

# **WISCONSIN SUBSIDIZED GUARDIANSHIP ASSESSMENT AND EVALUATION**

## **Final Evaluation Report**

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## **1. Introduction**

In 1994, Congress gave the U.S. Department of Health and Human Services (HHS) the authority to approve state demonstration programs that waived certain federal requirements related to child welfare services. These waiver demonstration programs test innovative practices while promoting the safety, permanence, and well-being of children in child welfare systems. One requirement of the demonstrations is that they be rigorously evaluated for their effectiveness and cost neutrality. Since 1996, 24 states have implemented 34 demonstrations through 30 waiver agreements. These demonstrations involve a variety of interventions, including subsidized guardianship, flexible funding, managed care strategies, substance abuse services, intensive services, enhanced staff training, post-adoption services, and Tribal administration of child welfare funds.

In September 2004, HHS awarded the State of Wisconsin the waiver authority to conduct the Guardianship Permanency Initiative. The state submitted the initial waiver request in September 2002, but due to the temporary expiration of the federal Title IV-E waiver authority, the request could not be approved by the Children's Bureau. After receiving feedback from the Children's Bureau, the state updated the waiver proposal to clarify the intent of the waiver and address additional details. The state submitted a revised waiver proposal in January 2004. The waiver was approved by the Children's Bureau and went into effect on September 23, 2004.

Under the terms and conditions of the agreement with HHS, the Bureau of Milwaukee Child Welfare (BMCW) initially implemented the demonstration in Milwaukee County. The target population for Wisconsin's initiative is children currently in licensed relative foster care placements and children who enter licensed relative foster care placements during the 5-year waiver period, which ends in 2010.<sup>1</sup> In addition, children for whom guardianship had previously been awarded under Chapter 48 Wisconsin Statutes, but whose cases remain open in foster care, are eligible to participate in the demonstration.

The Wisconsin Subsidized Guardianship Assessment and Evaluation tested the impact on children's safety, placement stability, and permanence when the state removes monetary disincentives to exiting the foster care system to encourage related caregivers to become the

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<sup>1</sup> According to Wis. Stat. § 48.02(15), "relative" means a "parent, stepparent, brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, sister-in-law, first cousin, 2nd cousin, nephew, niece, uncle, aunt, stepuncle, stepaunt, or any person of a preceding generation as denoted by the prefix of grand, great, or great-great, whether by blood, marriage, or legal adoption, or the spouse of any person named in this subsection, even if the marriage is terminated by death or divorce."

permanent guardians of the children formerly under their foster care. The evaluation team consisted of staff from:

- Westat (Rockville, MD),
- The Children and Family Research Center, University of Illinois at Urbana-Champaign (Urbana, IL) ,
- The School of Social Work, University of North Carolina at Chapel Hill (Chapel Hill, NC), and
- The Institute for Research on Poverty, University of Wisconsin-Madison (Madison, WI).

The evaluation used an experimental design to assess the net impact estimates for the introduction of a subsidized guardianship program into Milwaukee's child welfare delivery system. The evaluation team's work was guided by the evaluation plan submitted and approved by the Wisconsin Department of Children and Families (DCF) and HHS in December 2005.

This final report describes findings from the Guardianship Permanency Initiative and evaluation activities conducted from October 2005 through September 2009. It provides observations of the implementation of the demonstration, outcome and cost analyses, and discussions of pertinent recommendations and issues of concern. This report was originally scheduled for completion in early 2011. However, with the passage of the Kinship Guardianship Assistance Program (KinGAP) authorized by the *Fostering Connections to Success and Increasing Adoptions Act of 2008 (FCSIAA)*, DCF requested that the evaluation team complete the final report one year early. While this shortened the study period in which families could achieve permanence, it allowed the lessons learned from the Wisconsin demonstration to reach the interested community sooner.

The report is divided into five chapters. The remainder of this chapter describes the history of the Wisconsin Waiver. Chapter Two describes the overall study design and the data collection activities conducted by the evaluation team. Chapter Three describes the implementation of the initiative, using information collected from documents, interviews, and focus groups. Chapter Four reports impact and cost findings to date, using data from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS), IV-E expenditure claims, and results from telephone surveys of the caregivers of children in the demonstration. Finally, Chapter Five summarizes what has been learned and offers policy implications for Wisconsin and other states considering subsidized guardianship.

## **1.1 History of the Waiver**

The state of Wisconsin made the initial request for a Title IV-E waiver for the Wisconsin Subsidized Guardianship Initiative to the federal Administration for Children and Families (ACF) in 2002. At that time, the state had long used kinship placement as an important resource for children who are removed from their homes and placed in foster care. Placement with a relative can provide children with a stable and caring home without severing their family connections or removing them from their community. Although reunification has always been the primary objective for all children in placement, in cases where reunification with the biological parents is not feasible, kinship placements may develop into positive long-term living situations for the children.

