator plan in Yamhill County was a catalyst for a statewide request for proposals to other counties to develop similar services. The Klamath visitation plan was a model for other counties to develop enhanced visitation services.

Impact-Related Findings

Comparison group information was not available for the first half of the evaluation. However, information related to some plans report child impact, such as child placement data during and after the provision of Waiver services. The data provide knowledge related to key research questions, such as the extent to which Waiver services prevent the placement of children in substitute care and promote children's return home (Research Question 3). Further analysis will be conducted during the second half of the evaluation to more completely answer this question. A discussion of the enhanced visitation impact analysis that will be conducted during the second half of the evaluation is provided in the Enhanced Visitation section, beginning on p.61.

The following sections describe each Waiver plan in detail. Each section includes a description of the innovative plan, followed by preliminary descriptive, process and impact-related findings, and a brief summary of findings.

Enhanced Visitation

Research shows that more frequent family visits with children placed in out-of-home care are associated with shorter placements (White, Albers & Bitonti, 1996). Oregon's Waiver provides the opportunity for branches to capitalize on this finding. The Waiver and

implementation of a strengths/needs based philosophy in Oregon's child welfare system have been catalysts for the beginning of a statewide reform of visitation services.

Seven counties have Waiver visitation plans that increase the quantity and/or quality of visitation. This section describes Oregon's current standard visitation service, differences and similarities among Waiver visitation plans, and descriptive and impact-related findings.

Current Visitation Provision

Oregon's standard practice provides families with a one-hour visit once a week in the SCF office. Caseworkers schedule visits to occur during regular business hours. This allows employees of the agency, typically Human Service Assistants (HSA), to transport children to and from visits and supervise visits during regular business hours. During supervised visits, there are different levels of intensity. The most intense visitation is monitored visually and audibly at all times. As the visit is supervised, the SCF employee documents any significant events or behaviors. Eventually, this information is placed in the case file. If needed, it can be used in court as evidence. The least intense level is unsupervised visitation that takes place in the home from which the child (ren) was removed. This type of visitation would occur only when there is ample evidence that there is no risk to the safety and well-being of the child(ren). Typically, this service signals that a transition home is likely.

Process Findings

Waiver Visitation Plan Similarities/Differences

Often when developing and implementing a new program there are differences between what is proposed and what is implemented. In the case of enhanced visitation, the implemented plans were somewhat different from the proposed Waiver plans. This section discusses these similarities and differences.

The Waiver enhanced visitation plans impacted the quantity and/or quality of the visitation service. Quantity was impacted through the provision of more opportunities for parent/child interaction. Quality was impacted in a number of ways. Examples include: (a) contracting the service to an outside provider with specialized training in parenting or child and family issues, (b) providing visitation on evenings and weekends, (c) providing visitation in

more home-like settings, and (d) integrating visitation with other services (e.g. parent training, early intervention, FDMs). Table 9 describes the similarities and differences among plans.

Table 9

Similarities and Differences Among Enhanced Visitation Plans

	Deschutes	Josephine	Klamath	Lane	Linn	Malheur	Wasco/ Sherman/ Hood River
Increased Amount of Visitation	X	X	X	X	X	X	X
Off-Site Visitation Center		X	X	X	X		X
Visitation coordinator	X	X	X		X		X
Contracted Provider	X	X	X		X	X	
HSA's Supervise Most Visits			X	X	X		X
Contracted Provider Supervises Most Visits	X	X					
Integrate Other Services with Visitation	X	X	X				X

The most notable similarity among the plans was the increase in the number of hours of visitation. Malheur’s plan, although never implemented, was notably different from the other visitation plans. Families targeted for the service were already in the process of reunification, rather than adjusting to the recent removal. Once families made ample progress on their service

plan, and it appeared that the children would return home, the family received increased visitation.

Descriptive Findings

This section describes the children who were served by enhanced visitation plans statewide. Table 10 summarizes the reach of the visitation plans. Three of the 6 counties are located in the Southern Region, 3 in the Eastern Region, and 1 in the Western Region. Most of Group A (Waiver/SOC) has commingled Strengths-Needs Based System of Care and Waiver dollars to fund their visitation plans. Group A branches served a total of 485 children, representing 247 families. For the purposes of the impact evaluation, all children and families who received the innovative service were included in the total number of children and families served, regardless of the funding source, since the Enhanced Visitation service was funded in three ways: (a) blending of Waiver with SOC funds, (b) Waiver funds only, or (c) SOC funds only.

Table 10

Reach of Visitation Plans by Branch

Group	Region	Branch	SOC+ Waiver	Number of Families Served	Number of Children Served
A	Southern	Klamath	Yes	157	326
A	Western	Linn	Yes	27	37
A	Eastern	Deschutes	Yes	31	63
A	Southern	Lane	Yes	27	49
A	Eastern	Wasco/Sherman/ Hood River	No	5	10
B	Southern	Josephine	No	44	74
B	Eastern	Malheur	No	--	--
Total				291	559

Note. Dashes indicate a value of zero.

The demographics of children who received enhanced visitation were similar across plans. Most of the children were birth to 5 years old. Deschutes branch served slightly older children than the other branches. Figure 3 compares the percent of children served in each age group across branches.

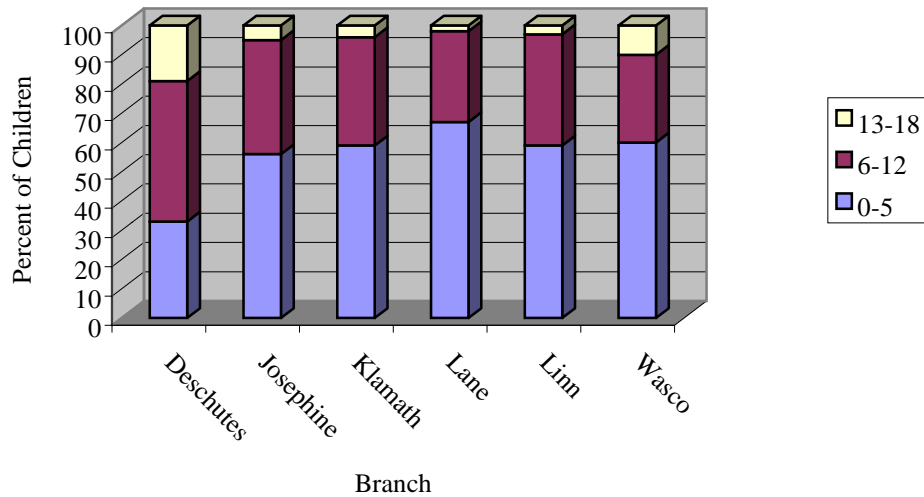


Figure 3. Enhanced Visitation: Percent of children served by age group.

Analysis by gender revealed nearly equivalent numbers of female and male children who received enhanced visitation services. The majority of children served in each visitation plan were White, non-Hispanic. Hispanic, Native American, Asian, and African American children were all represented. Ethnicity was not reported for the majority of children served in Linn County.

Impact Evaluation

The evaluation of Enhanced Visitation services aims to identify differences in outcomes that may occur due to specific variation in how visitation services are provided and incorporated with other services. During the second half of the project, the impact evaluation for enhanced visitation will be conducted. Data sources will include: Cohort study, branch, contracted provider, and state IIS. The following is an overview of how visitation services will be evaluated. Research questions are presented, followed by an overview of evaluation strategies.

Research Questions

1. What were the characteristics of children and families who received Waiver visitation services compared with the comparison group? [Research Question 1]
2. Were there differences between Waiver visitation and comparison groups in length of stay in substitute care? [Research Question 4].
3. Was there a relationship between receipt of therapeutic or skill-based visitation and parents' ability to meet their children's needs? [Research Question 6]
4. Were there differences between rates of re-abuse/neglect of children who received Waiver visitation and the comparison group? [Research Question 7]
5. Was there a relationship between long-term resolution of child/family issues and receipt of visitation services? [Research Question 8]
6. Was there a relationship between the number of visitation hours provided per week and resolution of child/family issues or finding children alternative permanent placements? [Research Question 8]
7. Were there differences between families who received enhanced visitation combined with one or more additional innovative services (e.g., in-home parenting, FDM, D&A Facilitator) and those who received visitation services and no other innovative service?

Evaluation Strategies

The analysis of visitation outcomes will rely on the total number of children served within each group. Variables to be included in the analyses are (a) number of visits, (b) type of visits, (c) child demographics (i.e., age and gender), and (d) level of family difficulty. Detailed descriptions of the overall impact outcomes are presented in the Impact Findings Section, beginning on p.44.

Data from Cohort, branch, provider, and state IIS sources will be accessed to answer the research questions. A comparison group of non-Waiver families will be sampled from the Cohort 5 substitute care population. Groups to be evaluated include:

- All children who received Waiver visitation.

This group will be used to determine the extent to which overall Waiver visitation impacted child outcomes.

- Children who received Waiver visitation in each branch.

This group will be used to determine the extent to which each branch’s visitation service impacted child outcomes. Children who received visitation in Klamath County will be evaluated in-depth. Klamath served a large portion of children and integrated multiple services to meet the individual needs of each child and family. Therefore, evaluators will measure the extent to which this comprehensive approach impacted child outcomes.
- Children who received therapeutic or skill-based visitation and children who received standard visitation conducted by non-SCF staff (i.e., contracted provider).

Analysis of outcomes for these groups will determine the extent to which each type of visitation impacted child outcomes.

Deschutes County

Deschutes County is located in central Oregon. It is a Group A branch (Waiver/SOC). The Deschutes Individualized Needs Based Visitation plan was implemented in November 1998. Prior to the implementation of the visitation plan, the county was unable to meet the need for standard visitation, within existing funding categories. The branch commingled Strengths Needs Based SOC and Waiver dollars to develop a contracted visitation service with Cascade Youth and Family Services (CYFS), a community non-profit organization. The visitation contract is called the Aspen Program. The Aspen Program hires Visitation Mentors from CYFS or from its umbrella agency, J Bar J, to provide visitation supervision and transportation. A portion of children and families received only transportation services through the Aspen Program. Those families are identified wherever pertinent.

The Aspen program targeted lower risk families with children in foster care, relative care, or residential treatment. The plan projected serving 100 children per year. Visits occurred in a variety of locations, depending upon each family’s circumstances. Locations included the parent’s home, public library, or elsewhere in the community. The Aspen program offered visitation services during evenings or weekends, with longer and/or more frequent visits between the parent(s) and child(ren).

Information sources included the provider (Aspen Program), SCF branch, Waiver written plan, and state IIS. First, the demographics and reach of the program are presented, followed by a preliminary analysis of process information. The sub-section concludes with a brief summary of findings.

Descriptive Findings

A total of 31 families, representing 63 children, were served through December 31, 1999. Eight families received transportation services only, with no visitation. The majority of children served by this plan were identified as White, non-Hispanic. One child was Hispanic and 5 of the children’s ethnic backgrounds were not reported. Slightly more than 80% of children served were between the ages of birth and 12 years old. Table 11 summarizes child age and gender.

Table 11

Deschutes Visitation: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	21	33
6 to 12	30	48
13 to 18	12	19
Total	63	100

Gender	Number of Children	Percent of Children
Female	32	51
Male	31	49
Total	63	100

The average duration of visitation services was 3.5 months. The range was 16 days to 11.8 months. Families who received only transportation services participated for an average of 3.6 months, with a range of 3 days to 9.4 months.

Process Findings

The findings presented were based on interviews with branch staff and the Aspen program coordinator, review of the written Waiver plan and other reports written about the Deschutes branch.

Stakeholder Involvement [Research Question 9]. This project was a collaborative effort between SCF, Cascade Youth and Family Services, and J Bar J Youth Services. Community partners involved in the development of the plan included Deschutes County Foster Parent Association and Cascade Youth and Family Services.

Service Integration [Research Question 10]. The Waiver funded 15% of the total cost of the plan. SOC funded the remaining portion. Goals for visits were developed at Family Decision Meetings (FDMs). Recently, Waiver and SOC funds were allocated to pay mentors to attend FDMs. Funds were also allocated for consultation time between mentors and the Aspen Program administrator.

Barriers [Research Question 11]. Barriers to implementation included lack of Aspen staff attendance at FDMs where the visitation plan was developed. Either mentors were not invited or, if mentors were invited, there were no funds allocated to pay for their time. The renewal plan (October 1999) addressed this barrier by providing funds for mentors to attend the meetings. In addition, the visitation referral form was revised to include a reminder to the caseworker to invite Aspen Program staff to the FDM.

Another implementation barrier was the lack of referrals to the program by caseworkers due to their concern about the training and skill level of the Aspen Program mentors. Staff seemed more comfortable with Human Service Assistants (HSAs), individuals whom they work with on a day-to-day basis to supervise visits. As one worker said, “we’ve had messes we’ve had to really clean up, and we wouldn’t have had those had it been SCF staff (supervising visits)”.

Client Selection [Research Question 12]. Families were referred to the program by their caseworkers. Families were assessed based on their potential for rapid reunification.

Branch & Community Factors [Research Question 13]. Branch staff expressed that they valued visitation services and believed that frequent visitation was key to reuniting families. Also, integrating other services with visitation (e.g., parent training) was seen as important. These factors spurred the development of the branch’s individualized needs based visitation plan.

Staffing [Research Question 14]. Another factor that influenced the development of Deschutes visitation plan was the lack of a sufficient number of HSA positions to meet the visitation needs of children and families. HSAs are paraprofessionals who are responsible for transportation and supervision of visits. The number of families that needed visitation exceeded the number of staff available to provide visitation.

Training [Research Question 15]. The Aspen Program Mentors were trained by the Deschutes County HSAs. Initial training included SCF guidelines, SCF practices, and job shadows with HSAs. Follow-up training occurred on a bimonthly basis, consisting of question and answer time with the HSAs and mentors. Both the branch and Aspen Program expressed concerns about mentor training. The central issues included questions about how much information mentors had about families and the amount of training needed to effectively do the job.

Addressing Child & Family Needs [Research Question 16]. Prior to the implementation of the plan, the branch was not able to meet the visitation needs of the children and families served. With implementation, visitation could be more effectively structured to meet the individual needs of children and families. Also, the Waiver visitation plan allowed for more flexibility regarding when and where visits occurred.

Social, Economic & Political Dynamics [Research Question 17]. The SOC evaluation in Deschutes County revealed that between 1992 and 1998 the difficulty of the families served by SCF increased. Families served in their homes were 14% more difficult and families whose children were placed in substitute care were 16% more difficult (Child Welfare Partnership, 2000). Anecdotal information from interviews with SCF staff supported these findings. Moreover, branch staff reported increased caseloads. In some instances, caseloads tripled over the course of 4 years.

State, Regional & Branch Influence on Innovation [Research Question 18]. Deschutes branch was one of the first counties in Oregon to implement a Strengths-Needs Based SOC model. Multiple studies have been conducted in Deschutes County because of its initiative in developing innovative services for families.

Summary

The Deschutes visitation plan aimed to serve 100 children per year using SOC and Waiver funding. In the first 13 months of operation, the plan has served 52 children. The concerns of the caseworkers discussed in the process section may have impacted the number of referrals to the program. These are preliminary findings based on information collected from the state's central database (IIS), Deschutes branch, and the Aspen Program. The collection and analysis of comparison group data will take place in the second half of the evaluation.

Josephine County

Josephine County is located in southern Oregon. It is a Group B (Waiver/non-SOC) branch. The branch contracted with Family Friends, a local social service agency that collaborated with Josephine SCF to provide programs for children and families prior to the Waiver.

Family Friends had an existing visitation program called "The Family Sense Project." Prior to contracting with SCF, the Family Sense Project provided supervised visitations for non-SCF families, such as parents referred by the court but not involved with SCF. Supervised visits were conducted at the visitation center (a home-like environment located in a neighborhood), with the exception of the initial visit, which was conducted in the SCF office by the caseworker.

The plan was implemented in March 1999 and is currently active (i.e. one or more children served). The plan targeted children birth to 12 years old and projected serving a minimum of 125 children per year.

Data sources included the provider (Family Friends), SCF branch, written Waiver plan, and state IIS data. First, the demographics and reach of the program are discussed, followed by the analysis of process information, and concluding with a brief summary.

Descriptive Findings

Through December 31, 1999, a total of 74 children, representing 44 families, were served. Sixty-seven percent ($n=51$) of the children were White, non-Hispanic. Over half of the children were between birth to five years old. Child ages ranged from 9 days to 16 years old. Table 12 presents the number and percent of children served by child age and gender.

Table 12

Josephine Visitation: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	41	55
6 to 12	29	39
13 to 18	4	6
Total	74	100

Gender	Number of Children	Percent of Children
Female	32	43
Male	42	57
Total	74	100

The average length of time children and families received visitation services through the Waiver contract was 2.6 months. The range was 1 day to 8.7 months.

Process Findings

These preliminary process findings were collected during the first half of the evaluation. Information was obtained through interviews with Josephine branch and Family Friends staff.

Stakeholder Involvement [Research Question 9]. This project was a collaborative effort between SCF, Family Friends, and the Family Support Team (FaST). Agencies represented on the FaST team included: Mental Health, community services, Corrections, Health Department, AFS, substance abuse agencies, Project Baby Check, Job Council, and SCF.

Service Integration [Research Question 10]. Children who received Waiver visitation services were provided with a parent/child interaction assessment conducted by an early intervention specialist. This assessment helped determine the amount of contact the child needed with their parent(s).

Barriers [Research Question 11]. According to the branch, implementation challenges included:

- Extensive paperwork required prior to beginning visitation

- Development of efficient ongoing assessment strategies to match family visitation needs and progress with level and type of intervention.

Caseworkers did not follow established protocol for referring families to the Family Sense program. The referral protocol included obtaining a signed visitation contract from the family. To solve this dilemma, the branch and provider decided to send the visit referral form back to the caseworker if the guideline agreement was not signed. Thereby, families were not able to start visits with Family Sense until the caseworker reviewed the guidelines with the parents and obtained their signatures of agreement.

Also, caseworkers did not review the visitation narratives sent to them by the Family Sense program. As a result, the appropriate level of visits for families was not maintained. To remedy this problem, the branch changed the process to include copies of the visitation narratives where Family Sense staff recommended a change in the visitation plan to the SCF supervisor. The supervisor was responsible for making sure needed changes were made.