When reunification is not possible, adoption and guardianship have been considered as alternative permanency options. Adoption has traditionally been considered the more binding and preferable outcome (Testa 2005). However, although many relatives may be committed to providing the child with a permanent home, they may not wish to consider adoption due to cultural, familial, or financial factors. In these cases, guardianship has served as another lasting alternative for families, providing permanence for the child and allowing the family to leave the foster care system. Unlike adoption, guardianship transfers legal responsibilities without severing parental rights. It also preserves a possible role for the birth parents in their children's upbringing since visitation rights, consent to adoption, and child support liabilities remain with the parents under guardianship orders. Siblings also retain rights of association, which are severed after parental rights are terminated and children are adopted out of foster care.

Federal financial subsidies are available to eligible caregivers who are licensed foster parents or become adoptive parents to assist in the care of the child. At the time of the Title IV-E waiver request, however, federal law did not provide an equivalent financial subsidy for children leaving foster care to permanent legal guardianship. Wisconsin has an established kinship guardianship program, with state law providing for two types of kinship guardianship. In the first type, children can be placed in care with relatives licensed as foster parents who then receive Ch. 48 guardianship (authorized under Wis. Stat. § 48.977). The second option is a court-ordered Kinship Care placement, which does not require caregivers to be licensed. The Wisconsin Kinship Care program provides a monthly Temporary Assistance for Needy Families (TANF) payment in the amount of \$215 per child to relative caretakers in a court-ordered Kinship Care case. Many of the families in the child welfare system face major financial obstacles and thus



may choose to remain in the system in order to continue receiving foster care payments to help with the support of the child. This has led to relative placements remaining open long after stability has been achieved, keeping the child from permanence and continuing to use case management resources.

One of the benefits of subsidized guardianship is that it offers families another option for exiting the foster care system without sacrificing the financial assistance that they depend on for the routine maintenance and care of their children. When families leave foster care, their cases are closed, so they are no longer visited by caseworkers, expected to attend court hearings, or required to get agency permission to receive medical care for the child, travel out-of-state, or allow the child to attend a sleep-over at a friend's house. Furthermore, once a caregiver becomes an adoptive parent or legal guardian, nobody can precipitously remove the child without court permission, unlike foster care in which the authority to remove resides with the child welfare agency.

In 2003, the state conducted the Statewide Assessment in order to prepare for the Child and Family Services Review (CFSR) for Wisconsin. The CFSR confirmed that Wisconsin was making limited use of guardianship as a permanency option and that the lack of a financial subsidy was a significant factor. The state data profile for the CFSR identified Wisconsin as below federal performance standards for timeliness of reunification and adoption, and the preliminary CFSR results showed a concern for placement stability in the reviewed cases.

DCF, within the Wisconsin Department of Health (DHS)<sup>2</sup>, developed the Guardianship Permanency Initiative for the first waiver proposal in 2002. Its objective was to increase permanence for children in relative placements through both adoption and guardianship by using a comprehensive, family-focused approach to permanency planning. This approach was meant to increase the use of guardianship as a permanency outcome by offering a federally reimbursable subsidy to caregivers who become permanent legal guardians to the children in their care. The subsidy would be equivalent to payments received for foster care and adoption assistance, making guardianship a more financially viable option for many families.

In addition, it was hypothesized that the availability of subsidized guardianship would promote an increased use of relatives as foster care placements and encourage relatives to become

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<sup>2</sup> Prior to 2008 DCF was the Department of Child and Family Services (DCFS) in the Wisconsin Department of Health and Family Services (DHFS).

licensed as foster caretakers. The waiver also allows non-relatives with a significant relationship to the child to become guardians. This idea of "like-kin" expands the field of potential guardians to include godparents, extended family members who do not meet the Wisconsin statutory definition of a relative, and family friends whom the child recognizes as significant persons in his or her life.

Ideally, this approach to permanency planning has the potential to meet the permanency needs of a wider group of children and families by allowing them to leave the child welfare system while still receiving the financial support that would be available to them if they remained in foster care. It is anticipated that the financial parity between foster care and guardianship will help to ensure the long-term safety of the child and stability of the guardianship placement. The waiver authority terms and conditions provided that guardianship should be presented concurrently with adoption and other alternative permanency options to allow the family to choose the best option for the child and family. No requirement or reference to a formal rule out of adoption was stipulated, with the exception of like-kin cases; nonetheless, adoption remains the preferred permanency option in practice, once reunification is ruled out.

With fewer stable placements remaining in the system for long periods of time, case managers and court staff would have more time and resources to focus on cases that need greater attention. The state hoped this would lead to higher rates and more timely entry into permanence across all permanency options, including reunification, adoption, and guardianship at much lesser administrative cost than if the children remained in foster care.

To implement these changes, the state received authority to waive certain provisions of the *Social Security Act and Program Regulations* necessary to run a demonstration project. The waiver allows the state to expend Title IV-E funds for children and families who would not normally be eligible under Title IV-E, and to make payments using Title IV-E funds for services that are not normally covered under Title IV-E. It gives the state, including county and Tribal child welfare agencies, the authority to implement guardianship payment agreements and make guardianship payments to guardians for the care of children. It also allows the state to expend Title IV-B - Subpart 2 funds for guardianship promotion and support in the same manner as for adoption promotion and support services.

It is anticipated that some caregivers who receive guardianship may later want to adopt the child. Moving from guardianship to adoption may be legally difficult in Wisconsin because

dismissing the Child in Need of Protective Services (CHIPS) order means that the District Attorney (DA) may have to establish new grounds for termination of parental rights (TPR). A CHIPS order gives the court jurisdiction over a child determined to be in need of protective services due to abuse, neglect, or other reasons he/she cannot receive adequate care in the current home. Without that court jurisdiction, families who want to go from subsidized guardianship to adoption have to retain a private attorney in order to seek TPR. However, the waiver makes allowances for the subsequent adoption of children who exit foster care into guardianship. The state is able to count any such adoptions as "foster child adoptions" for the purpose of qualifying for payments under the Adoption Incentives program. The waiver also ensures that otherwise eligible children will not lose eligibility for Title IV-E adoption assistance payments due to being placed in a guardianship arrangement prior to being adopted.

The waiver also gives the state the authority to use Chafee Foster Care Independence Program (CFCIP) funds to provide "room and board" and other transitional services to former wards ages 18-21 who were adopted or entered subsidized guardianship after attaining age 15. It permits the state to use Chafee Education and Training Voucher funds to provide vouchers to former wards who were adopted or entered subsidized guardianship after age 15.

The state submitted the initial waiver request in September 2002, but due to the temporary expiration of the federal Title IV-E waiver authority, the request could not be approved by the Children's Bureau at that time. After receiving feedback from the Children's Bureau, the state updated the waiver proposal to clarify the intent of the waiver and address additional details. The state submitted a revised waiver proposal in January 2004. The waiver was approved by ACF and went into effect on September 23, 2004.

Westat and its subcontractors were hired in November 2005 to conduct the independent evaluation of the waiver demonstration. During October-December 2005, staff from the Office of Program Evaluation and Planning (OPEP), BMCW, Westat, and its subcontractors met on several occasions to discuss implementation of the subsidized guardianship program. In addition, meetings were held with stakeholder groups in preparation for initial program implementation. These included a meeting with the Milwaukee Partnership Council, a statutorily required advisory council for BMCW and with the Milwaukee County Children's Court. The evaluation team worked with DCF to develop a detailed evaluation plan for the process, outcome, and cost study components of the evaluation. DCF received final approval for the evaluation plan from the Children's Bureau on December 23, 2005.

DCF planned the implementation of the waiver in two phases. Phase I offered subsidized guardianship to children already in stable relative placements with a Chapter 48 Wisconsin Statutes guardianship order (hereafter called Ch. 48 guardianship) already in effect as of December 31, 2005. A majority of these cases were assigned to the special experimental or exempt group for evaluation, meaning they were tracked for cost reporting and evaluation purposes but were not subject to random assignment for program assignment purposes and are not included in the cost neutrality calculation. For the main study (Phase II), the terms and conditions required a rigorous process and outcome evaluation and an analysis of cost-neutrality. Phase II began with the full implementation of the waiver on January 1, 2006. All children who became eligible for the waiver on or after January 1, 2006 were randomly assigned to the intervention or comparison groups for the main study of the waiver. A more detailed discussion of the study design will be found in Chapter 2 of this report.

## **1.2 Fostering Connections to Success and Increasing Adoptions Act**

The *FCSIAA* was passed unanimously by Congress and signed into law on October 7, 2008. One of the provisions of the law offers federal matching payments for states that choose to provide guardianship assistance payments to grandparents and other relatives who become legal guardians of foster children, essentially making subsidized guardianship a national option.

Based on the interim evaluation findings, the Wisconsin DCF decided to consider applying for the federal guardianship assistance program. In March 2009, DCF requested that Westat complete its evaluation by June 2010 to give the state information about the demonstration that would help transition Wisconsin to the equivalent federal program after the end of the waiver in September 2010.