Client Selection [Research Question 12]. Family Friends, a local non-profit organization, provided visitation through the established Family Sense program. All visits, except the initial visit, took place outside the Josephine SCF office. At the initial visit, the caseworker observed the family and assessed their visitation needs. Then, the caseworker reviewed written visitation guidelines and asked the parents to sign a contract agreeing to the visit guidelines.

There were three Family Sense staff that supervised visits. Typically, there were two staff members on site while visits were occurring. One staff member observed the visit and the other sat in a separate room and provided additional support if needed. Narratives were written by the staff for each visit observed. Copies of the narratives were sent to the caseworkers for review and assessment of needed visitation plan changes (e.g., number of hours increased or decreased).

Branch & Community Factors [Research Question 13]. The established relationship between SCF and Family Friends prior to the implementation of the plan appeared to provide an environment conducive to further collaborative efforts. Analysis of interview transcripts suggests that barriers to implementation were resolved efficiently between SCF and Family Friends.

Staffing [Research Question 14]. The process information gathered through December 31, 1999 does not indicate any staffing issues at the branch level that affected the implementation of the Waiver plan.

Training [Research Question 15]. No formal training was provided to branch personnel or Family Friends prior to implementation of the plan. Family Friends had a working relationship with SCF prior to the Waiver and was familiar with SCF branch practices and staff.

Addressing Child & Family Needs [Research Question 16]. A parent-child interaction assessment was conducted within three weeks of the child's placement. The assessment information was utilized to create a visitation plan that most effectively addressed the needs of the family.

Summary

The Josephine visitation plan projected to serve 125 children age's birth to 12, each year. In the first 10 months of implementation 74 children were served. Josephine branch appeared to target the population proposed in the original plan. Data were collected from state IIS, Josephine branch, and Family Friends.

Josephine County has 2 other active Waiver plans. During the next two and a half years we will identify children who received multiple Waiver services to determine whether they had better outcomes than children who received only one Waiver service. Process information will also continue to be collected.

Klamath County

Klamath County is located in Southern Oregon. It is a rural county. Klamath is part of Group A (Waiver/SOC). The branch philosophy emphasizes the importance of focusing on the needs of the child while being family centered. Implemented in September 1998, the Child/Parent Attachment plan reflects this philosophy. The branch structured visits around the needs of the child while the family receives individualized help.

The plan was a collaborative effort between Klamath Youth Development Center (KYDC), Oregon Institute of Technology, and SCF. Visits occur at the visitation center in the community. The visitation center was a refurbished home in a residential neighborhood. KYDC managed the center and conducted therapeutic visitations. SCF Human Service Assistants

(HSAs) were based at the center and provided visitation supervision, or supported visits. All visits in Klamath County occurred outside of the SCF office, either at the visitation center, at the child’s home, or at another community setting.

Information sources included the provider (KYDC), SCF branch, Waiver plan, and state IIS. First, the demographics and reach of the program are discussed, followed by a preliminary analysis of process information, and concluded with a brief summary.

Descriptive Findings

The Klamath visitation plan served 326 children, representing 157 families, through December 31, 1999. Fifty-nine percent (n=192) of these children were Caucasian and 24% (n=78) of the children’s ethnic backgrounds were not indicated. Native American, Hispanic, and African American children were all represented. Over half of the children served were under the age of 5. The children ranged in age from newborn to 17 years old. The average aged child was 5 years old. Table 13 presents the number and percent of children served by age and gender.

Table 13

Klamath Visitation: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	191	58
6 to 12	121	37
13 to 18	12	4
Unknown	2	1
Total	326	100

Gender	Number of Children	Percent of Children
Female	170	52
Male	154	47
Unknown	2	1
Total	326	100

The duration of visitation services for families averaged 4.8 months. The range of service was between 1 day and 14 months.

Process Findings

Process data were obtained through interviews with Klamath branch and KYDC staff, and the written Waiver plan.

Stakeholder Involvement [Research Question 9]. This project was a collaborative effort between SCF, KYDC, and Oregon Institute of Technology (OIT). Community partners involved in the development of the Waiver visitation plan included: Lutheran Family Services (LFS), branch staff, Citizens Review Board, KYDC, OIT, Juvenile Court judges, children's attorneys, and the local Attorney General.

Service Integration [Research Question 10]. The Klamath visitation plan was funded through money from both SOC and the Waiver. Services were integrated with visitation to maximize parent-child contact and meet the individual needs of the child and family. Women in residential drug & alcohol treatment visited with their children (who were in care) once a week at the visitation center. Early Interventionists, who worked with county services for children with special needs from birth to school age, worked with SCF families at the center when there were children involved with cognitive or physical disabilities (e.g., fetal alcohol affected). A therapist, located on-site, met with families and provided individualized parent training. That individual resigned due to lack of funding and the position was discontinued. FDM's regularly included a representative from the visitation center in order to provide information from visits about the needs of the child.

Barriers [Research Question 11]. The implementation of this service had some challenges. Visitation center staff and branch administration reported that caseworkers were more removed from visitation since it occurred outside of the office. Branch supervisors noticed that visitation services needed to be integrated into case plans more consistently. In order to rectify these issues, branch administrators worked toward structuring all service plans around the information drawn from visitation, such as the strengths and needs of the children and parents, to ensure the integration of visitation in each case plan.

Client Selection [Research Question 12]. All children and families who needed visits received them, either at the visitation center or in the community.

Branch & Community Factors [Research Question 13]. Branch and community partners expressed the desire to improve visitation through an increase in quality and quantity. Also, the branch office lacked the space needed to provide enhanced visitation.

Staffing [Research Question 14]. More HSA positions were needed to meet the visitation needs of the children and families served. Also, since HSAs were based at the visitation center to supervise visits, there were not enough HSAs to provide transportation for children to things such as doctor's appointments.

Training [Research Question 15]. HSAs were involved in on-going training with other agency staff and mental health professionals to enhance their capacity to conduct assessments and interventions. Weekly meetings provided HSAs with training time to review cases and discuss issues that emerged during visits. The visitation site therapist conducted the meetings.

Addressing Child & Family Needs [Research Question 16]. The plan focused on the individual needs of the child. It provided a parent-child interaction assessment to determine the amount of contact the child needed with the parent each week. More frequent visits were provided if needed to meet the needs of the child.

Social, Economic & Political Dynamics [Research Question 17]. Since the early 1990's, the SCF branch maintained positive relationships with community partners (e.g., faith community and courts). Branch philosophy emphasized the importance of the needs of the child.

State, Regional & Branch Influence on Innovation [Research Question 18]. The plan was one of the first enhanced visitation programs implemented. Other counties adopted the model. However, Waiver funding was discontinued by the state administration due to the consistently increasing number of children in foster care within Klamath County. The Waiver originally funded greater than one-half of project costs. The program lost staff when the Waiver flexible funding option ended. As a result, visits began occurring only once a week for one hour at the visitation center. The parent-child assessment was no longer offered and there was a shortage of supplies for the center. The community and branch were committed to continuing the visitation center and used SOC funds to partially supplement the center.

Summary

Klamath's visitation plan was implemented in September of 1998. Klamath met the proposed goal to serve 200 children per year, serving 326 children over a period of 16 months.

During the second half of the Waiver evaluation, we will continue to collect process and impact information related to the research questions. Outcomes for children who received visitation combined with one or more additional innovative services will be compared with outcomes for children who received the visitation service only.

Lane County

Lane County is located in the Southern Region of SCF. It is a Group A branch. The county includes both urban and rural environments. The county stretches from the southern Willamette Valley to the Oregon coast, and includes the city of Eugene, the second largest urban center in the state.

Lane's innovative visitation plan was implemented in May 1999. The plan projected to serve 136 children per year, mostly children ages birth to 10. Families targeted for the Strengths/Needs Based Visitation Project were those with a plan for reunification, those who could benefit from skill-based visitation, and those in which it was in the best interest of the child to have increased contact with their parent(s). The branch planned to have a parent/child interaction assessment completed by a mental health provider within 2 weeks of the child's out of home placement. Specially trained HSAs from SCF provided supervision and interventions for visits. Visits were offered to target families more often, for longer periods of time, and/or in the evening or on weekends. The visits were strengths/needs based and the parents helped develop goals for visits.

Lane County had two off-site visitation centers in addition to the local SCF office. The Waiver funding for this program was used to pay for the visitation centers and for transportation services.

Information sources included the SCF branch, written Waiver plan, and state IIS. First, the demographics and reach of the program are discussed, followed by the analysis of process information, and concluded with a brief summary.

Descriptive Findings

Through December 31, 1999, the Lane visitation plan served 49 children, representing 27 families. These children were primarily identified as Caucasian. Children ranged in age from 12 days to 13 years old, with a mean age of 5 years. Sixty-seven percent ($n=33$) of children served

were 5 years old or younger. Table 14 summarizes the number and percent of children served by age and gender.

Table 14

Lane Visitation: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	33	67
6 to 12	15	31
13 to 18	1	2
Total	49	100

Gender	Number of Children	Percent of Children
Female	26	53
Male	23	47
Total	49	100

The average length of service provision was 4.1 months. The length of service provision for families ranged from 28 days to 5.9 months.

Process Findings

Process information was obtained through interviews with Lane branch supervisors and Human Service Assistants (HSAs). Interviews were audio taped, transcribed, and a content analysis was conducted.

Stakeholder Involvement [Research Question 9]. Analysis of process data provided conflicting information regarding the extent to which community partners were involved in the development of this Waiver plan. While the plan states that community partners were involved in the planning, the local therapist who provided the service and the HSAs provided no information that supported the written plan statement.

Service Integration [Research Question 10]. The plan utilized both SOC and Waiver funds. No additional information was available regarding the extent to which the service was integrated with other community services.

Barriers [Research Question 11]. The Lane County Strengths Needs Based Visitation Project was initially structured to provide 2 off-site visitation centers, a visitation center coordinator, contracted transportation providers, more expedient parent/child interaction assessments, and skill-based visits provided by specially trained HSAs. There were several barriers to implementation of this program.

- The state administration did not approve funding for the visitation center coordinator position. Since no other funding was available for the position, no center coordinator was hired at the time of implementation.
- Contracts with therapists to provide the parent/child interaction assessments were not fully utilized. It is unknown at this time why this occurred.
- The branch, as a whole, did not appear to buy in to the newly established visitation approach. Branch supervisors and staff perceptions were that during the implementation of the program, the branch was experiencing tremendous change and personnel were unable to focus on the Waiver visitation plan. A major change was the development and opening of a new branch office in the community. As a result, many staff positions were moving or staff roles were being redesigned. In addition, 6 new supervisors were hired.
- Intensive training was required in order to teach the HSAs how to conduct skill-based visits. Skill-based visits required HSAs to be involved in visited and interact with parents and children on a clinical level. During the process of implementation, the branch discovered a lack of consistency in how HSAs conducted skill-based visits. In addition, skill-based visits were not routinely conducted with families. The 2 HSAs, who conducted skill-based visits regularly, were transferred to the new branch office in order to develop a consistent method of conducting this type of visitation service at the new location.

Client Selection [Research Question 12]. Families targeted to participate in this service were (a) those whose service plan included reunification, (b) those who had young children (0-12 years old) perceived as benefiting from increased visitation, and (c) parents who would benefit from hands-on skill building. The written plan described the risk factors of families who would be targeted for the service. Parent risk factors included: substance abuse, mental illness, child neglect, criminal involvement, previous termination of parental rights related to other children, domestic violence, low income household, and teen parent.

Staffing [Research Question 14]. The HSA position was a SCF paraprofessional role. Typically HSAs were responsible for transportation and supervision of visits. Supervised visits usually meant observing parent child interactions and writing visit summaries for caseworkers. The visitation program implemented in Lane County significantly changed the role of the HSA during supervised visits. Skill-based visits involved interacting with the parent and child on a therapeutic level. A few of the HSAs enjoyed working on a more intense level with families, but the majority preferred the standard HSA role.

Training [Research Question 15]. HSAs received training in the Strengths Needs Based visitation model. The trainer was a local therapist and community partner. Several training sessions were offered, but few HSAs attended all of the sessions.

Addressing Child & Family Needs [Research Question 16]. This plan provided more parent child contact, when appropriate for the child. It also provided an opportunity for parents to receive one-on-one help to improve their parenting skills.

Social, Economic & Political Dynamics [Research Question 17]. The Lane County branch of SCF was unique compared to other branches in Oregon. The branch had a specialized training program for new caseworkers called “The Academy.” The branch developed a one-year long training program for new workers. New workers were intensely supervised and assessed to determine which unit would fit their strengths the best. The branch also provided parent mentors for families on their caseload. Parent mentors were former SCF clients who serve as advocates for other parents currently involved with the agency.

Summary

The Lane visitation program projected to serve 136 children per year. In the program’s first 8 months, 49 children were served. The visitation plan met the goal of serving primarily

young children. However, branch culture and other factors appear to have had an impact on program implementation.

Linn County

Linn County is a largely rural county in the Willamette Valley of Western Oregon. The SCF branch contracted with a Linn-Benton Community College parent trainer to coordinate the visitation center in Lebanon; a rural community located approximately 15 miles from the county seat, Albany. When this plan was initially implemented there were two visitation sites in the county and contracts with two parent trainers to coordinate the sites; however, due to under-utilization the branch discontinued use of the Albany visitation center site.

Families targeted are those assessed by the branch to be low risk, whose case plan goal was reunification, and whose children were between the ages of birth and 11. The plan aimed to increase the amount of visitation offered at an off-site facility for 50 children per year. The Waiver paid the rental costs of the visitation center.

Information sources included the SCF branch, provider (LBCC), written Waiver plan, and state central database (IIS). First, the demographics and reach of the program are discussed, followed by a preliminary analysis of process information, and concluding with a brief summary.

Descriptive Findings

The Linn County visitation plan served 37 children, representing 27 families through December 31, 1999. Most of the children's ethnic backgrounds were not indicated. There were 8 children listed as Caucasian and 2 children listed as African American. Child ages ranged from 3 months old to 14 years, with a mean age of 5.3 years. The majority of children served were 5 years old or younger. Table 15 reports the number and percent of children served by age and gender.

Table 15

Linn Visitation: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	22	59
6 to 12	14	38
13 to 18	1	3
Total	37	100

Gender	Number of Children	Percent of Children
Female	21	57
Male	16	43
Total	37	100

The average duration of service was 4.6 months. Length of service provision ranged from 1 day to 8.2 months.

Process Findings

Process information was obtained through interviews with branch staff, LBCC, and written Waiver plan. Interview tapes were transcribed and content analyzed.

Stakeholder Involvement [Research Question 9]. The plan was developed through collaboration with multiple community partners including: Linn Benton Community College, foster parents, public health, the schools, police, Adult and Family Services, WIC, Early Intervention, the juvenile department, and volunteer services.

Service Integration [Research Question 10]. The plan was funded through both Waiver and SOC flexible funds. The Waiver paid for the rent and supply costs of the visitation center and transportation costs. Strengths-Needs Based SOC paid for the contract with the Linn Benton Community College parent trainers to provide coordination and supervision at the visitation center.

Barriers [Research Question 11]. At the beginning of the project, there were 2 visitation centers, but due to underutilization, one was discontinued. Caseworkers did not refer as many

families to the Albany center as to the Lebanon center. The branch office was located in Albany and caseworkers seemed to prefer to schedule visits at the branch office rather than the visitation center.

Client Selection [Research Question 12]. This plan targeted families assessed as low-risk. Young children, ages birth to 11 years old, were also targeted.

Branch & Community Factors [Research Question 13]. The Linn branch desired to help maintain parent-child attachments through increased contact and better quality visits. The goal was to reunify families more effectively.

Staffing [Research Question 14]. During the implementation of this program, the branch did not have a full supervisory staff. This may have impacted the number of referrals to the program by caseworkers since supervisors helped caseworkers determine which families would be appropriate for referral.

Training [Research Question 15]. Staff was informed about the enhanced visitation service when it was implemented but no further training was noted.

Addressing Child and Family Needs [Research Question 16]. The Albany visitation site provided group visits with a parent support group component. At group visits, families engaged in structured activities with their children developed by the parent trainer. The parent support group, offered immediately following the group visit, was a time for debriefing and sharing.

Summary

The Linn visitation program was active for 18 months. There were 37 children served during this reporting period. The original plan projected serving 50 children every 6 months. Due to the lack of referrals to the Albany center, the site was closed. The Lebanon site, the more rural location, continued to operate.

Malheur County

Malheur County borders Idaho, in the Eastern Region. It is a Group B (Waiver/non-SOC) branch. There is an established diverse population including Hispanic, Basque, Native American, Asian, and White, Non-Hispanic residents. The Malheur branch attempted to expand its existing parent-training contract with the local community mental health provider for a therapeutic visitation program. However, the plan was never fully implemented due to lack of referrals.

Malheur's therapeutic visitation program targeted families who were enrolled in, or had completed, parent training. Increased visits were provided to families who were in the process of their children transitioning home. In contrast to a number of other visitation plans, the Malheur plan aimed to provide more intensive visitation near the end of the case, rather than at the beginning.

Barriers to Implementation

The Malheur visitation program was never fully implemented. There appeared to be a number of possible reasons. Analysis of group and individual interviews with branch personnel suggested one possible reason might have been the top-down manner in which the plan was developed. The Branch manager wrote the Waiver plan, met with community partners, and then informed branch staff about the plan after the state Waiver manager approved it. A second reason was the lack of client referrals. Interviews with branch staff indicated that there were no families who fit the criteria for the service. It was felt that more intensive visitation was needed at the beginning of a case, rather than the end, in order to maintain attachment between the parent and child and keep the parent motivated to complete services. The evaluators discussed strategies with staff, such as re-writing their plan to emulate the other visitation plans in the state. Follow-up contact with the branch and the state Waiver manager revealed no change in the branch's strategies.

Branch staff also expressed deep concern about child safety issues in relation to the Title IV-E Waiver. Their understanding of the Waiver service was that children had to be returned home in order to meet the cost-neutrality criteria, which could put the child at risk if done prematurely. In addition, it was felt that keeping a child safe was not recognized as "success" in the Waiver program. These misunderstandings were brought to the attention of the state Waiver manager, who subsequently contacted branch personnel to clarify the Waiver goals and cost-neutrality requirement.