## 2. Overview of Study Design and Data Collection

The purpose of the Subsidized Guardianship Assessment and Evaluation Project was to assess the effectiveness of the Wisconsin Subsidized Guardianship Initiative in improving permanency outcomes and placement stability for children in out-of-home care in Milwaukee County while preserving the children's safety and assuring cost-neutrality to the federal government. The study team used eWiSACWIS data and a special cross-sectional extract submitted every 6 months to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) on placements, discharges, re-entries, length of stay, and use of relatives as placement resources to conduct a longitudinal study of the status and outcomes of children and families. The evaluation team interviewed caregivers of children assigned to the main study (also referred to as Phase II) to identify covariates useful for understanding how families make decisions about permanence and whether the availability of the guardianship option improves chances for a safe and permanent exit from foster care. The study also examined how the initiative was implemented, for whom it was most effective, and the factors within the child welfare system and the larger service delivery environment that facilitated or inhibited program success.

The evaluation included three components: an impact evaluation, a process evaluation, and a cost analysis. The evaluation produced reliable estimates of the impact on safety, permanence, and stability of providing the option of subsidized guardianship. The evaluation tested the hypothesis that the availability of subsidized guardianship will:

- Reduce the number of children remaining in long-term foster care;
- Reduce lengths of stay of children in foster care;
- Reduce the number of disrupted placements for children in foster care;
- Increase the rates of permanence for children in foster care;
- Increase the use of relatives as placement resources;
- Not change the rate of reunification and adoption for children in foster care;
- Not change the number of subsequent reports and substantiated findings of abuse and neglect for children during and after leaving foster care; and
- Not increase the costs of providing foster care to children in foster care.

The evaluation used a treatment (intervention group) and control (comparison group) experimental design to develop the net impact estimates for the introduction of subsidized guardianship. The efficacy of the intervention was determined by comparing safety, permanency, and placement stability outcomes using a post-test only, control group design. In Milwaukee,

children who met the eligibility criteria were assigned to the intervention group (eligible for subsidized guardianship) or the comparison group (not eligible for subsidized guardianship). The classic experimental design used in this study is the best way to determine causal connections between interventions and outcomes. The comparison group received the “regular services” for which they were eligible, which included long-term relative foster care and the full range of permanency options in effect in Milwaukee County prior to January 2006. These options included reunification, subsidized adoption, and unsubsidized guardianship. Children in the intervention group were intended to be offered the additional option of subsidized guardianship. The evaluation then examined the effects of both the assignment to the intervention group, also known as intent-to-treat (ITT) analysis, as well as actual receipt of services, also known as treatment-on-the-treated (TOT) analysis compared to the usual permanency planning services that would have been provided in the absence of the subsidized guardianship option.

The remainder of this chapter describes the eligibility of children for the waiver demonstration, the random assignment procedures, and the data collection activities during the waiver demonstration period.

## **2.1 Eligibility for Waiver Demonstration**

Consistent with the federal terms and conditions, the demonstration included two phases. Phase I, called the special experimental group, included children already in stable living situations with licensed relatives under Ch. 48 guardianships. The state proposed that these existing guardianship cases be treated as a special experimental group so they could be converted to subsidized guardianship without biasing the results of the evaluation by including these children with other children who had not been placed in this status. No random assignment was required for this group; all children could be considered for subsidized guardianship.

Phase II of the demonstration included children who became eligible on or after January 1, 2006. The terms and conditions required that these children be randomly assigned for evaluation and cost neutrality purposes. Only the children assigned to the intervention group (treatment group) could be considered for subsidized guardianship. Children not selected for the intervention group were assigned to a comparison group and could not be considered for subsidized guardianship. They were, however, able to use all other existing permanency options available to children in foster care.

### **2.1.1 Phase I Assignments**

Eligibility for Phase I was determined by court and casework staff using case records and other administrative records. At the time of planning with HHS, the Wisconsin DCF estimated that in 2002, there were approximately 400 children in Ch. 48 guardianships in Milwaukee County whose cases remained open in foster care. These children fit the criteria for participation in Phase I. DCF and BMCW, in consultation with casework and court staff, built a list of potentially eligible children for this phase. HHS agreed that Ch. 48 guardianships could include children living in licensed relatives' homes with guardianship orders in place prior to the start of Phase II on January 1, 2006. During fall 2005, BMCW staff and court personnel reviewed this list and recommended families for transfer to the subsidized guardianship. Because the necessary information about guardianship orders was not comprehensively recorded in the state's eWiSACWIS system, 71 of these children who had previous guardianship orders, and thus were part of the Phase I group, were not properly assigned until 2007. This issue is discussed further in Sections 2.1.3 and 2.1.4.

### **2.1.2 Phase II Assignments**

The terms and conditions of the demonstration require that random assignment begin with children eligible for the demonstration starting in January 2006. Therefore, the evaluation team randomly assigned identified children from designated subgroups, including the following:

- Children with licensed relatives,
- Fictive kin (called like-kin), and
- Children in circumstances where reunification possibilities are unlikely (called fast-track children).

**Table 2.1 Assignment subgroups**

<b>Phase of demonstration</b>	<b>Subgroup</b>	<b>Criteria</b>
Phase I (No Random Assignment)	Eligible prior to 1/1/2006	<ul style="list-style-type: none"> <li>▪ Living with licensed relative</li> <li>▪ Ch. 48 guardianship in place prior to 1/1/2006</li> <li>▪ Identified by BMCW and court staff</li> </ul>
Phase II (Random Assignment)	Children living in licensed relative foster homes	<ul style="list-style-type: none"> <li>▪ Adoption rule-out not required</li> <li>▪ 9 months in foster care</li> <li>▪ Currently with licensed relative</li> </ul>
	Children living with like-kin	<ul style="list-style-type: none"> <li>▪ Adoption has been ruled out</li> <li>▪ 9 months in foster care</li> <li>▪ Placed with licensed like-kin provider</li> <li>▪ Approval of like-kin circumstance by supervisor and BMCW program manager</li> </ul>
	Fast-track children	<ul style="list-style-type: none"> <li>▪ Reasonable efforts of reunification not required or sibling of a child already in subsidized guardianship</li> <li>▪ Approval by supervisor and BMCW program manager</li> </ul>

The terms and conditions set criteria for each of these subgroups. To be eligible for the demonstration, the following conditions must be met:

- **Children with licensed relatives.** Children must currently reside with a licensed relative foster parent. Children must have been in foster care for at least 9 months. Adoption is not required to be ruled out.
- **“Like-kin” (fictive kin).** Children have been in foster care for 9 months, are currently placed with non-relatives, and guardianship with a non-relative has been determined to be in the child's best interest. Adoption must have been ruled out. Non-relatives include extended family members who do not meet the Wisconsin statutory definition of relatives, godparents, or family friends whom the child recognizes as significant persons in his/her life. In April 2006, BMCW staff created a working definition for like-kin. BMCW informed staff that recommendations for “like-kin” status required review by supervisors and approval by a regional manager. This undocumented policy remained in place during the study period for



this report (random assignments through March 2009).<sup>3</sup> These eligible children are added to the monthly random assignment routine. The first like-kin child was randomly assigned in May 2006; 20 like-kin children were assigned during this report period.

- **Children in circumstances where reunification possibilities are unlikely.** The terms and conditions allowed a “fast-track” subgroup: children in care fewer than 9 months, where reunification is unlikely or where the child is the sibling of a child already in subsidized guardianship. No fast-track children were assigned during the evaluation.

### 2.1.3 Random Assignment

For Phase II of the demonstration, the evaluation team, DCF, and BMCW staff jointly developed a random assignment methodology that was consistent with the federal terms and conditions, addressed the wishes of the Milwaukee community to keep siblings together, and was intended to fit with available eWiSACWIS data needed for the algorithm. The routines and the definition of eWiSACWIS variables were approved and tested in January 2006.

The evaluation team, in consultation with DCF and BMCW, developed a broad definition of sibling group to randomly assign siblings together to either the intervention or comparison condition. The algorithm used an expanded definition in which children who shared a common mother, father, or guardian, or had a shared case ID were in the same sibling group. The definition used available eWiSACWIS information. This definition was appealing because it tried to keep extended family within the same assignment. In addition, the broad categorization was responsive to situations where data were missing in the eWiSACWIS system. For example, data on fathers are frequently missing from the system, but children were assigned together because they were listed as being in the same case.

Sibling groups were assigned as units. Each sibling group had a 50 percent chance of being in the intervention. As soon as the first child in a sibling group met the criteria for assignment, all siblings were assigned to the same status (intervention or comparison) if they also met the criteria

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<sup>3</sup> BMCW distributed a written policy for “like-kin definition” in January 2008. *“Like-kin is defined as a substantial relationship the child has with individuals who are unrelated to the child by either birth or marriage. The relationship with the child is emotionally significant and takes on the characteristics of a family relationship, and the relationship predates the out-of-home care placement of the child. Like-kin also includes foster parents who have made a commitment to adopt the child, but there are impediments to the termination of parental rights/adoption.”*

for assignment. If any siblings did not meet the criteria for assignment (i.e., they were with unlicensed relatives, they were with licensed non-relatives, or they had not yet been in foster care for 9 months), their assignment was delayed until they became eligible. When they met the criteria for assignment, they received the same assignment as the first sibling. This included siblings who entered care at a later date.