Summary

This plan was never utilized. Information gathered from caseworkers indicated that the service did not fit what families needed. The local collaborative team made efforts to adapt the

plan to better meet family needs and change the criteria for selecting families. However, modifications to the plan were never implemented.

Wasco/Sherman/Hood River Counties

Wasco, Sherman, and Hood River are neighboring counties in the Eastern Region that border the Columbia River on the north central portion of the state. These counties are part of Group A (Waiver/SOC). The Active Visit Center plan was implemented November 1999. The branch contracted with Columbia Gorge Community College (CGCC) to provide space for the visitation center. The visitation center was a home located on the CGCC campus. The plan targeted children in out of home care who needed to visit their parents, relatives, and potential adoptive parents. The branch projected serving 30 to 40 children per month.

Information sources included the SCF branch, written Waiver plan, and state IIS. First, the demographics and reach of the program are discussed, followed by the analysis of process information. Lastly, a summary of findings is provided.

Descriptive Findings

Ten children, representing 5 families, were served during the first month of operation. Six of these children were White, non-Hispanic and 4 were African American. The majority of children were age's birth to 5 years of age. Table 16 summarized number and percent of children served by age and gender.

Table 16

Wasco/Sherman/Hood River Visitation: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	6	60
6 to 12	3	30
13 to 18	1	10
Total	10	100

Gender	Number of Children	Percent of Children
Female	4	40
Male	6	60
Total	10	100

Process Findings

Process data sources included interviews with branch staff and analysis of the written Waiver plan.

Stakeholder Involvement [Research Question 9]. Community agencies involved in the development of the visitation plan included: Columbia Gorge Community College, White Lion Cab service, The Next Door Inc. (a social service provider), mental health, and AFS. Prior to opening the visitation center, an advertisement was made to encourage community donations to the visitation center (e.g. children’s books, toys, furniture). Community response was overwhelming. The majority of the center was furnished through donations by community members.

Service Integration [Research Question 10]. Prior to the Waiver, the visitation program was funded through an Annie Casey Foundation grant. During that time, the visitation center was contracted with the local Head Start program and the West Park Place Apartments. These contracts were discontinued due to complexities in scheduling visits around the other community partners who used the buildings. Also, visits were often moved between the 2 sites which caused

confusion for families and the branch. Under the Waiver, the branch contracted with Columbia Gorge Community College.

Barriers [Research Question 11]. This was a new program that was well planned prior to implementation. The process information gathered did not indicate significant barriers to implementation at this time.

Client Selection [Research Question 12]. All families had their first visit in the SCF office. Meetings were then held with families to discuss the visitation plan, and then families started visitation at the center. Visit supervisors conducted informal pre and post visit meetings with the parents to prepare for and debrief from each visit. Before the first visit was scheduled, caseworkers reviewed the visit guidelines with the parents. Parents signed a contract stating that they understood the visit guidelines. The contract also included the schedule of visitation dates and times.

Branch & Community Factors [Research Question 13]. A factor that influenced the development of the plan was the lack of space for visits at the branch office. The visitation needs of the parents and children were not being met by the space available at the SCF office.

Training [Research Question 15]. Training was provided to SCF staff and community partners prior to the implementation of the Waiver plan regarding visitation goal development, how to build on family strengths, and how to meet the individual needs of children during visits. After the training, Wasco branch developed three components of the visitation plan. The first was development of visitation forms to help caseworkers outline visitation plans. The second was the implementation of visitation meetings. Meeting participants included: the family, community partners, SCF, and foster parents. Goals of the meeting were to: coordinate visitation services, identify safety issues, and use a team approach to meet the needs of the family. The final component was the creation of a visitation site coordinator position. The coordinator was responsible for supervising visits, transporting, and scheduling visits. A Family Resource Worker (FRW), an SCF employee, was selected as the visitation coordinator.

Addressing Child & Family Needs [Research Question 16]. This plan aimed to provide a visitation environment to meet the individual needs of each child and family. Visitation was structured to build on the strengths of the family.

Summary

This plan was implemented only one month prior to the end of the reporting period. Since the service was in the developmental phase, the branch may not have had sufficient time to reach the projected goal to serve 30 to 40 children per month. The branch appeared to invest substantial time strategizing how to implement the service. One strategy was to prepare caseworkers for the new visitation service by meeting to clarify the purpose of the service and referral procedures. The initial steps to prepare for implementing the service appeared to be conducted strategically and thoughtfully.

Discussion

Visitation has gained attention around the state as an essential service that should be planned and implemented within the context of the strengths-needs based philosophy. Future statewide visitation reform is anticipated. It appears that Oregon's Title IV-E Waiver services may be influencing the development of community-based visitation services that involve the sharing and integration of financial and professional resources to maximize visitation capacity and build healthy parent-child relationships for families involved with the child welfare system.

Although some plans have been under utilized, preliminary information suggests that enhanced visitation approaches appear promising. Evaluation tasks for the second half of the Waiver will include analyses of the impact of visitation services on child and family outcomes.

Drug and Alcohol Facilitator

Substance abuse is viewed as a serious problem in families and a risk factor for child abuse (Wolfner & Gelles, 1993). Research indicates that, in order to address this issue, child welfare and substance abuse treatment providers need to work together in order to:

- Improve screening and treatment referrals for parents with substance abuse issues at the child protective services level;
- Assure timely access to substance abuse treatment;
- Assist parents to remove tangible barriers to participating in treatment (e.g., transportation, child care).
- Support parents in recovery to build clean and sober support networks.

- Help parents develop life and parenting skills;
- Help parents access community services; and
- Provide parents with adequate relapse prevention skills and supports (Rittner & Dozier, 2000; The National Center on Addiction and Substance Abuse, 1999; U.S. Department of Health and Human Services, 1999; Smyth & Miller, 1997).

Drug and alcohol abuse is among the risk factors in Oregon that contribute to foster care placement. This section includes information about the 3 drug and alcohol facilitator plans implemented during the first half of the Waiver.

Process Findings

Waiver Drug and Alcohol Facilitator Plan Similarities/Differences. Yamhill, Klamath, and Clackamas branches implemented Title IV-E Waiver drug and alcohol facilitator plans. Each plan was developed through the collaborative efforts of local community teams. The Klamath and Clackamas plans were based on Yamhill's Drug and Alcohol Facilitator model. However, each branch implemented the drug and alcohol facilitator plan somewhat differently, based on agency and community contexts.

There were a number of similarities between the Yamhill and Clackamas plans. Both plans focused on preventing removals of children by engaging parents in treatment as soon as they became involved with SCF. The key difference in plans was between the types of provider who contracted with SCF to provide the service. Clackamas contracted with their Parent Training provider and Yamhill contracted with the county substance abuse treatment provider.

Although Klamath initially referred to Yamhill's plan as a model, their program developed differently. Klamath SCF utilized the drug and alcohol facilitator to develop a urinalysis protocol and to collect urine samples from parents, as ordered by the court and/or requested from caseworkers, the visitation center, or treatment providers. The Klamath drug and alcohol facilitator service targeted families whose children were in substitute care as a means to facilitate permanency for children.

Descriptive Findings

A total of 201 children, representing 95 families, received Waiver drug and alcohol facilitator services. Fifty-two percent ($n=104$) of the children whose parents received this service

were between birth and 5 years of age. Fifty-one percent ($n=103$) of the children served were female and 49% ($n=98$) were male. Two branches were located in the Western Region and one branch in the Southern Region. Figure 4 presents the comparison by branch plan of percentage of children served by age group. All of the children served by the Clackamas branch plan were birth to five years old.

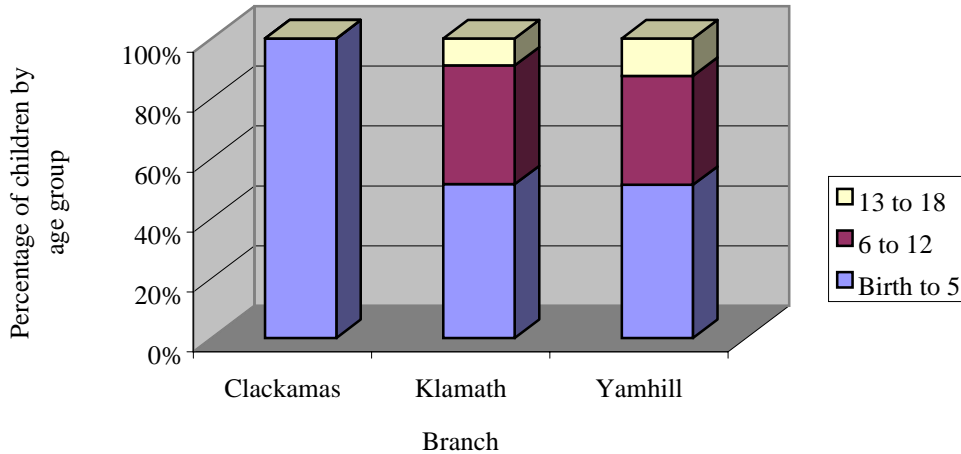


Figure 4. Drug and Alcohol Facilitator: Percent of children served by age.

The following sections describe each drug and alcohol facilitator plan. Each section includes demographics, process and impact findings, and a brief summary.

Clackamas County

Clackamas County is a Group A branch (Waiver + SOC) located in the Western Region of Oregon. Clackamas County includes suburban and rural communities and borders the Portland Metropolitan area. The drug and alcohol facilitator plan was developed in Clackamas in November 1998 but not implemented until December 1999. Moreover, the plan was discontinued because of cost neutrality issues. Therefore, demographic and impact data are not available.

Barriers to Implementation

Clackamas SCF began negotiating a contract with Clackamas County Mental Health/Addictions services program (CCMH) for the Title IV-E Waiver drug and alcohol facilitator plan in November 1998. However, CCMH required more funding than would be available through the Title IV-E Waiver. Clackamas SCF discontinued contract negotiations with CCMH in the summer of 1999. Clackamas SCF negotiated a contract with Parrot Creek Family Services through their Parent Training Program to provide the drug and alcohol facilitation service in August 1999. Parrot Creek agreed to provide the services for \$8,000 more than was approved in the original Title IV-E Waiver plan (CCMH had required nearly \$16,000). The contract was not immediately approved upon submission to the state. This delay may have contributed to a delay in implementation. Parrot Creek was unable to hire the drug and alcohol facilitator until the contract was approved. The plan was eventually approved and the drug and alcohol facilitator was hired in December 1999.

Klamath County

Klamath County is a Group A branch (Waiver + SOC) located in the Southern Region. Klamath is a rural community. The drug and alcohol facilitator plan was developed in July 1998 and began serving families in February 1999.

The service targeted families whose children were already placed in substitute care. The role of the facilitator was to collect and track urinalyses upon court order or at the request of caseworkers, the visitation center, or treatment providers.

The following sections describe the demographics and reach of the program, present process and impact data, and discuss findings. Child and family data were obtained through the state IIS system, the drug and alcohol facilitator, and caseworkers.

Descriptive Findings

A total of 111 children, representing 51 families, received services. Sixty-eight percent ($n=75$) of children served were Caucasian, 6% ($n=7$) were Native American, and 4% ($n=4$) were Latino/Hispanic. The majority of children served were birth to 5 years old. The children were about equally divided between male and female. Table 17 presents the number and percent of children served by age group.

Table 17

Klamath Drug & Alcohol Facilitator: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	57	51
6 to 12	44	40
13 to 18	10	9
Total	111	100

The duration of drug and alcohol facilitator services ranged from less than 1 month to 6 months. The average duration of service was 2.4 months (SD=1.7).

Process Findings

This section presents process findings as they relate to each research question. Content analysis of interview transcripts with a range of stakeholders was conducted to answer the research questions.

Stakeholder Involvement [Research Question 9]. The branch manager met with stakeholders July 15, 1998 to develop the drug and alcohol facilitator plan. Participants included local Judges, the District Attorney, foster parents, Headstart, County Commissioners, all chemical dependency treatment providers, and other community members. The drug and alcohol facilitator plan was implemented February 1999. The primary need identified by the branch and community partners was to have a drug and alcohol facilitator who could set up a urinalysis program in which certain procedures were established to collect and monitor urinalysis from SCF parents.

Klamath SCF contracted with a local outpatient substance abuse treatment provider, Lutheran Family Services (LFS), for a paraprofessional drug and alcohol facilitator to provide the link between SCF and substance abuse treatment and conduct the tasks.

Service Integration [Research Question 10]. Most families received services in addition to the drug and alcohol facilitator service. These included some combination of Family Decision Meetings, parent training, intensive family services, and visitation.

The plan was 1 of 3 innovative plans that were implemented in the county. Klamath also implemented enhanced visitation, and in-home parenting services. All of the 111 children who received the drug and alcohol facilitator service also received enhanced visitation. Twenty-one percent ($n=23$) of these children received all 3 services.

Barriers [Research Question 11]. The drug and alcohol facilitator reported that not being an SCF employee was a barrier. Although she was given a workstation at the SCF branch, she did not have a computer at her desk. The facilitator brought in a typewriter from home to type out essential reports and correspondence. The facilitator reported that an additional barrier for a contracted worker was the stipulation that the worked on contract was not permitted to use a state vehicle to conduct business. The facilitator felt this posed a safety risk since she drove her personal vehicle to clients' homes.

Client Selection [Research Question 12]. The majority of parents selected had open SCF cases and were receiving other services. The children of most of the parents participating in drug and alcohol facilitator services were living in substitute care. SCF caseworkers made referrals to the Drug & Alcohol facilitator, usually to obtain a urinalysis. Urinalyses were often court mandated or were needed as documentation for family court proceedings. The visitation center also made referrals for urinalyses on parents they suspected was under the influence of substances.

Branch and Community Factors [Research Question 13]. Klamath County community partners identified methamphetamine as the primary drug that impacted child welfare (Taylor, The Oregonian, 8/22/1999). Substance abuse treatment services in Klamath County were limited. There was no detoxification program in Klamath County. The only residential treatment facility was for criminal offenders. There were transitional housing resources, 3 outpatient treatment settings, and community resources, such as Alcoholics and Narcotics Anonymous. It usually took about 2 weeks to obtain an initial assessment for treatment.

The court system influenced the development of the drug and alcohol facilitator plan as a means to obtain and monitor mandatory urinalysis. The drug and alcohol facilitator's primary function was to conduct a urinalysis program. She made arrangements with providers and the Oregon Health Plan Medical Director to obtain standing orders urinalyses. The facilitator developed processes to coordinate the efforts of the treatment providers and SCF caseworkers.

Prior to the drug and alcohol facilitator position the process of obtaining urinalysis was complex. Caseworkers reported that they did not know the process. One reported outcome of the service was the ability to conduct urinalysis in a timely manner.

Staffing [Research Question 14]. A drug and alcohol facilitator was hired in February 1999, but worked for only 60 days. Four families received services during her tenure. In June 1999 a new drug and alcohol facilitator was hired and began working with families in July 1999.

Training [Research Question 15]. Chemical Dependency supervisors from Lutheran Family Services (LFS) made presentations to SCF personnel regarding substance abuse and treatment. The drug and alcohol facilitator gathered and distributed information about substance abuse and treatment to caseworkers. It appeared that caseworkers viewed her as a resource.

Addressing Child and Family Needs [Research Question 16]. Klamath branch and community partners relied heavily upon urinalysis to determine a parent's abstinence from substance use. The urinalysis was used as a tool in the legal system as well as the treatment system. Decisions to file for termination of parental rights were made based on parent urinalysis results. Therefore, the drug and alcohol facilitator position was utilized to conduct urinalyses with parents and monitor their substance abstinence or relapse for SCF caseworkers, the courts, treatment providers, and/or the visitation center.

The facilitator worked with the Oregon Health Plan, labs, and providers to streamline the process for obtaining urinalyses. She was able to make home visits on weekends or after hours to get urinalysis if needed. The facilitator tracked and monitored all urinalyses and had a filing system that caseworkers could access with urinalysis information. When a parent tested positive, the facilitator notified the SCF caseworker immediately.

In addition to the urinalysis program, the drug and alcohol facilitator worked with the local crisis center to provide community support information (e.g., AA/NA schedules and information) for callers.

Social, Economic, and Political Dynamics [Research Question 17]. Klamath's drug and alcohol facilitator plan developed largely as a result of local court input, which required urinalyses from parents to assess abstinence from substance use.

All Title IV-E Waiver plans, including the drug and alcohol facilitator plan, were discontinued in Klamath due to the county's increase in the number of children placed in foster

care and failure to meet cost neutrality requirements. Waiver funding for the plan ended in November 1999. At the time of termination, 51 families had been served.

The facilitator position continued funding through a statewide drug and alcohol facilitator grant. Klamath branch, in partnership with LFS, secured a \$60,000 grant from the state for the next 2 years to continue the service.

State, Regional, and Branch Influence on Innovation [Research Question 18]. The drug and alcohol facilitator is part of a group of chemical dependency treatment agencies that is developing a universal screening tool for caseworkers and facilitators to use at intake to assess the appropriate referral resource for clients.

Adult and Family Services and SCF, already co-located, are planning a shared staff position to provide chemical dependency screening and referral services at the agencies' site.

Impact

Impact findings included child placement data at the time of service, completion of service, and 3 months post service.

Child Placement. The majority of children whose parents received the drug and alcohol facilitator service were already in foster care. Of the 81 children whose parents completed the drug and alcohol facilitator service, 26% ($n=21$) were living at home at the beginning, end and 3 months after the end of the service. Eleven percent ($n=9$) returned home from foster care after starting the service, and 9% ($n=7$) went from family foster care to a relative placement after starting the service. Figure 5 shows there was a steady decline in foster care placements over time, and an increase in children living at home or with relatives.

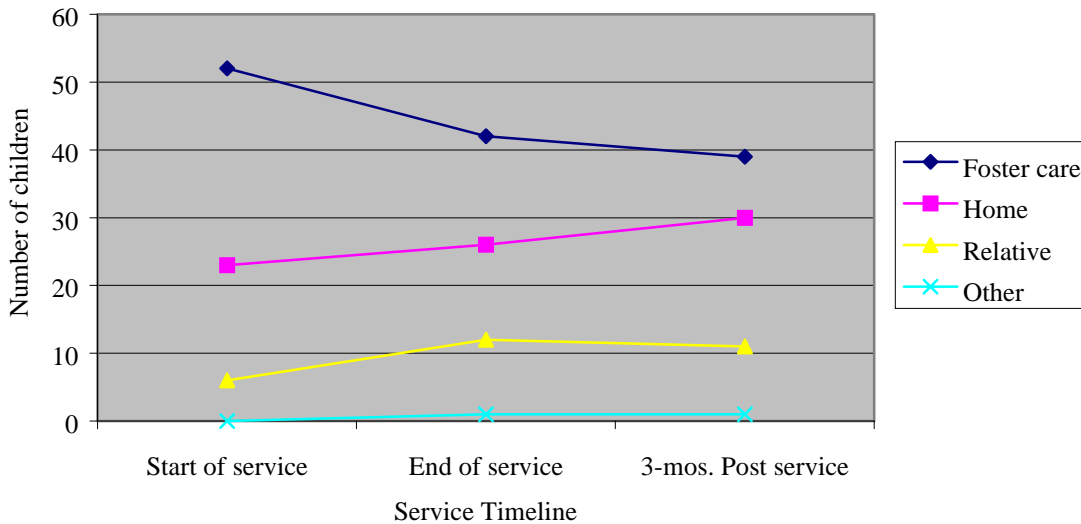


Figure 5. Klamath Drug & Alcohol Facilitator: Type of placement at beginning, end, and 3-months post services. The category “Other” includes group home, residential treatment, hospital, and Oregon Youth Authority (OYA).

Summary

Klamath’s drug and alcohol facilitator plan aimed to serve 40 children over 12 months. This goal was surpassed. A total of 111 children were served in 7 months. Children and families served during the time that the Title IV-E Waiver was active in Klamath branch (February 1999 to November 10, 1999) will continue to be tracked for impact data up to one-year post service completion.

Yamhill County

Yamhill County is located in the Western Region and is a Group B (Waiver/non-SOC) branch. Yamhill is a suburban and rural community. The drug and alcohol facilitator plan was implemented in October 1997. This program is primarily utilized to prevent out-of-home placements. This section presents descriptive, process and preliminary impact findings. Child and family data were obtained through IIS, case files, and branch staff.

Descriptive Findings

A total of 88 children, representing 43 families, received services. The majority of children served were White, non-Hispanic. Seventeen percent ($n=15$) were of mixed ethnicity and 2% ($n=2$) were Latino/Hispanic. Greater than one-half (51%; $n = 45$) of children served were age's birth to 5 years. Table 18 reports the number and percent of children served by age group and gender.

Table 18

Yamhill Drug & Alcohol Facilitator: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	45	51
6 to 12	32	36
13 to 18	11	13
Total	88	100

Gender	Number of Children	Percent of Children
Female	49	56
Male	39	44
Total	88	100

Duration of service ranged from 1 to 12 months. The average number of months that children and families accessed the service was 4.7 ($SD = 2.5$).

The majority of cases were 2 parent families at the time of referral to the drug and alcohol facilitator. In 44% ($n=19$) of families, both parents had substance abuse problems. Other family risk factors and obstacles included employment problems (70%; $n=30$), transportation problems (65%; $n=28$), incarceration (60%; $n=26$), housing problems (58%; $n=25$), domestic violence (42%; $n=18$), and mental illness (35%; $n=15$). Multiple risk factors were presented in many of the families, much like the profile of the majority of SCF families.

Generally, the drug and alcohol facilitator did not document child risk factors. However, by reviewing case files, evaluators were able to identify 18 children (20%) who had behavioral disabilities and 8 (9%) children who were drug exposed infants.

The majority of children and families served by the drug and alcohol facilitator were referred to SCF due to neglect. Nine percent ($n=8$) were referred because of reported physical abuse. All of these children were drug-exposed infants. Threat of harm accounted for 7% ($n=6$) and out of control children represented 3% ($n=3$) of referrals.

Process Findings

Process data collection was conducted through meetings and interviews with the Branch manager, the CET, the drug and alcohol facilitator, and the program manager of Yamhill County Chemical Dependency Program (YCCDP). The CET and YCCDP Program manager co-supervise the drug and alcohol facilitator. Additionally, a member of the evaluation team observed a staffing with the drug and alcohol facilitator and SCF caseworkers

Stakeholder Involvement [Research Question 9]. Yamhill SCF had strong community partnerships for more than 15 years. In 1990, SCF and Yamhill County Chemical Dependency Program (YCCDP) developed the Women in Treatment program to target the chemical dependency treatment needs of SCF mothers.

The branch manager met with stakeholders in the spring of 1997 to develop the drug and alcohol facilitator plan. Participants included Mental Health, Chemical dependency, Commission for Children and Families, Yamhill Community Action Program (YCAP), Head Start, Lutheran Family Services, Chehalem Family Services, Rainbow Family Services, Juvenile Department, AFS, Schools, Options Counseling of Oregon, CCPC, and local staff. Implementation of the drug and alcohol facilitator plan began in October 1997. Yamhill SCF contracted with YCCDP for a paraprofessional drug and alcohol facilitator.

Service Integration [Research Question 10]. Yamhill's drug and alcohol facilitator plan was funded entirely by the Waiver. Caseworkers and the facilitator provided similar services to assist families to engage in chemical dependency treatment, such as arranging childcare, making home visits, coordinating with AFS, Corrections and other partners. Some parents participated in traditional SCF services concurrently with Chemical Dependency treatment, such as parent training, and intensive family services.

Yamhill branch implemented 2 innovative plans: drug and alcohol facilitator and housing facilitator. Of 88 children who received the drug and alcohol facilitator service, 15% (n=13) also received housing facilitator services.

Barriers [Research Question 11]. Since there was no public transportation system in Yamhill County, the drug and alcohol facilitator spent the majority of her time providing transportation for clients. The facilitator had no relief for this job duty if, for example, she were ill and unable to work. In September 1998 the branch started to utilize other transportation services.

In the fall of 1999, the facilitator had been getting 3 to 4 referrals per week and was unable to provide the level of service families received earlier in the program. New referrals required an intensive amount of time since daily contact and transportation occur initially. The branch worked with the facilitator to develop criteria to prioritize new referrals by assessing the level of motivation and ability of parents to get themselves to treatment in an attempt to keep the facilitator's caseload and transportation time at a more manageable level.

Client Selection [Research Question 12]. Child Protective Services (CPS) staff initiated the client selection process, when SCF referrals indicated parental substance abuse. CPS conducted an initial assessment to determine whether or not to remove the children. If the children remained in the home, the CPS worker referred the family to the facilitator.

Although the facilitator was not located on-site at the branch office, she was readily accessible by cell phone. She had minimal paperwork requirements, which allowed her more time to provide outreach to clients and accompany CPS workers on family visits.

The drug and alcohol facilitator often worked with families new to the SCF system. Sixty-three percent (n=27) of families served received services within one month of the initial case open date at SCF.

Branch and Community Factors [Research Question 13]. The need for rapid access to substance abuse treatment was a key issue identified by the Drug Court in Yamhill County. Access to substance abuse treatment was a 3-month wait prior to the Waiver. A key objective of the facilitator service was to immediately engage parents/caregivers in substance abuse treatment and overcome barriers to engaging in treatment. These barriers often included lack of transportation and childcare. Prior to the drug and alcohol facilitator, caseworkers referred

families to substance abuse treatment, but did not have the resources to assist parents to overcome barriers to engaging in treatment.

Staffing [Research Question 14]. The facilitator worked half time at an YCCDP's transitional housing program for women and children and half time as the drug and alcohol facilitator. The same individual was in this position since November 1997.

Training [Research Question 15]. Monthly staffings were held with YCCDP and SCF, the facilitator, and SCF caseworkers. These meetings provided a forum for ongoing supervision and training. The CET stated that close, joint supervision of the facilitator ensured that the program operated appropriately and there was good communication among partners.

Addressing Child and Family Needs [Research Question 16]. When the drug and alcohol facilitator initially met with parents SCF expectations were clearly outlined. The facilitator discussed options with the parent at the point of contact and assisted them with making their initial evaluation appointment with the substance abuse treatment provider. If there was a delay in getting an evaluation the facilitator offered to transport the parent to Alcoholics Anonymous or Narcotics Anonymous meetings daily. The facilitator assessed whether clients were eligible for the Oregon Health Plan (Medicaid) and determined barriers to treatment. Then, a plan was developed between the facilitator and the parent to address the barriers.

YCCDP prioritized intake slots for clients working with the drug and alcohol facilitator. YCCDP was able to evaluate parents within 3 working days of the first contact with the drug and alcohol facilitator or parent(s).

The drug and alcohol facilitation service was intensive up front, but once the client was engaged in treatment, the service became less intense. When parents successfully complete substance abuse treatment the facilitator service ends.

Social, Economic, and Political Dynamics [Research Question 17]. Statewide recognition of substance abuse as a key factor in child abuse and neglect came to the forefront in recent years. Data from Oregon's Cohort IV study (1999) indicated that 66% of families involved with SCF had drug and/or alcohol involvement. In cases where children were removed from the home, 62.4% of parents had drug and/or alcohol involvement. In the Oregon DHR News Release (January 28, 1999) the former Director of the State Office for Services to Children and Families, stated, "For the past 10 years drug and alcohol involvement has been the number-one reason children in Oregon have been removed from their homes and placed in foster care.

...The Governor's recommended budget includes \$20 million for alcohol and drug prevention and treatment services." Programs such as Family Support Teams, Mutual Homes, and the Title IV-E Waiver drug and alcohol facilitator plans were developed to address substance abuse problems and promote family preservation and permanency.

State, Regional, and Branch Influence on Innovation [Research Question 18]. In November 1999 a Request for Proposal (RFP) was distributed to all SCF branches in Oregon to apply for grants for drug and alcohol facilitator positions. The model proposed in the RFP was based on Yamhill's drug and alcohol facilitator plan. SCF allotted \$2.4 million per biennium for the program to be implemented in all branches (Charlotte Honse, Ed-Net Teleconference, 1999).

Impact

Impact findings related to the effectiveness of drug and alcohol facilitator services are not yet available. However, type of child placement has been summarized.

Child Placement. Child placement data includes children whose families completed the service and for who 3-month post service data were available. The children included in this analysis exited the drug and alcohol facilitator service and had 3-month post-service placement data available. The number of children who remained in the home from the beginning of the service to the end of the service decreased. Moreover, 77% ($n=53$) of children remained at home 3 months after the service ended. Figure 6 illustrates placement information at the start, end and 3 months following the end of the Waiver service for children served.

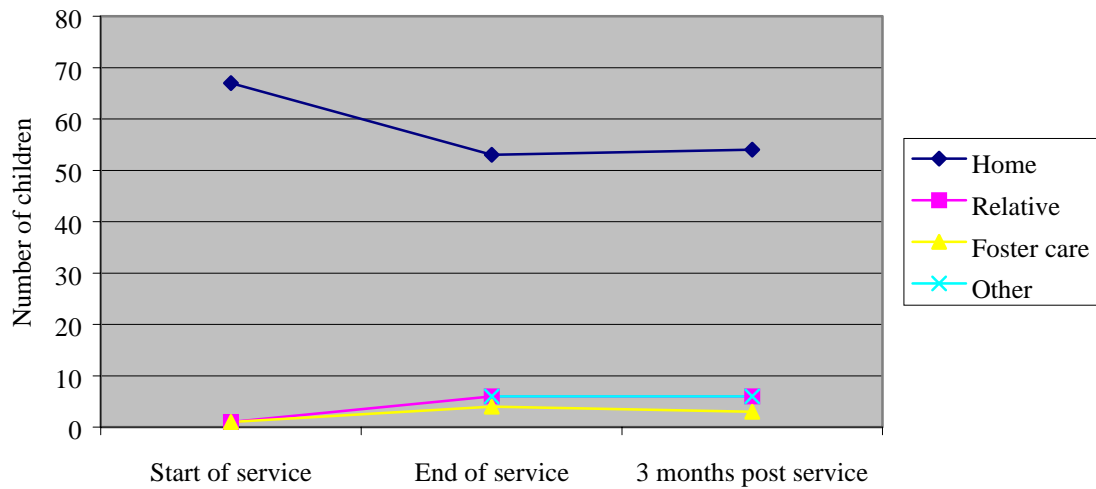


Figure 6. Yamhill Drug & Alcohol Facilitator: Type of placement at beginning, end, and 3-months post services. The category “Other” includes group home placements, residential treatment placements, hospitalizations, transfers to Oregon Youth Authority (OYA) and situations in which the parent is on the run with the child.

Summary

Yamhill’s proposed drug and alcohol facilitator plan aimed to serve 24 children in 24 months. The program far exceeded its goal by serving 88 children in 26 months. While the findings are preliminary, this program appears to show promise in assisting substance-abusing families to remain intact.

Discussion

The Title IV-E Waiver drug and alcohol facilitator model, which originated in Yamhill County, was presented to the legislature and other counties in Oregon as an example of collaboration between child welfare and substance abuse treatment providers. The state offices of SCF and Alcohol and Drug Abuse Programs (OADAP) joined forces to provide educational forums for SCF staff and substance abuse treatment providers across the state to cross-train, share information about ASFA and its impact, and problem-solve around barriers in collaboration (i.e., confidentiality). These forums are scheduled to occur in different counties throughout Oregon during the year 2000, with the hope that partnerships will develop between

SCF and substance abuse treatment providers to more effectively meet the needs of children and families.

In November 1999, SCF instituted drug and alcohol facilitator programs for all counties in Oregon through a Request for Proposal (RFP) directed toward substance abuse treatment providers working in conjunction with local SCF branches. This RFP was a base budget item granted by the Oregon state legislature intended to address ASFA requirements.

The two most active Title IV-E Waiver drug and alcohol facilitator plans in Oregon (Yamhill and Klamath) were developed and implemented very differently based on the needs expressed in their communities. Both communities were satisfied that the drug and alcohol facilitator programs were meeting those needs. Evaluation tasks for the second half of the Waiver will include analyses with comparison group data for drug and alcohol facilitator services. Also, children who received multiple Waiver services, including drug and alcohol facilitator services, will be identified and the data analyzed.

Housing Specialist/Facilitator

According to the National Coalition for the Homeless (1999) the primary causes of family homelessness are poverty, lack of affordable housing, and domestic violence. The U.S. Bureau of the Census (1999) cites that, in 1998, 41% of those in poverty were families headed by single mothers with children. In a recent study of homeless parents, most of whom were women, 22% stated they were homeless as a result of domestic violence (Homes for the Homeless and the Institute for Children and Poverty, 1998).

Poor families with children are in need of subsidized housing. According to the U.S. Department of Housing and Urban Development (1998) families with children represent 40% of households who are involuntarily displaced, pay more than half their income in rent and utilities, or live in substandard housing. Waiting lists for rental assistance programs can be as long as 28-33 months (National Coalition for the Homeless, 1999). According to the National Coalition for the Homeless (1999) "...subsidized housing is so limited that fewer than one in four TANF families nationwide lives in public housing or receives a housing voucher to help them rent a private unit" (pg.2).

A valuable rental assistance resource for SCF families was the Family Unification Program (FUP). FUP was established by the Department of Housing and Urban Development (HUD) and has awarded 14,000 vouchers during 1999. The Child Welfare League of America has worked since 1990 to establish and maintain FUP as a valuable community resource for families across the country.

With FUP vouchers, housing authorities and child welfare agencies work together to provide approximately 100,000 children and their families with safe, affordable housing and the supportive services. FUP was designed to assist families who are at risk of losing their children or are unable to have their children returned from foster care because they lack adequate housing. Both Waiver housing facilitator programs utilize FUP vouchers to provide families with housing.

The following sub-sections describe Jackson and Yamhill housing specialist/facilitator plans. Each section includes descriptive, process and preliminary impact data, and a summary of findings.

Jackson County

Jackson County is a Group B branch (Waiver/Non-SOC) located in the Southern Region. Jackson is a rural community. The housing specialist plan was implemented in March 1998. The plan was discontinued June 30, 1999. The housing specialist position was part of Jackson branch's Family Support Team (FST), an interdisciplinary team that helps parents sustain their recovery from substance abuse.

The housing specialist was added to the FST because housing was identified as a tremendous barrier for many families. According to team members and branch staff, housing was the main issue with their clients who had substance abuse, mental health, and/or cognitive disabilities. The housing specialist was an advocate for families and an educator for landlords. The principle goal was to assist families in obtaining affordable, safe housing in drug free environments.

Descriptive, process, and impact findings are presented. Child and family data were obtained from state IIS and the Jackson housing specialist.

Descriptive Findings

A total of 125 children received services from the housing specialist from April 1998 through June 30, 1999. Fifty-eight percent ($n=73$) of children were 5 years old or younger. The children served were equally divided between male and female. Table 19 presents the number and percent children who received housing specialist services by age group.

Table 19

Jackson Housing Specialist: Number and Percent of Children Served by Age

Age	Number of Children	Percent of Children
Birth to 5	72	58
6 to 12	47	37
13 to 18	6	5
Total	125	100

The duration of services ranged from 1 to 8 months. The average number of months that children and families accessed the service was 2.2 months ($SD=2.0$).

Process Findings

Process data were collected through meetings and interviews with the FST and branch staff. Information was analyzed using content analysis and summarized to respond to the research questions.

Stakeholder Involvement [Research Question 9]. The stakeholders who developed the Housing specialist included the SCF branch manager and the Family Support Team (FST). The FST was comprised of service providers from Access (Housing services), the Public Health Nurse, On Track (Drug and Alcohol program), Adult and Family Services (AFS), and Mental Health Services. Other contributing community partners included the Commission on Children and Families, Community Partnership Team, Health and Human Services, and the Citizen's Review Board.

The FST contracted with Access, the local Community Action Program, for the housing specialist position in July 1997 with Family Support Team funding. The initial contract was for 15.5 months for a housing specialist to serve FST families only. The Title IV-E Waiver allowed

for an expansion of this position to 24 months and enabled the housing specialist to work with families that were not FST clients.