**Random Assignment Procedure.** The assignment procedure was executed monthly. DCF provided Westat with a file derived from eWiSACWIS with information about all children in the Milwaukee region, including variables to identify sibling groups, time in the foster care system, and other demographic variables. Westat identified the unique sibling groups and, for those not previously assigned, randomly assigned the sibling groups to either the intervention or comparison condition. The children were assigned to the intervention or comparison condition in a separate step as follows. When a child became eligible for the evaluation (generally after 9 months in foster care), the child's assignment was set equal to the assignment for the child's sibling group. Westat then sent a file with the child's assignment back to Wisconsin DCF. BMCW informed the case managers and caregivers about the assignment at approximately 10 months after placement for children selected for the demonstration. Then the assignment (intervention or comparison) was recorded in eWiSACWIS by 12 months after placement.

One problem was not anticipated during random assignment for Phase II. The design assumed that the Phase I group was a set number of children, identified before random assignment for Phase II began in January 2006. Phase I children were those in stable relationships at the start of the demonstration and already in Ch. 48 guardianship with caregivers by the end of 2005. Eligible children for Phase I were identified through case manager recommendation, case record review, and other administrative data sources at BMCW and the courts. This information was not comprehensively recorded in eWiSACWIS. As a result, some Phase I cases were not identified until later in Phase II, after random assignment of the children had occurred. Some randomly assigned children were deemed ineligible for Phase II and reassigned as Phase I cases. These are shown in Table 2.2 as "Phase II Exemptions." Additional detail about the identification of these ineligible cases is provided in Section 2.1.4.

Other children were identified as not meeting evaluation criteria for different reasons. Two children were deemed to not meet the criteria because of eWiSACWIS data entry error; eight children were later identified as Interstate Compact on the Placement of Children (ICPC) cases from other states. In addition, 19 children in cases randomly assigned the initial month, January

2006, were not included in the evaluation because they exited the foster care system before notification of their assignment by BMCW in April 2006. Another nine children were later identified as “exempt by association” after they were discovered to be siblings of children in the exempt group, consistent with the practice of keeping siblings together within a group.

Table 2.2 shows the actual number of children assigned from January 2006 through September 2009. A total of 694 eligible children were randomly assigned during the main study period of Phase II. One hundred children were removed after random assignment, either as Phase I or for other reasons. Most exclusions were from the first month (January 2006) of random assignment.

**Table 2.2 Number of children randomly assigned from January 2006 through September 2009**

<b>Month/Year</b>	<b>Number of eligible cases identified by DCF</b>	<b>Phase II exemptions*</b>	<b>Other ineligible cases</b>	<b>Total Phase II cases</b>
January 2006	277	73	25	186
February 2006	16	3	2	11
March 2006	13	2	0	11
April 2006	7	1	2	4
May 2006	5	0	0	5
June 2006	3	0	0	3
July 2006	12	0	0	12
August 2006	12	0	0	12
September 2006	6	0	0	6
October 2006	7	0	0	7
November 2006	12	0	0	12
December 2006	4	0	0	4
January 2007	5	1	0	4
February 2007	9	1	0	8
March 2007	5	0	0	5
April 2007	10	0	0	10
May 2007	5	0	0	5
June 2007	7	0	0	7
July 2007	5	0	0	5

**Table 2.2 Number of children randomly assigned from January 2006 through September 2009 (cont.)**

<b>Month/Year</b>	<b>Number of eligible cases identified by DCF</b>	<b>Phase II exemptions*</b>	<b>Other ineligible cases</b>	<b>Total Phase II cases</b>
August 2007	8	0	0	8
September 2007	18	0	0	18
October 2007	10	0	2	8
November 2007	11	0	0	11
December 2007	13	0	0	13
January 2008	7	0	0	7
February 2008	16	0	0	16
March 2008	10	0	0	10
April 2008	14	0	0	14
May 2008	12	0	0	12
June 2008	8	0	0	8
July 2008	12	0	0	12
August 2008	16	2	0	14
September 2008	12	0	1	11
October 2008	8	0	0	8
November 2008	9	0	0	9
December 2008	7	0	0	7
January 2009	11	0	3	8
February 2009	17	0	0	17
March 2009	9	0	0	9
April 2009	8	0	0	8
May 2009	8	0	0	8
June 2009	5	0	0	5
July 2009	7	0	0	7
August 2009	13	0	0	13
September 2009	5	0	0	5
<b>Total</b>	<b>694</b>	<b>83</b>	<b>35</b>	<b>576</b>

\* Phase II exemptions were cases that were randomly assigned during Phase II, but were later reassigned to the Phase I exempt group due to an existing guardianship order under Ch. 48 dated prior to 1/1/06.