Service Integration [Research Question 10]. The majority of families the housing specialist served were working with the FST or on the waiting list. Families eligible for the FST were often receiving services through chemical dependency treatment, mental health, public health, parent training, Intensive Family Services (IFS), and other community services. The Community Action Agency and FST collaborated to provide a lead case manager for each family.

Barriers [Research Question 11]. Jackson County has a very poor public transportation system. Therefore, a large part of the housing specialist's role was provision of transportation. The housing specialist was not allowed to use state cars since she is a contracted employee; therefore she used her personal vehicle to transport clients. The facilitator and SCF raised liability concerns.

Jackson branch reported that the training on cost neutrality provided by the state was difficult to understand and apply. Therefore, the ability of the branch to monitor cost neutrality was not adequate. The need to use branch-wide ADP as a key factor in determining continuation of Waiver services meant that Jackson's Waiver activities could not continue. The branch's ADP continued to increase during this period. The housing specialist plan was discontinued in June 1999.

Client Selection [Research Question 12]. The eligibility criteria for referral to the housing specialist were:

- Families already receiving services from the FST
- Families on the waiting list for the FST
- Families not eligible for the FST, but in need of housing services

Branch and Community Factors [Research Question 13]. The FST recognized the need for a housing specialist for their community. Parents with substance abuse problems tended to have histories of eviction and credit problems. Landlords in the area were often not willing to rent to these families. Many parents referred to the FST were on probation, in residential treatment, and/or were in housing where substance abuse still occurred. Advocacy with landlords and the community has expanded housing availability and resources for clean and sober housing for FST clients. Prior to the housing specialist position, other members of the FST

attempted to coordinate housing for their clients. However, because of the poor rental histories of this client population, the task required an extraordinary time commitment, allowing too little time to fulfill the other responsibilities of the team.

Jackson branch had a history of partnership in the community. The FST was supported and had good relationships with community partners. The FST is able to obtain: rapid access into residential treatment programs for parents, treatment programs for parents released from jail, drug screening through area hospitals, and informal agreements with landlords to rent to SCF families as long as FST supports are in place.

Staffing [Research Question 14]. The housing specialist provided services to about 12 families per month. Some families were served for several months. When the Waiver funding was discontinued, the housing specialist's position was reduced to .875 FTE.

Training [Research Question 15]. The housing specialist educated the SCF staff about housing issues. The housing specialist was an employee of Access, the local Community Action Agency, which provides housing services and rental assistance to families in Jackson County.

Addressing Child and Family Needs [Research Question 16]. Housing appears to be a primary issue for FST families. Many of the families served by the Family Support Team were in residential drug and alcohol treatment facilities, during which time they are unable to maintain housing in the community. Therefore, they often become homeless upon release from treatment. Goals of the Housing specialist position included obtaining affordable, safe housing in drug free environments for families.

The housing specialist met with parents to determine their specific housing needs, their credit reference history, and assisted in completing necessary paperwork (e.g., housing applications, Section 8 applications). The housing specialist arranged and transported clients to appointments. She assisted in locating appropriate, affordable, and drug free housing. The specialist accessed rent assistance and foster care prevention funds to help families pay for deposits, furniture, and appliances. As a member of the FST, the housing specialist facilitated Family Decision Meetings for families on her caseload and supported families during their involvement with treatment and participation in other services.

The specialist acted as a liaison between parents and landlords and educated landlords and community members about the recovery process and the involvement of the FST to support the family in their housing. Since the discontinuation of the Waiver plan, the housing specialist

has secured a grant for housing assistance for 50 FST families through HUD's Family Unification Program.

Social, Economic, and Political Dynamics [Research Question 17]. Because of the perceived critical need to provide housing facilitator services, the branch allocated resources and accessed additional resources to fund the position after the termination of the Waiver plan. The branch planned to continue to fund the position in this manner until they become a System of Care branch in July 2000, at which time they plan to utilize SOC funding.

State, Regional, and Branch Influence on Innovation [Research Question 18]. The Jackson housing specialist plan directly influenced Yamhill branch to develop and implement a housing facilitator Waiver plan. The Jackson housing specialist reported that there appeared to be an increased awareness of the need for drug-free housing to support families in recovery. Education and public relations efforts with the community and local landlords by the housing specialist and FST appeared to result in increased community support of other types of community initiatives that assist children whose parents have substance abuse issues.

Impact

Impact findings provide initial information about child placement. Placement data were collected for each child at the time the service began, at the time the service ended, and 3 months post service. These data will continue to be collected at 3-month increments up to one-year post service. Information was obtained through state IIS and the housing specialist.

Child Placement. Analysis of child placement during and after provision of housing facilitator services revealed that 120 children received the service. From the beginning of the Waiver service to 3 months following the Waiver service there was a 13% increase in children who were living at home and a 16% decrease in foster care placements for the group of children whose parents received the service. Of the 120 children whose parents completed the service, 52% ($n=62$) remained in the home from the beginning to the end, and 3 months after the service. Twenty-five percent ($n=30$) returned home from foster care after their parents started to receive services. Figure 7 compares child placement at the start, end, and 3 months post service completion.

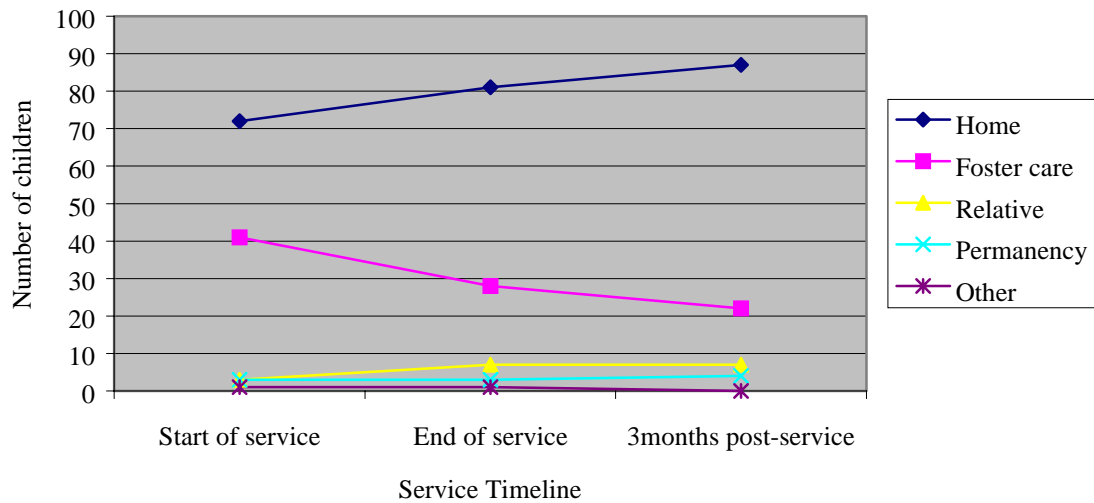


Figure 7. Jackson Housing Specialist: Type of placement at beginning, end, and 3-months post services. The category “permanency” includes adoption and guardianship. The category “Other” includes group home placements, residential treatment placements, hospitalizations, and transfers to Oregon Youth Authority (OYA).

Summary

Jackson’s housing specialist plan proposal stated that 33 children would be served in 15 months. A total of 125 children were served during the 15 months, far exceeding expectations. Children and families served during the time the plan was active (April 1998 to June 30, 1999) will continue to be tracked at 3 month increments up to one year after service completion.

Yamhill County

Yamhill County is a Group B branch (Waiver/Non-SOC) located in the Western Region, including both suburban and rural communities. The housing facilitator plan was developed and implemented in October 1999. Yamhill’s plan was modeled after Jackson’s housing specialist plan.

The following sections present descriptive, process and impact-related findings, and a summary of Yamhill’s housing facilitator efforts. Child and family data were obtained from IIS and the Yamhill housing facilitator.

Descriptive Findings

A total of 20 families, representing 44 children, received services. Eighty-four percent ($n=37$) of children served were White, non-Hispanic and 16% ($n=7$) were of mixed ethnicity. Fifty-two percent ($n=23$) were 5 years old or younger. Table 20 presents the number and percent of children served by age group and gender.

Table 20

Yamhill Housing Facilitator: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	23	52
6 to 12	16	37
13 to 18	5	11
Total	44	100

Gender	Number of Children	Percent of Children
Female	27	61
Male	17	39
Total	44	100

A total of 12 (27%) families completed the housing facilitator services by the end of the reporting period. Because of this small number of service completions, service duration information will be reported in the final evaluation report.

The housing facilitator met with parents and reviewed case files to identify child and family risk factors and circumstances. Sixty-five percent ($n=13$) of families served were single parent households, most of whom were single mothers.

In addition to housing needs, the most common problem among families was substance abuse. The facilitator identified 75% of parents as having substance abuse problems. Other factors included employment problems (65%), mental illness (45%), incarceration (40%), domestic violence (35%), and transportation problems (35%). Among children served, 13% ($n=6$) had behavior disabilities and 7% ($n=3$) were born drug exposed.

The majority (87%; $n=38$) of cases were originally opened with SCF due to child neglect. Seven percent ($n=3$) were receiving services because of child physical abuse (i.e., drug exposed infants).

Process Findings

Process data were collected through meetings and interviews with the Branch manager, CET (supervisor of the housing facilitator), and housing facilitator. Content analysis was conducted to analyze interview transcripts and meeting notes.

Stakeholder Involvement [Research Question 9]. Yamhill branch developed the housing facilitator plan with the following stakeholders: Yamhill County Housing Authority (Section 8 Manager), Chemical Dependency, Mental health, Health and Human Services, Citizen's Review Board, Commission on Children and Families, and Adult and Family Services. These community partners were already familiar with the Family Unification Program, so the plan to have a facilitator provide a link between SCF, Housing Authority, and landlords was understood and supported by all partners.

Service Integration [Research Question 10]. Many parents participated in traditional SCF services while working with the housing facilitator to secure safe and affordable housing. Yamhill branch has two Title IV-E Waiver plans, drug and alcohol facilitator and housing facilitator. Thirty percent ($n=13$) of children received both services.

Client Selection [Research Question 12]. The housing specialist is based within the SCF office. Caseworkers make verbal referrals to the specialist. Reasons for referral included: (a) unsafe housing, (b) rental assistance for eviction prevention, (c) adequate housing for multiple children, (d) need for a drug-free environment, (e) need for housing after inpatient substance abuse treatment or hospitalization.

Yamhill branch had 60 Family Unification Program (FUP) section 8 certificates since January 1999. The facilitator was instrumental in assisting families to access this resource. The housing facilitator primarily served families eligible for the Family Unification Program. To obtain a housing voucher, SCF must certify that a lack of housing, substandard or dilapidated housing, or domestic violence was the primary factor that would lead to placement of the children in substitute care, or delay children's return home from substitute care.

Branch and Community Factors [Research Question 13]. Yamhill branch was the first branch in Oregon to apply for and receive a Housing and Urban Development (HUD) grant through the Family Unification Program (FUP). This occurred in January 1999. This grant allowed the branch to obtain 60 subsidized housing certificates a year for their families to obtain affordable housing in the community.

Caseworkers had been working with families to access FUP for housing prior to the implementation of the housing facilitator plan. Two key issues were barriers in obtaining these vouchers:

- Multiple caseworkers were contacting the local Housing Authority – lack of a central person to coordinate the requests.
- Caseworkers reported they did not have time to follow up on many issues around the housing application and search process.

The housing facilitator role was used to overcome these barriers.

It appeared that local Housing Authority and area landlords developed a good relationship with SCF as a result of housing facilitator services. Former resistance to renting to SCF clients appeared to diminish. The facilitator reported that landlords in Yamhill County frequently informed her of vacancies.

Staffing [Research Question 14]. The housing facilitator was a half-time Human Service Assistant (HSA) who works at the branch office. Initially a temporary position, the plan was renewed for another year beginning February 1, 2000.

Training [Research Question 15]. Community partners and SCF staff were already familiar with the Family Unification Program and the referral process. The housing facilitator needed minimal training since she was already familiar with the Housing Authority in Yamhill County. The facilitator was supervised by the CET (Consultation, Education, and Training position) at the SCF branch.

Addressing Child and Family Needs [Research Question 16]. When the housing facilitator received a referral from the caseworker, the facilitator reviewed the case file to obtain historical information on the family and identify barriers that might impede family's ability to obtain safe, affordable housing. The housing facilitator then met with the family to identify needs and barriers and develop a plan to overcome those barriers. Barriers included: (a) lack of

identification documents, (b) poor rental history, (c) poor employment history, (d) criminal history, (e) poor credit history, and (f) substance abuse.

The housing facilitator's duties included: (a) assisting families with the application process by gathering necessary documentation, (b) ensuring that families showed up for appointments, (c) providing advocacy and referrals for families with Housing Authority and landlords, (d) assisting families to address their specific barriers, and (e) educating landlords about section 8 certificates.

The housing facilitator worked with families to identify housing preferences. The goal was for families to locate safe and affordable housing and move away from negative influences (e.g., criminal, substance abuse, domestic violence).

Social, Economic, and Political Dynamics [Research Question 17]. While initially approved on a trial basis, the plan was reauthorized for another year, since the branch demonstrated a steady decline in ADP and maintained cost neutrality.

Summary

The Yamhill written plan stated that 23 children would be served over a 4-month period. The plan served 44 children over a 3-month period, exceeding the original goal. Due to the reduction of ADP in Yamhill County the branch's housing facilitator plan was renewed in February 2000. The new plan proposed to serve 71 children in a 12-month period.

In-Home Parenting

In-home parenting programs provided parent training, monitoring, and coaching for parents by a professional within each family's home. The purpose of support is to ensure the parent(s) are able to provide for the safety and well-being of their children, prior to their return from out-of-home placement. Two in-home parenting were implemented, one in Klamath and the other in Union County.

Klamath County

Klamath County is a rural county in the Southern Region. It is a Group A (Waiver/SOC) branch. Klamath contracted with Lutheran Family Services (LFS) to provide in-home parenting

services. The Hands-On parenting program was implemented in December 1998 and ended June 1999. The program was active for a total of 6 months.

“In-home coaches” worked with families whose children were in out-of-home placement to develop the skills necessary to provide a safe and nurturing environment for their children. The program was based on a specific parent-training curriculum. The service was designed to either return children home sooner or identify insurmountable barriers to family reunification, thus allowing the branch to implement a concurrent permanent plan more quickly.

Data sources included Klamath branch, Lutheran Family Services, the proposed written plan, and the state IIS database. Descriptive data are presented, followed by process and impact information. A brief summary concludes this section.

Descriptive Findings

The Klamath Hands-On Parenting program served 13 families and 32 children. The majority of children participating were White, non-Hispanic. Other ethnicities represented included Hispanic and Native American. The ages of children ranged from birth to 15 years. Over one-half of children served were between birth and 5 years of age. Table 21 presents the number and percent of children served by age group and gender.

Table 21

Klamath In-Home Parenting: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	18	56
6 to 12	12	38
13 to 18	2	6
Total	32	100

Gender	Number of Children	Percent of Children
Female	16	50
Male	16	50
Total	32	100

The average duration of the service was 3 months. The range was 1 to 5 months. Every child who received in-home parenting also participated in the Klamath visitation program. Ten families, representing 23 children (72%), received in-home parenting, visitation, and drug and alcohol facilitator services.

Process Findings

Process data were collected through group and individual interviews with branch and provider staff. Findings are reported as they relate to the research questions.

Stakeholder Involvement [Research Question 9]. Prior to submitting the plan to the Waiver administrator, SCF branch staff met with judges, local service providers, district attorneys, and the Citizens Review Board to discuss the needs of the community. Follow-up meetings were held with local service providers and SCF branch staff to develop services that would meet the needs of the community.

The Klamath SCF administration reported that the judges in the community were very supportive of in-home parenting service. They believed that parents at risk of losing their parental rights might be able to be reunited with their children as a result of this type of program.

Service Integration [Research Question 10]. This program was funded entirely by the Waiver. For this service there is no blending of funds, co-location of services, or shared personnel.

Barriers [Research Question 11]. The in-home parenting program was previously funded through an Annie E. Casey Foundation grant. The contracted provider, Lutheran Family Services (LFS), continued the contract under the Waiver after the grant ended. Since the program had surpassed the developmental phase, there appeared to be fewer barriers to implementation than might be expected if it was newly developed and implemented.

Klamath branch implemented 3 additional Waiver plans: Family Decision Meetings (FDM), Visitation, and Drug and Alcohol Facilitator. All of these plans, including in-home parenting, were discontinued because of branch-wide increases in ADP and inability of the branch to maintain cost neutrality.

Client Selection [Research Question 12]. Families targeted for this service were those who completed parent training, when concerns remained that the parent may not be able to adequately care for their child(ren). These families included parents who had psychological problems including borderline personality disorder, substance abuse issues, or were teen parents.

Branch & Community Factors [Research Question 13]. The program was previously piloted using Annie E. Casey Foundation funding. After the grant ended, the branch and community recognized the Waiver as an opportunity to continue the service.

Staffing [Research Question 14]. It was difficult for the program to hire and maintain staff since positions were part-time paraprofessional in nature with no benefits. The range of skills required providing effective in-home support; assessment and modeling suggest careful selection, monitoring and supervision of the in-home coach.

Addressing Child and Family Needs [Research Question 16]. The in-home coaches transport children to and from coaching sessions that took place in the parents' home one day per week, 3-4 hours per session. Schedules were flexible to meet the individual needs of the family. Coaches worked with each family for a minimum of 4 weeks. If the family needed transition support after this period, the coach continued to work with the family. Parents identified as successfully completing the in-home parenting program were those who demonstrated the ability to provide safe and nurturing environments for their children.

Impact

Information provided was obtained from state IIS and the provider.

Child Placement. Thirteen families, representing 33 children, were served during the 6 months this plan was active. Comparison group data were not available during this reporting period. The following analysis relates to where children were living during and after the provision of the service. One child was excluded from this analysis since the end date of the service was such that 6-month post-service placement information was not yet available.

The number of children living at home consistently increased until the 6-month follow-up point. At that time the number decreased slightly. The number of children living with relatives followed a similar pattern. One child was placed in residential treatment after the service ended. That child is represented in the foster care category. Figure 8 compares child placement at 3-month intervals, beginning at the start of the service.

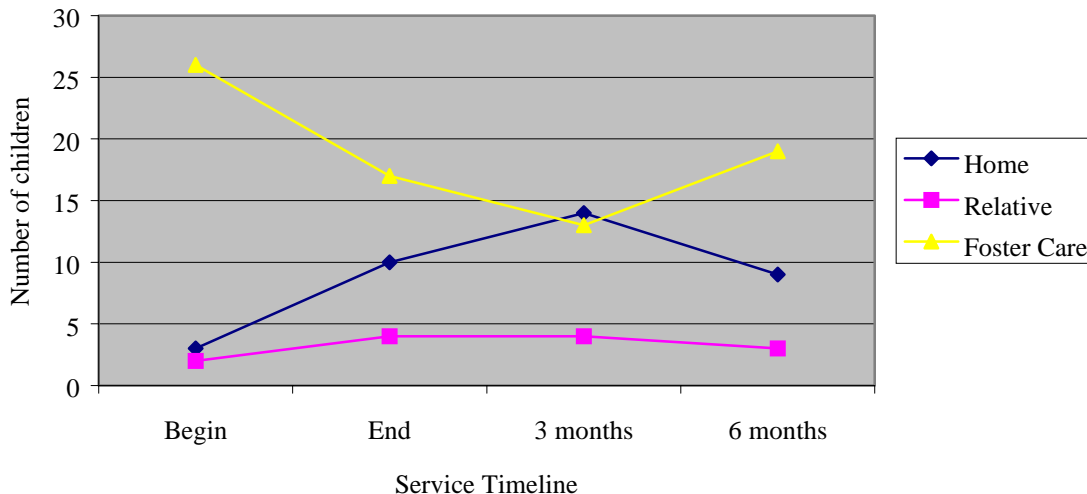


Figure 8. Klamath In-Home Parenting: Type of placement at beginning, ending, and 3 months post services

Summary

The Hands-On parenting plan was projected to serve 4 families, representing 4 to 12 children, per month. The program actually served 2 families, representing 5 children, per month. The program was only active for 6 months before being discontinued. The program had few barriers to implementation over its short duration since it had been in operation prior to the

transition to Waiver funding. The program appeared to reunite families at the conclusion of services and children tended to remain at home for the next 3 months. Six months after the end of the service, however, some children who were living at home were re-placed into foster care.

Union County

Union County is a small rural county located in the Eastern Region. It is a Group B (Waiver/non-SOC) branch. The city of La Grande is the county seat and hosts Eastern Oregon University. The in-home parenting plan was implemented in April of 1998 and provides services to families whose children are in out-of-home placement. The purpose of the program is to build caregivers' capacity to provide for the safety and well-being of their children during the most stressful times of the day, in order to prepare for the transition of children back to their original homes. The project is a contracted service with a private provider who also conducts SCF office-based group parent training for the branch.

Data sources included the SCF branch, the proposed written plan, and state IIS. Descriptive findings are presented followed by process and impact information. A brief summary concludes the section.

Descriptive Findings

A total of 8 families, representing 17 children, were served. Child ages ranged from birth to 12 years old, with a mean age of 6 years. Table 22 presents number and percent of children served by child age group and gender.

Table 22

Union In-Home Parenting: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	8	47
6 to 12	9	53
13 to 18	--	--
Total	17	100

Gender	Number of Children	Percent of Children
Female	10	59
Male	7	41
Total	17	100

Note. Dashes indicate a value of zero.

The average duration of service was 2.7 months, with a range of 1.0 to 5.4 months per family.

Process Findings

Process data were collected from interviews with branch staff and analysis of the written plan. Findings are summarized and reported as they relate to the research questions.

Stakeholder Involvement [Research Question 9]. Community stakeholders involved in the development of the plan included: Adult and Family Services, Foster Parent Association, Commission on Children and Families, juvenile department, Citizen’s Review Board, school personnel, Court Appointed Special Advocates (CASA), and mental health.

Service Integration [Research Question 10]. This plan was entirely funded by the Waiver. It incorporated no blended funding or other shared resources.

Client Selection [Research Question 12]. The referral process began when the caseworker completed a referral form. Psychological evaluations are included with all referrals in order to inform providers and create a baseline for monitoring. The provider reviewed each referral. Then, the caseworker, supervisor, and provider met and decided if the family is

appropriate for the service. One of the requirements was that parents must be clean and sober before enrollment in program. If the family was appropriate for services, the provider made a home visit to conduct an assessment. The assessment included a review of SCF goals, observation of the family, and recording family member goals regarding what they want to achieve as a result of the service. The provider then developed the family plan based on the in-home assessment.

Branch & Community Factors [Research Question 13]. Branch staff stated that, since the branch is small, referrals to typical visitation services and the In-Home Parenting program occurred within one week. In addition, families usually received extended visitation at the SCF office (i.e., 2 or more hours). Local SCF and contracting agency personnel theorized that increases in termination of parental rights during the past two years might have been prevented if intensive in-home parenting services were available.

Staffing [Research Question 14]. There were 3 different contracted providers since the implementation of the plan. One of the providers was both the parent trainer and the in-home parenting coach. The changes in staffing were due to each provider's professional decision to continue their education. It did not appear that these staff changes adversely effected the program overall.

Addressing Child & Family Needs [Research Question 16]. Weekly or bi-weekly meetings were held with the provider, case worker, HSA, parent, foster parent, extended family member, and any additional individuals who provided support to each family. The HSA documented meeting discussions and decisions. The goals of the visitation project were reviewed and parents were given the opportunity to change their goals to best meet their needs.

Impact

Information provided was obtained from the state IIS and the service provider. Preliminary findings include child placement data only.

Child Placement. Two groups of child data were analyzed. The first group (Group 1) included all children whose parents completed the in-home parenting service by September 30, 1999. Three-month post service placement data are reported for this group. The second group (Group 2) included all children whose parents completed the in-home parenting service by June 30, 1999. Three and 6-month post service data are reported for this group.

Group 1 consists of 3 families (6 children) who received the service while the children remained in the home. All of the children who were at home at the beginning of the service remained at home through the end of the service. There were 4 families (10 children) who received the service while their children were in foster care placements. Two of these families were reunified by the service completion date. These 2 families included 7 of the 16 children. Figure 9 compares child placement data at the beginning, ending, and 3 months post service.

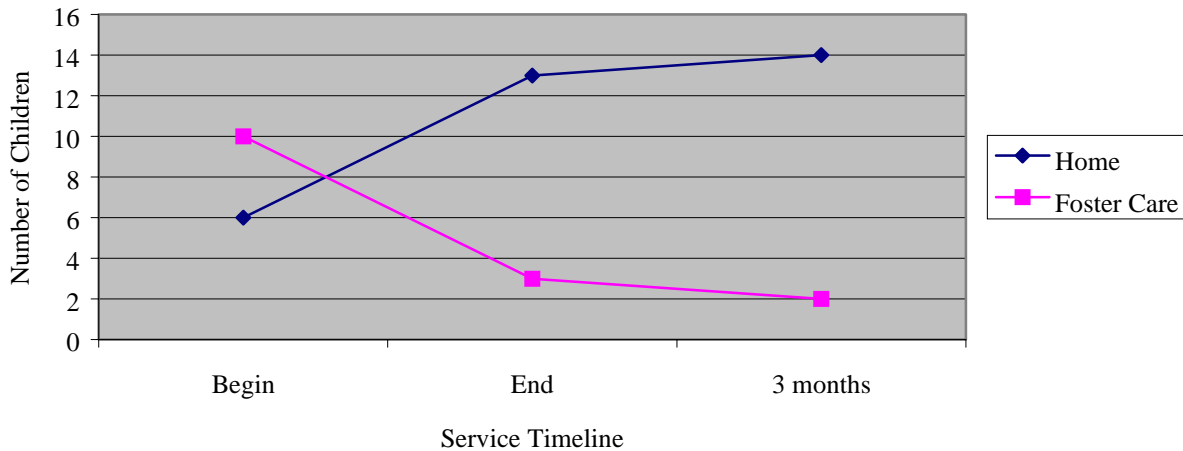


Figure 9. Union In-Home Parenting: Type of placement at beginning, ending, and 3 months post services.

Group 2 included 5 families, representing 11 children. The follow-up placement data at 3 and 6 months post service are reported in Figure 10. All except one child began the service in a foster care placement. Six months after service completion, 10 of the 11 children were living at home. The child who was in foster care at the beginning, ending, and 6 months post service was awaiting an adoptive placement.

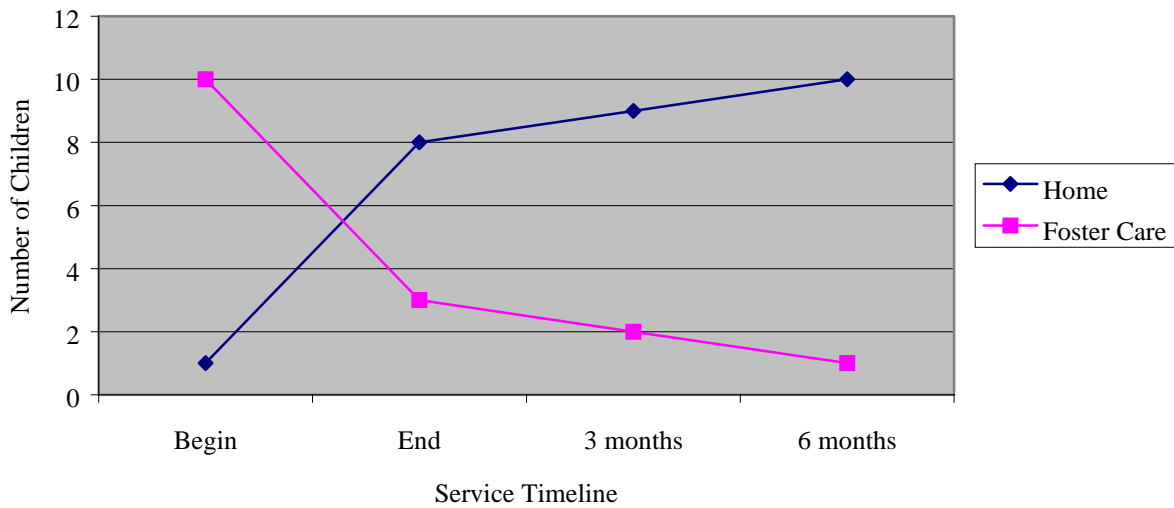


Figure 10. Union In-Home Parenting: Type of placement at beginning, ending, and 3 & 6 months post service.

Summary

Although this plan has contracted with multiple in-home service providers, families appeared to stay together or be reunited. There was an increase in the number of children who remained home or were returned home and remained there 3 and 6 months after the service was completed. The oldest child served was 12 years old. The plan projected serving 10 children per year. After 21 months, 17 children were served. The service appears promising both in terms of the capacity to serve the projected number of children and possible impact on maintenance of children in their homes or reunification of families.

Early Intensive Family Services Assessment: Josephine County

Josephine County is a Group B branch (Waiver/Non-SOC) located in a rural area of the Southern Region. The early Intensive Family Services (IFS) assessment plan was developed in Josephine branch among community partners in August 1998 and implemented in November 1998.

The plan was developed to address the need for a thorough behavioral and psychosocial assessment of children who were placed in substitute care. Assessments were completed within 10 days of a child’s removal and assessment results presented at initial shelter hearings. Early

IFS assessments were also conducted with children living in their family’s home when requested by the SCF caseworker.

The section presents descriptive, process, and impact findings. Child and family data were obtained from the contracting agency (Family Friends) and state IIS.

Descriptive Findings

A total of 39 children from 16 families received services from the early IFS assessment therapist between August 1998 and December 31, 1999. Seventy-four percent ($n=39$) were Caucasian. Table 23 presents age and gender data for all children who received early IFS assessment services. Fifty-nine percent ($n=39$) of children served were birth to 5 years old.

Table 23

Josephine Early Assessment: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	23	59
6 to 12	12	30
13 to 18	4	11
Total	39	100

Gender	Number of Children	Percent of Children
Female	16	41
Male	23	59
Total	39	100

The duration of service was calculated for children and families who completed the service by the end of the interim reporting period ($n = 31$; 79% of all children). The length of service ranged from less than 1 month to 4 months, with a mean duration of 2 months ($SD = 1.26$).

Process Findings

This section describes stakeholder involvement, service integration, barriers, client selection, branch and community factors, staffing, training, addressing child and family needs, and social, economic, and political dynamics.

Data collection included individual and group interviews with the SCF supervisor, Family Friends Program manager, and the early IFS assessment therapist and meeting observations. Interview transcripts and observation notes were analyzed. The reporting of findings focus on the research questions.

Stakeholder Involvement [Research Question 9]. The early IFS assessment plan was written as part of the Family Decision Meeting (FDM) expansion plan. However, these plans have operated as two separate programs since the beginning of Waiver implementation. The program development team for the FDM and early IFS assessment plan was comprised of Protective services staff, both branch supervisors, the IFS supervisor from Family Friends, and the Branch manager. This team met three times to develop the FDM service, which was implemented in August 1998. The Early IFS Assessment, the second component of the plan, was implemented in November 1998.

Service Integration [Research Question 10]. Josephine branch implemented 3 Title IV-E Waiver plans. These included Visitation, Family Decision Meetings, and Early IFS Assessment. All of these programs are with the same contractor, Family Friends. Two of these plans are innovative (early IFS assessment and visitation). Fourteen children (36%; $n=39$) received services from both of these innovative programs.

Family Friends is also the contractor with Josephine branch for Intensive Family Services (IFS), parent training, and sex abuse treatment. SCF caseworkers make referrals to Family Friends for these services and the caseworkers coordinate the services for the family. The program manager at Family Friends also provided in-house coordination among the multiple programs that a family may be involved in at Family Friends.

Barriers [Research Question 11]. The SCF supervisor and Family Friends program manager discussed the early IFS assessment plan for about 2 years in order to come to agreement about how best to provide the service. The SCF supervisor's vision of the plan was to have the early IFS assessment therapist evaluate the child and the child's behavior rather than the family as a whole. The branch wanted to have a clear understanding of a child's strengths and needs by

reviewing the assessment report. Staff at Family Friends was interested in employing a more holistic approach to assessing the child within the context of the family. Since November 1999 these differences in vision have been resolved and the early IFS assessment therapist evaluates the child in the context of the foster home, and visitation center. The report is then presented that includes a description of the concrete needs of the child. Josephine branch reported great satisfaction with how the program has operated since November 1999.

The original Waiver plan proposed having the Family Friends contractor for FDM and early IFS assessment located at the branch site. Branch staff believed this co-location would promote communication. This did not materialize. Since January 2000 the early IFS assessment therapist and the FDM facilitator began attending SCF triage meetings weekly. As a result, SCF and Family Friends reported improved communication and an increase in referrals to the service.

Client Selection [Research Question 12]. Children referred for the early IFS assessment service were those who were recently placed in substitute care or were living at home and identified as likely to remain at home.

The early IFS assessment occurred within 14 days of the case opening and/or prior to the 10-day shelter hearing for removal cases. The early IFS assessment report was used by caseworkers at shelter hearings.

Branch and Community Factors [Research Question 13]. The Adoption/Foster care and Permanency planning supervisor at Josephine branch conceptualized the service. According to the supervisor, historically Josephine branch would focus on families, while children lingered in foster care for one year or more. The lack of assessment of the children's needs was the impetus for the development of the early IFS assessment plan.

Staffing [Research Question 14]. The early IFS assessment therapist was a half-time position, with the professionals devoting the other half of her time to IFS family therapy. SCF caseworkers were responsible for the coordination of services for children and families on their caseload. By utilizing the early IFS assessment therapist, caseworkers had more time to focus on case management tasks. In addition, the early and thorough assessment provided timely and essential information for case service planning.

Training [Research Question 15]. The Family Friends program manager, a Licensed Professional Counselor, supervises the early IFS assessment therapist. This therapist had a Master's degree in psychology and specializes in child and family therapy. The SCF supervisor,

liaison for the early IFS assessment plan, was the acting supervisor and consultant for caseworkers accessing this service.

Addressing Child and Family Needs [Research Question 16]. The early IFS assessment enabled the SCF caseworker to recognize the individual needs of children in order to find an appropriate foster care setting and/or work more effectively with parents to meet the needs of their children. The plan specified that the early IFS assessment therapist would work closely with the family, extended family members, the caseworker, and the FDM facilitator to ensure that the birth family gain the skills and knowledge needed to follow through with the safety plan and meet the child's needs. If the child was already in foster care, the early IFS assessment therapist worked with both the birth and foster families to ensure consistent care giving, preserve the birth family's attachment with their child, promote respect for the birth family's culture and beliefs, and provide support for timely and safe reunification.

Social, Economic, and Political Dynamics [Research Question 17]. The branch supervisor reported that the development of the early IFS assessment plan coincided with the implementation of ASFA. The purpose of the plan was to complete an assessment of children at the time of intake. The purpose of the assessments was to help caseworkers make placement decisions for children and identify family strengths and needs.

Impact

Information provided was obtained from state IIS and the provider.

Child Placement. Figure 11 presents placement data at the beginning, ending, and 3 months post service for the 31 children who completed services during the interim reporting period. By the 3-month post service point the number of children living at home had increased from 16 to 21.

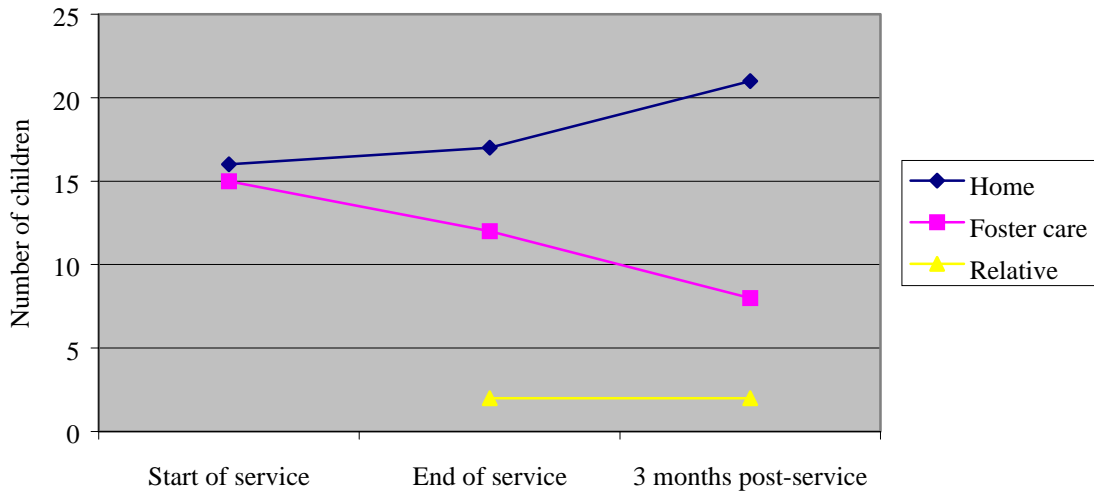


Figure 11. Josephine Early Assessment: Type of placement at beginning, end, and 3 months post service.