#### **2.1.4 Random Assignment Monitoring**

The evaluation team used administrative data, particularly demographic data, from eWiSACWIS, as well as the raw data from the caregiver survey to conduct periodic checks on the randomization procedures. These processes were important to ensure that:

- eWiSACWIS data captured the nuances of the worker-user systems;
- Case management staff and evaluators were following routines for “like-kin” and fast-track children;
- Statistical equivalence between intervention and comparison groups was being successfully achieved; and
- Random assignment violations were minimized.

The evaluation team worked with DCF and BMCW to create ongoing monitoring procedures. BMCW assigned one individual to monitor the assignment lists for potential violations. Having a single contact helped ensure that problems identified would be quickly remedied.

The evaluation team used three mechanisms to monitor the random assignment. First, each month the team reviewed the files of all children in foster care, prior to the random assignment of new children. Particular attention was given to children identified as “like-kin” to ensure that the entry was not a data entry error or second attempt to achieve the intervention group for a child in the comparison group. When a child was identified as like-kin, the evaluators contacted the BMCW liaison to ensure that the case had been approved as like-kin by a supervisor.

A second monitoring tool was the review conducted prior to contacting a child’s caregiver for interview. At this time, Westat checked addresses, relationships, sibling group relationships, and permanence status in current eWiSACWIS information. DCF granted clearance to a small number of evaluation staff so that the information could be checked on-line using “live” information. Through this practice, the evaluation team identified eight children placed in Milwaukee County under ICPC circumstances from other states. These children were excluded from the demonstration and evaluation.

Third, DCF, in consultation with the evaluation team, created an evaluation report that showed cumulative assignments to Phase I (special exemption group) and Phase II (assigned intervention or comparison group). Senior staff from the evaluation team monitored this report, called the SM1701 report, each month. This report informed the evaluation team about potential violations of the random assignment. No violations were observed.

As discussed earlier, it became apparent that some children in cases assigned in Phase II had been assigned Ch. 48 guardianships before January 2006 and were exempted from random assignment. All of these cases were comparison cases in Phase II. Identification of these types of cases required case manager action to the supervisor and program manager; however, action for cases in the intervention group was not a priority for case managers because those children and caregivers already had access to subsidized guardianship.

While not truly violations, these crossover cases threatened the internal validity of the evaluation by affecting the statistical equivalence associated with randomly assigning sibling groups to the intervention and comparison groups. As shown previously in Table 2.2, this was a particular issue for the first month of random assignment in January 2006, which included many legacy cases with children of varying lengths of stay. For the following months, most cases included children just hitting the 9-month mark in foster care, and the likelihood of a pre-January 1, 2006, guardianship order was unlikely. In November 2007, BMCW reviewed all Phase II case information to identify additional cases that should have been assigned to Phase I. As shown in Table 2.3 below, following that review, 83 children were identified as wrongly assigned. While this correction greatly reduced the size of the sample for the *Interim Report*, the cases removed from Phase II were evenly balanced between the intervention (43) and comparison group (40) and thus do not pose a serious threat to the validity of the evaluation.

**Table 2.3 Monitoring of random assignment in Phase II**

<b>Monitoring of random assignment (RA) in Phase II</b>	<b>Description</b>	<b>Total children</b>	<b>Intervention</b>	<b>Comparison</b>
<b>IDs sent to Westat for RA</b>		<b>694</b>	<b>341</b>	<b>353</b>
Phase II exemptions after RA		(83)	(43)	(40)
Cases excluded as ineligible after RA		(16)	(2)	(14)
	ICPC cases	10	2	8
	eWiSACWIS data entry error	6	0	6
Cases assigned by Westat		595	296	299
Cases that exited prior to initiation of BMCW notification process		(19)	(8)	(11)
<b>Phase II sample for analysis</b>		<b>576</b>	<b>288</b>	<b>288</b>

**Monitoring of Caregiver Notification of Inclusion in the Demonstration.** The impact evaluation addressed the question of how the availability of the subsidized guardianship initiative affects permanence. The treatment included being assigned to the intervention group, learning about the new option, and making an informed choice about the best permanency option for the child. Caregivers, however, may have been incompletely informed (either intentionally or unintentionally) about the guardianship option. To identify the reasons for non-compliance with the intended treatment, the evaluation team conducted caregiver interviews and focus groups. These activities provided detailed information from caregivers about their awareness of subsidized guardianship as well as their attitudes toward the program and the manner in which their case managers presented the permanency options to them. This issue required some sensitivity analysis of the experimental findings and alternative assumptions about how the caregivers informed about the options would have fared had subsidized guardianship not been made available under the waiver. This will be discussed further in Appendix B.