Summary

The branch estimated that 100 children would be served by these plans in a 12-month period. The actual number of children served was 39 children within a 12-month period. Of the 31 children who completed the service, 13 (42%) remained in the home throughout and following the service and 9 (29%) returned home from foster care after starting the service.

Preliminary findings suggest the early assessment service may have supported the maintenance of children in the home and the reunification of families. However, it would be premature to imply a causal relationship between the service and child placement since no comparative analysis was conducted.

Foster Care Alternative Project: Clatsop County

Clatsop County is located in the northwest corner of the state. It is in the Western Region and is a Group B branch (Waiver/non-SOC). The Foster Care Alternative Project was implemented November 1997 and ended October 1999. The Foster Care Alternative Project collaboration was to provide two service options to address the perceived needs of Clatsop SCF families:

- Intensive In-home Services, similar to the Home Builders model would help families achieve better parenting skills, life skills for self-sufficiency and enhance the nurturing of the children's health development. There were no other identified resources for these services in this community.
- The SAFEHouse would result in quick and early intervention for Clatsop SCF families where domestic violence or mental illness was present. For families in the SAFEHouse, mothers received hands-on help, services and supervision with their children in addition to safe housing. They also had access to the SAFEHouse's domestic violence support group, a weekly children's group, and weekly house group meetings.

Both service programs were predicated on the notion that Intensive case management and supervision would assure the safety of the children while preventing the need for their removal from their family. The Clatsop Women's Resource Center (WRC) stepped forward to join with SCF in this experiment that has come to be known as the Clatsop Foster Care Alternative Project.

Funded by the Victim of Crimes Act (VOCA), WRC is a part of the community safety net, and provides a Domestic Assault Response Team that accompanies police in responding to incidents. They also are known for their hands-on work with clients sheltered in their Bambrick House, a safe house for women and children leaving domestically violent situations.

Information sources included branch staff, the Women's Resource Center, field notes from a former evaluation team member, the proposed Waiver plan, and the state's central database (IIS). First, the descriptive information is presented, followed by process and impact findings. The section concludes with a summary of findings.

Descriptive Findings

The Clatsop Foster Care Alternative Project served 17 families and 27 children in its two years of operation. Eighteen of the 27 children were five years of age or younger at the start of their waiver service, and 4 of the children were less than two months of age.

Eleven children came from families where domestic violence was among the reasons for referral. Six children came from settings where substance abuse was among the reasons for

referral and six children came from settings where both substance abuse and domestic violence were among the reasons for referral.

The ethnic composition of the service population was primarily White, non-Hispanic ($n = 18$; 66.7%), with 7.4% ($n = 2$) identified as Hispanic, 7.4% ($n = 2$) Native American, and 18.5% ($n = 5$) for whom no ethnic identity was available. Table 24 presents the number and percent of children by age and gender whose families received Foster Care Alternative Project services through December 31, 1999.

Table 24

Clatsop Foster Care Alternative Project: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	18	66.7
6 to 12	5	18.5
13 to 18	3	11.1
Unknown	1	3.7
Total	27	100.0

Gender	Number of Children	Percent of Children
Female	12	44.4
Male	15	55.6
Total	27	100.0

The Foster Care Alternative Project proposed to serve 4 families (3 with Intensive In-home Services, and 1 in the SAFEHouse) per quarter. It was expected that each family would be served for approximately 90 days, and thus the program anticipated serving 16 families within one year. The plan also allowed for one extension of the 90-day service plan for families being served with In-home services. Figures 12 and 13 present the actual number of families served versus the proposed number of families served for both the In-home and SAFEHouse components.

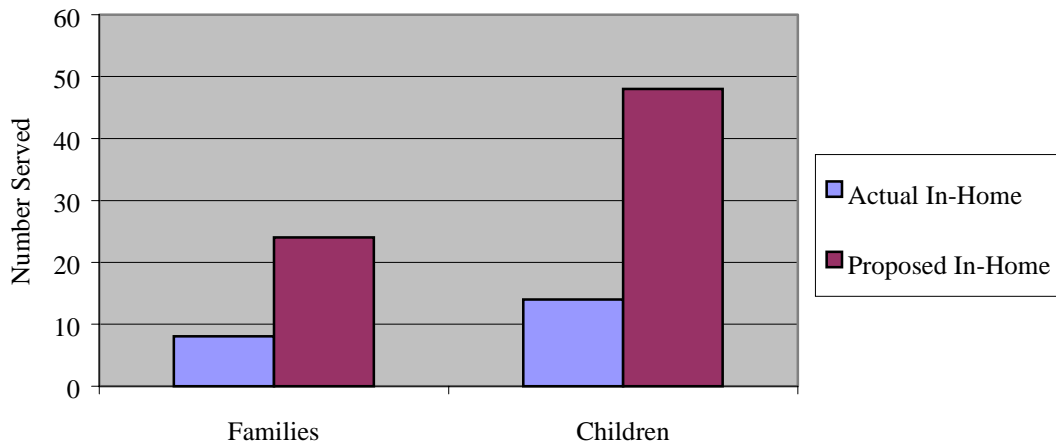


Figure 12. Number of children and families served by in-home services.

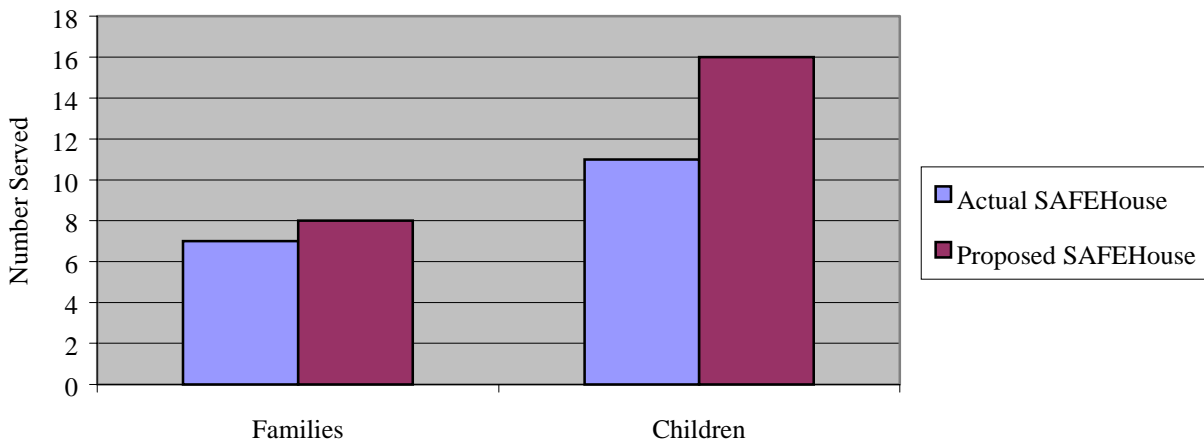


Figure 13. Number of children and families served by SAFEHouse.

On average, the In-Home families received services for 186 days per child, with duration of services ranging from 29 to 405 days ($SD = 140$). SAFEHouse families, on average, received services for 134 days, with duration of services ranging from 21 to 376 days ($SD = 120$). One child, whose Waiver service site was not identified received 318 days of services. This child was not included in the analyses.

Process Findings

Preliminary process information for the first half of the Waiver evaluation is reported in this section. Information was gathered through interviews with the provider and branch staff, field notes and the proposed written Waiver plan. Information reported relates to the research questions.

Stakeholder Involvement [Research Question 9]. The Clatsop Title IV-E Waiver Foster Care Alternative Project was born out of community services collaboration in Astoria, Oregon. Directors of community non-profits and state service agencies met monthly to identify gaps in their community's services.

Barriers [Research Question 11]. Three processes were identified by the Clatsop Foster Care Alternative Waiver Plan staff as having implications for the implementation of this particular plan:

- Disruptive and dangerous behavior on the part of some of the SCF clients engaged in Waiver Plan services
- Selection of the most difficult cases for referral to the Waiver services.
- Staff changes during the brief course of the project.

The Clatsop Foster Care Alternative Waiver Service ran from 11/7/97 to 10/31/99. The Clatsop Women's Resource Center, contractor for this service plan, declined to renew the plan beyond 10/31/99 due to SCF clients' disruptive behavior in their facility. Apparently concerns regarding SCF clients' disruption of the existing SAFEHouse surfaced during the second year of the plan's implementation. The WRC coordinator reported that their regular SAFEHouse clients were voluntary, and some SCF clients did not approach the service with that same attitude. She noted that some of the SCF clients had unresolved drug and alcohol issues, which the typical voluntary WRC client did not have. Drug and Alcohol issues turned out to be a problem with SCF SAFEHouse clients even with AA (Alcoholics Anonymous) and drug testing required. As a result, the SAFEHouse developed a special rules contract specifically for their Foster Care Alternative Project clients.

Additionally, there were several staff changes in the course of the first year, which added another layer of complexity to the implementation of this program. Both the WRC coordinator

and SCF liaison changed in March of 1999, and the SCF supervisor changed in May of that same year.

Client Selection [Research Question 12]. The SCF Branch Manager identified the issue of client selection as an implementation feature that had unanticipated effects on the outcomes of this waiver plan. SCF caseworkers, in consultation with supervisors and co-workers, assessed family strengths and needs. When families were identified as appropriate and children were determined to be at risk of or in need of placement, a referral was made to the WRC Waiver project, with a recommendation that the family be served in home or at the SAFE House. This referral was sent for approval to the branch's Sub Care Committee, which was routinely staffed by representatives of AFS, the juvenile department, mental health agencies and the Women's Resource Center.

A second, unofficial referral pathway developed, in which staff at the WRC, upon determining that a WRC/SCF client would benefit from the Waiver service, arranged with the SCF worker for the client to be served in the SAFE House or in-home program. In an effort to most effectively utilize and monitor the Waiver service, the new SCF liaison took steps to formalize and limit the referral process to the official process described above.

A final issue related to the referral process was that, until recently, not every file included a Sub Care Committee referral form, a document that contained rich information and could inform the branch's knowledge of appropriate referrals for this program. It seemed likely that the earlier use of the unofficial referral process accounted for the missing referral forms and, because of the recent decision to carefully manage the referral process this issue should be eliminated (Child Welfare Partnership, 1999).

This description does not include specific information on the criteria used to determine the "appropriateness" of families for waiver services, but the SCF Branch Manager reported that there was a tendency to refer the branch's most difficult cases to the Waiver Plan services.

Branch & Community Factors [Research Question 13]. The community non-profits and state service agencies met monthly to identify gaps in their community's resources. The cooperative and effective allocation of resources to address service gaps was the focus of these meetings. In this tradition, the local SCF branch manager surfaced her staff's concerns that there was a need for intensive, "hands-on", in-home services among their service population. Although these services are a common feature in larger SCF branches, smaller branches such as

Clatsop are not always able to justify diverting funds from other areas to establish these types of services. In this case, there was the sense that, perhaps, by providing Intensive In-home services, the branch could prevent the removal of children from their homes, or could return children in foster care home sooner. The Clatsop Women's Resource Center (WRC) stepped forward to join with SCF in this experiment that came to be known as the Clatsop Foster Care Alternative Project.

Social, Economic & Political Dynamics [Research Question 17]. With a population of about 10,000, Astoria is home to nearly one third of the population of Clatsop County. Bordered by the Pacific Ocean and the Columbia River in the Northwest corner of the state, the area's principle industries are fishing, lumber, and agriculture. Employment division records show manufacturing and retail as the leading areas of employment. The US Coast Guard is the largest single local employer with nearly 400 employees reported in 1997 (Oregon Economic Development Department, 2000).

Impact

Seventeen families were served by the Clatsop Foster Care Alternative waiver plan during the two-year period. Of these families, there were 8 (representing 14 children) who received In-Home Services, 7 (representing 11 children) who received SAFEHouse services, and 2 family (representing 4 children) who received both In-Home and SAFEHouse services. Impact findings are limited at this point in the evaluation due to the lack of comparison group data. The following is an analysis of where children were living during and after the provision of service.

Child Placement. The analysis includes where children were living at the beginning, ending, and 3 and 6-months following the ending of the service. The children were divided into 2 groups, those who received in-home services and those who received SAFEHouse services. Two children were not included in this analysis.

There were 14 children who received in-home services. At the beginning of the service 86% ($n=12$) of the children were living at home. At the conclusion of the service and at both follow-up points, all the children were living at home. Figure 14 describes where these children were living at the beginning, ending, and 3 and 6-months following the ending of in-home services.

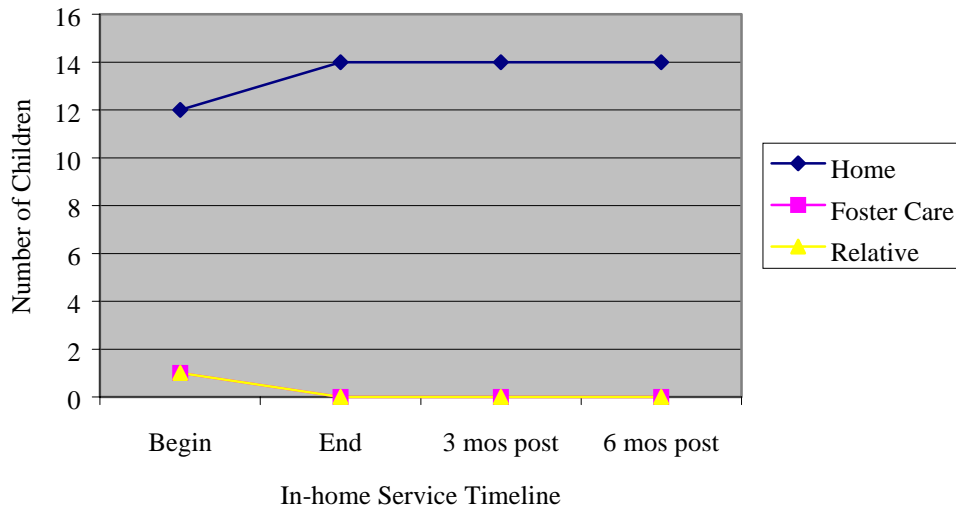


Figure 14. Clatsop: Type of placement at beginning, ending, and 3 & 6 months post services for children who received In-home services.

There were 12 children who received SAFEHouse services. Of these children 67% ($n=8$) were living at home of the time of the service. At the conclusion of the service, 83% ($n=10$) were living at home. Half of the children were living at home at the 3-month follow-up and 75% ($n=9$) were living at home at the 6-month follow-up. Figure 15 describes where these children were living at the beginning, ending, and 3 and 6-months following the ending of SAFEHouse services.

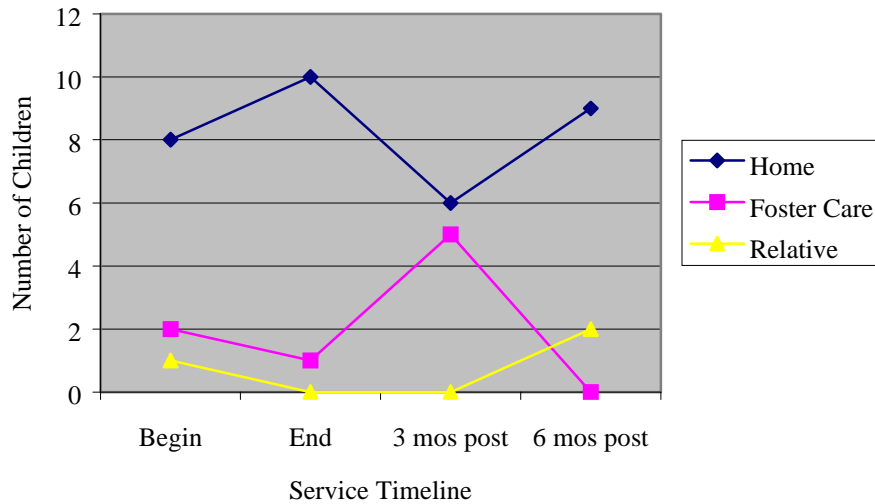


Figure 15. Clatsop: Type of placement at beginning, ending, and 3 & 6 months post services for children who received SAFEHouse services.

Summary

The program faced challenges in wrapping up services to clients within the timeframe set forth in the program’s objectives. Prior to the final report of this evaluation, further inquiry needs to be made as to the exact nature of these challenges and why service providers and case supervisors chose to extend services. Both SCF and WRC participants identified client selection as an area where they would have been more strategic were they to initiate another program of this type. The SCF Manager acknowledged that she had used this program to try to manage some of her toughest cases, and, in looking back, believes this may have been disadvantageous to the program’s ability to meet its objectives.

Because of changes in both the evaluation staff and the Foster Care Alternative Project staff, there are other program objectives where additional information is needed. Although some of these objectives cannot be measured post hoc, further efforts need to be made to see if additional information can be gathered.

The Clatsop SAFEHouse program served fewer clients than proposed, and served them more intensively than anticipated. Statements regarding the program’s ability to prevent children’s placement in foster care or to reduce the duration of their stay in foster care will be made available once the Waiver Impact evaluation data have been analyzed.

Starbase One: St. Johns (Metro) Branch

St. Johns branch in north Portland (Metro Region) offered the Starbase One innovative Waiver service. St. Johns is a Group A branch. The Waiver plan was funded through a blend of private grant dollars awarded to the contracting agency and Title IV-E Waiver dollars. The program was designed to serve families with children whose age's range from 8 to 13 years, who have behavior problems in school, home, and are at risk of a more restrictive placement. The program focuses on child development within four domains: (a) home, (b) school, (c) community, and (d) self-esteem. The goal of Starbase One is to prevent out of home placement by stabilizing the family situation. The program provided case management, skill training and parent coaching within the context of a wraparound services approach. Intervention primarily occurred in the home, as well as at the school, and in other community settings. The program averages approximately 5 hours of family contact per week.

Data sources included the provider, SCF branch staff, the proposed written Waiver plan, and state IIS. First, the descriptive findings are presented, followed by process and impact findings. The section concludes with a brief discussion of findings.

Descriptive Findings

The Starbase One program served a total of 13 families and 30 children. The majority of children served were White, non-Hispanic. The ages of the children served ranged from 4.5 to 13.7 years, with a mean age of 8.8 years. Table 25 presents the number and percent of children served by age group and gender.

Table 25

St.Johns Starbase One: Number and Percent of Children Served by Age and Gender

Age	Number of Children	Percent of Children
Birth to 5	5	17
6 to 12	23	77
13 to 18	2	6
Total	30	100

Gender	Number of Children	Percent of Children
Female	16	53
Male	14	47
Total	30	100

The Starbase One Waiver plan projected to serve each child for 6 months. The actual length of time children and families received the Starbase One service ranged from 5.2 to 8.8 months. The average amount of time spent with the program was 6.4 months.

Process Findings

Preliminary process findings for the first half of the Waiver evaluation are reported in this section. Information was gathered through interviews with the provider, SCF branch staff, and the proposed written Waiver plan. Findings are reported as they relate to the research questions.

Stakeholder Involvement [Research Question 9]. The agency providing Starbase One approached the branch with the proposal to provide this service. The branch manager recommended utilizing Waiver funds.

Service Integration [Research Question 10]. Starbase One was funded through the Waiver and a private grant. Starbase One was one component of the Youth Advancement Team (YAT). YAT serves families who live in north Portland neighborhoods and is funded primarily from the City of Portland and private grants.

Barriers [Research Question 11]. The major barriers to implementing this program were systemic. Issues such as finding sustainable funding for the Youth Advancement Team and

Starbase One were the primary concern in implementing the program. Funding streams at this point do not allow for the purchase of items like bus passes, which are critical for families to be able to be mobile.

Other barriers included the difficulty of the families served. Starbase One was designed to serve families with fewer and less severe issues than the families referred. Also, the plan proposed that 5 hours per week would be spent with each family. However, many of the families referred needed more time with the service providers to demonstrate significant success.

Client Selection [Research Question 12]. Most of the SCF families involved with Starbase One volunteered to participate. Children ages 6 to 12 years old living at home and at risk of removal were referred to the program by the intake unit at the St. John's branch.

Branch & Community Factors [Research Question 13]. The provider was located at a large public housing site that included the co-location of a range of services. Since a significant number of residents at the housing site were involved with SCF, it created an environment that supported networking among clients and community partners. The program also maintained a close connection with schools. The Waiver program was provider-driven from the start. It was part of the YAT, which was a well-established service provider in the community. Therefore, there existed an infrastructure to implement the program within a reasonable timeframe.

Staffing [Research Question 14]. Two full-time employees staffed Starbase One. These staff members were also trained to provide any of the other services offered by YAT. One of the Starbase One staff was a single mother from the community targeted for the service. The other staff member was a social service professional.

Addressing Child & Family Needs [Research Question 16]. Starbase One is an individualized service that includes the following elements to help meet child and family needs:

- strengths/needs based assessment with the parents in their home
- a doable task list for the parent and child developed through a team effort that builds on the identified strengths
- supportive case management
- social skills training for child and family
- tutorial and homework assistance
- family advocacy activities
- family incentives for participation

Social, Economic & Political Dynamics [Research Question 17]. Starbase One and YAT primarily serves 2 low income communities located in North Portland. Interviews were conducted with the director of YAT. The director stated that people living in poverty often did not receive the help they needed from state agencies. She stated that the bureaucratic system that was set up to help these families was often inflexible and difficult to access by those who needed support.

Impact

Impact-related data were obtained from state IIS, the branch, and the provider. Data consist of child placement information.

Child Placement. No comparison group data were available during this reporting period. The following is an analysis of child placement, at the beginning of the service, end of the service, and at 3 and 6 months post service. Two groups of child placement data were analyzed. The groups were not mutually exclusive. The first group (Group 1) included children who ended in-home services and for who 3-month follow up information was available. The second group (Group 2) included child placement data for children who completed the service and for whom 3 and 6 month follow up data were available.

Twelve of 30 children who were enrolled completed the Starbase One program prior to December 31, 1999. Of the 12, 11 (92%) were still living at home at the end of the service. The single child not living at home was living with relatives. Six (50%) completed the service at least 6 months prior to December 31,1999. Of this number, 4 (66.7%) were still living at home. The remaining 2 children were placed in foster care. At six months post service, none of the 6 child children had changed their living situations. Figure 16 presents child placement information for this group of 6 at the beginning and ending of the service and 3 and 6 months post-service.

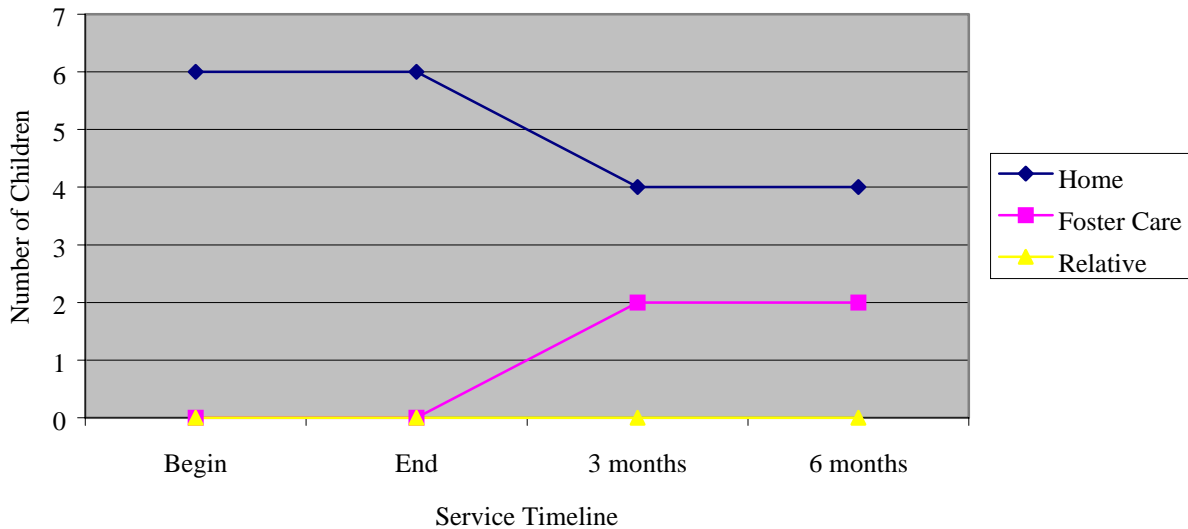


Figure 16. St. John’s Starbase One: Type of placement at the beginning, ending, and 3 & 6 months post-service.

Summary

The plan was originally projected to serve 12 children in the first year. The project has exceeded that goal by 40 percent. Most children were maintained at home, although the number of children at home decreased after the families were no longer receiving the service.

Innovative Plan Discussion

Innovative plans represented a greater than one-fourth (26.5%) of Waiver spending in the first two and one-half years. As discussed in the statewide process evaluation findings (p.25), development of an infrastructure to ensure more frequent and effective communication between state, regional, and local SCF administrators, program developers, and financial managers may be beneficial for the agency overall. This may be especially useful when embarking on a statewide initiative that is administered at the state level and developed and implemented at the local level.

Analysis of interview transcripts suggested that branches report they did not have a good understanding of how decisions are made at the state level relating to approval, renewal, and discontinuation of Waiver plans. To some extent this perception discouraged branches from developing additional innovations. Local managers and providers reported feeling disheartened

to spend an intensive amount of time working together to develop a service, worrying that it may be limited to a 6 month or 1 year duration.

At the beginning of the Waiver evaluation, a self-evaluation approach to the evaluation was offered to branches implementing innovative plans. Branches initially expressed an interest in participating in a self-evaluation. However, the self-evaluation method was not fully utilized by any branch. The self-evaluation approach requires intensive involvement from local branches, which seemed to be the most common barrier to participation. Although self-evaluation was not successful in the evaluation of innovative plans, its introductory methods appeared to provide a segway to utilizing participatory methods in evaluating local innovative services. Participatory methods allowed evaluators to work with each branch to develop data collection processes that best fit their needs.

VI. EXPANSION OF FAMILY DECISION MEETING SERVICES

Interest in evaluating the Waiver-funded Family Decision Meetings (WFDM) derives in part from the extensive use of waiver dollars to fund them: approximately 40% of the Title IV-E Waiver expenditures during the first two years of the Oregon Waiver program were spent to fund the expansion of FDM services in 16 SCF branches (Child Welfare Partnership, 1999).

There was a great deal of positive regard for the use of FDM's in child welfare based on beliefs about their ability to engage families and communities in the development and implementation of plans for the effective protection of children at risk for neglect or abuse. Engagement of families were viewed as advantageous based on expectations that families can tap strengths and resources previously unrecognized by workers (Walker, 1996), are more likely to implement a plan that they have developed and will monitor plans more thoroughly than social workers (Merkel-Holguin, 1996). Similarly, community involvement is viewed as an important means of tailoring the use of FDM's to diverse contexts by "reconceptualizing the model to fit [each community's] cultures and conditions" (Pennell and Burford, 1994). As recently as 1996, the American Humane Association reported observing the following trends resulting from the implementation of FDM's worldwide:

- A decrease in the number of children living in out of home care
- An increase in professional involvement with extended families
- An increase in the number of children living with kin, and
- A decrease in the number of court proceedings
- An increase in community involvement

But even as they reported these trends, they noted that most of these consequences are not supported by data, and identify the need for "outcomes based research and evaluation to ascertain the ... consequences and effectiveness of FGDM on children and families, the professionals who work with them, and the child welfare agencies" (Merkel-Holguin 1996).

In response to Merkel-Holguin's call for empirical, out-come based research, in addition to evaluating the use of FDM's in meeting the Title IV-E Waiver objectives, this research is intended to contribute to the general understanding of the use and practice of FDM's as well. To this end, this evaluation of Waiver FDM's focuses on three specific tasks:

- Evaluation of each branch's Waiver Plan implementation,
- Evaluation of the impact of WFDM's on case paths or case outcomes in the Waiver Service Population, and
- Description of the full range of WFDM practices to look for innovations in effective practice.

The goal of these three tasks in this evaluation is to provide the clearest possible picture of how WFDM's are being used to serve children, families, communities and child welfare professionals in the state of Oregon.

The evaluation of implementation will compare each branch's approved Waiver Plan with the results of their program implementation. Tables 1 through 18 in Appendix C present the bases on which we will make comparisons between the proposed and implemented plans. This section focuses on achievement of specific project objectives, client selection criteria, numbers of children and families served, and community involvement/participation in the project. We discuss the barriers and challenges branches faced in their Waiver Plan implementation and the efforts they made to transcend those challenges. These comparisons allow us to address Research Questions 1, 2, 9, 11, 12, 13, and 15.

The impact evaluation will look to see if there were significant differences in the course or outcomes of cases served by Waiver FDM's when compared to a similar SCF population who did not receive Waiver services. These comparisons allow us to address Research Questions 5, 6b, 7, and 8. What were the characteristics of families and children who received waiver services, and in what ways are they representative or atypical of the general SCF population? Were there differences in the rate or type of placement established for children who received Waiver FDM's as compared to children in the general SCF population? Were the rates of re-abuse/ re-neglect lower for children who received WFDM's? Although our analysis dares to ask questions about whether the differential use of FDM's correlates to differences in population outcomes, it should be noted that it would take a **very** powerful intervention to affect these dependent factors in any significant way. In short, it is *uncommon* to find statistically significant impacts on outcomes for an intervention of this scale, but there is a great deal of valuable information about patterns in use or practice that might be expected from this research.

Finally, interviews with Field Staff and Meeting Facilitators (Grosvold, 1998), and previous research by Anna Rockhill and Angela Rodgers (1999) have made it clear that there is a

broad range of variation in the practice labeled (and billed as) FDM's. Differences in facilitation, format, attendance, preparation, goals, and group dynamics all contribute to making each family's meetings distinctive. The third portion of this evaluation will both document the variety of ways WFDM's are used to serve families and look for new patterns of effective practice. Analyses from this section allow us to address Research Questions 8, 9, 13, 17, and 18. Are some FDM formats preferred by Oregon WFDM facilitators? Is participation in WFDM's associated with higher rates of service completion? Do WFDM's facilitate or alter case management practices with certain types of families? Are some families or case concerns more suited to one format than another? This portion of the research is an exploration of the use of FDM's in Oregon –a pooling of professional practice and experience to provide a comprehensive analysis that extends beyond anecdotal evidence.

Process Evaluation

Evaluation of Implementation. The evaluation of implementation collects and compares information on the proposed project implementation as presented in the approved Waiver Plan Proposals and the actual project implementation as derived from branch documentation of their project. Comparisons will be made on the following areas:

- Project Goals
- Project Objectives
- Target Population
- Service Population
- Service Dates
- Client Selection Criteria
- Training
- Consequences and Secondary Effects
- Community Involvement

Impact Evaluation

The impact evaluation collects case specific information on demographics, difficulty, incidents of abuse or neglect, service interventions, and case outcomes both for children in the WFDM population and for children in the general SCF population. The Title IV-E research team

is working closely with the PSU Cohort Study to collect consistent measures for suitable samples of both the Waiver and Non-Waiver populations of SCF in order to make population-level comparisons of case paths and outcomes between the Waiver and Non-Waiver groups [See Section III, Methodology, in this report]. These comparisons allow us to address impact focused research questions at the population level.

Description of Practice

This section documents current contexts and practices used in implementing Waiver FDM's in the branches. Data to be collected includes information about the diversity of communities, professional backgrounds of those who develop and facilitate meetings, and minutes from WFDM's. This section of the research allows us to discuss the actual processes that produce the outcomes analyzed in the program and impact evaluations described above. Analyses from this section allow us to address research questions pertaining to project impact, process, and professional practice at the state-wide level.

Outcomes

We are currently in the process of identifying the population served with Waiver FDM's. The original plan to identify these individuals through SCF's billing system has not proven reliable enough for research seeking the types of outcomes described above. As a result, we are gathering client lists directly from service providers, and providing them to SCF so they may reconcile the discrepancies between the two data sources in order to develop the most accurate list of service recipients obtainable. As soon as that list has been established, collection of case specific data will begin.

VII. SUMMARY AND CONCLUSIONS

This report presents evaluation findings for the first two and one-half years of Oregon's five year Title IV-E Waiver Demonstration Project. Analyses of state, region, and branch process and descriptive data identified multiple and complex challenges and opportunities presented when a state utilizes Waiver flexible dollars to encourage and support innovative services. The goals of the Waiver are to (a) reduce the number of children and length of stay in foster care, (b) ensure safe, nurturing, and permanent homes for children more quickly, and (c) show improvements in child and family well-being as a result of utilization of Waiver flexible funds. These goals are to be accomplished by providing more timely access to services and supports that are based upon each child and family's strengths, needs, and circumstances.

The ability to accomplish these goals appears to depend on multiple factors. Among these are establishment of collaborative partnership to strategically design programs that address the unmet needs of a target population. In addition, communities need to have the professional and financial capacity to provide innovative services, ensure quality of those services, and support the longevity of implementation to move beyond the developmental phase to full implementation.

It appears that branches who already had well established working relationships with key community partners were able to not only develop and submit innovative Waiver plans in a timely manner to the state administration for approval, but also have a greater capacity to implement innovative services that required the sharing of resources, both financial and personnel. However, these branches included those with ADP rates that were too high to continue the services and were unable to ensure cost neutrality. Therefore, as the Waiver project matured, the state administration made the decision to establish concrete decision rules for approval, continuation, and termination of Waiver plans. The challenge for the state administration to support and encourage innovative use of Waiver flexible dollars, while remaining accountable to the cost neutrality terms and conditions.

Analysis of innovative plan data suggests local SCF and community partners have developed and implemented creative ways to reach Waiver goals. Innovative plans accounted for about one-fourth of approved Waiver plans. A total of 21 innovative plans were approved during the first half of the demonstration project. These efforts required collaboration with local

community partners and significant time commitment on the part of state, regional, and branch personnel. Preliminary findings begin to show the potential for innovative programs, such as the Drug and Alcohol Facilitator, Housing Facilitator, Enhanced Visitation, In-Home Parenting, and Starbase One to provide (a) immediate access to services, (b) comprehensive service coordination, and (c) carefully designed strategies for in-home services.

The synthesis of process and impact-related data from state and local sources suggests it is too early in the project to identify the impact of the Waiver on child outcomes. However, evaluation of innovative plans shows that the Waiver opportunity may be a catalyst for strengthening and building local capacity to partner with community agencies and informal family supports. In the short term, this collaboration creates opportunities for the leveraging and/or blending of funds to provide, enhance, and/or continue innovative services. In the long term, state and local SCF administrators may develop systematic strategies that can be used by caseworkers to transition families from SCF to community monitoring in more timely and effective ways. The ability to make the transition from SCF services to community services is essential in order to meet the goals of federal and state policies, and meet the complex needs of our most vulnerable children and families.

During the next two and one-half years, the process evaluation will continue to document the evolution of this statewide effort at the state, regional, and local level. In addition, telephone surveys of parents will be conducted in order to ascertain parent perceptions of the services they received and the impact of these services on their children and families. Analysis of statewide impact data will begin in January of 2001. We recommend that attention be paid to the individual innovative plans as well as the statewide analyses across the three groups of children (i.e., Waiver/SOC, Waiver/non-SOC, and non-Waiver/non-SOC). We anticipate that as the demonstration project continues to mature, these innovative efforts will provide rich information about how to develop, implement, and evaluate services that rely on new ways of working together at the local level toward the common goals of ensuring the timely attainment of permanent, safe, and loving homes for children.

VIII. REFERENCES

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