BMCW elected to notify all families randomly assigned to both the intervention and comparison groups. Each family received a letter from BMCW immediately after assignment. The letters reminded families of the permanency options open to them and informed the intervention families about the new option of subsidized guardianship. Case managers also received a copy of the letter. The assignment was also posted in eWiSACWIS, so a new worker assigned to a case could be sure of the child’s assignment.

The letters were reviewed with evaluators in March 2006 and issued beginning in April 2006 for cases randomly assigned in January 2006. The delay resulted in some families reaching permanence or aging out of care prior to the implementation of the notification process for families and case managers. These children were not included in the ITT analysis, and their caregivers were not interviewed.<sup>4</sup>

## **2.2 Data Collection**

The evaluation plan outlined data collection activities, plans for analysis of the data, and deliverables. The evaluation plan included the objectives and study questions, data elements, sources for those data elements, and proposed analysis (Table 2.4). On October 5, 2005, Westat received a letter from OPEP, stating that the work being conducted for this project did not fall under the definition of “research,” and that this was an internal program evaluation. Based on this information, this project was exempted from review by Westat’s Institutional Review Board.

The evaluation team also worked with groups from the Milwaukee community and BMCW. The Milwaukee Child Welfare Partnership Council and the Subsidized Guardianship Program Workgroup served as advisory bodies to the study team throughout the evaluation. The evaluation team met annually with the Partnership Council, and met with the Subsidized Guardianship Workgroup whenever review of evaluation activities was needed.

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<sup>4</sup> In addition, BMCW staff decided that children already in an adoptive placement and whose parents’ rights had already been terminated would not be recommended for subsidized guardianship, since their families had already made a decision to adopt. These cases were included in the sample, since they still had the option for subsidized guardianship.



**Table 2.4 Overview of Wisconsin Subsidized Guardianship (SG) Evaluation**

Study questions		Data elements	Data sources
<i>Objective 1: Evaluate the impact of the SG waiver on children's safety.</i>			
1.1	Does the waiver protect the safety of children living under an SG arrangement?	<ul style="list-style-type: none"> <li>• # of reports and substantiations for children in foster care and after discharge from foster care</li> </ul>	<ul style="list-style-type: none"> <li>• eWiSACWIS</li> </ul>
<i>Objective 2: Evaluate the impact of the SG waiver on the number of children in long-term foster care.</i>			
2.1	Does the waiver result in fewer children remaining in long-term foster care?	<ul style="list-style-type: none"> <li>• # of children in long-term foster care (24 months)</li> </ul>	<ul style="list-style-type: none"> <li>• eWiSACWIS, AFCARS</li> </ul>
<i>Objective 3: Evaluate the impact of the SG waiver on permanence for children.</i>			
3.1	Does the waiver result in more exits to permanence for children in foster care?	<ul style="list-style-type: none"> <li>• Exit types</li> <li>• Permanency rates (# of children who exit to reunification, adoption, and guardianship)</li> </ul>	<ul style="list-style-type: none"> <li>• eWiSACWIS, AFCARS</li> </ul>
<i>Objective 4: Evaluate the impact of the SG waiver on length of stay in foster care.</i>			
4.1	Does the waiver result in shorter lengths of stay in foster care?	<ul style="list-style-type: none"> <li>• Median lengths of stay in foster care</li> </ul>	<ul style="list-style-type: none"> <li>• eWiSACWIS, AFCARS</li> </ul>
<i>Objective 5: Evaluate the impact of the SG waiver on the use and licensing of relatives as placement resources.</i>			
5.1	Does the waiver result in increased use of relative care?	<ul style="list-style-type: none"> <li>• Placements with relatives and like-kin</li> </ul>	<ul style="list-style-type: none"> <li>• DCF focus groups and interviews</li> </ul>
5.2	Does the waiver result in increased licensing of relative caregivers?	<ul style="list-style-type: none"> <li>• # of relative license applications before and during waiver</li> <li>• # of relative licenses granted before and during waiver</li> <li>• Families' reasons for obtaining licenses</li> <li>• Obstacles encountered in obtaining licenses</li> </ul>	<ul style="list-style-type: none"> <li>• eWiSACWIS</li> </ul>
<i>Objective 6: Evaluate the impact of the SG waiver on the rates of reunification and adoption.</i>			
6.1	Does the waiver avoid decreasing reunification and adoption rates?	<ul style="list-style-type: none"> <li>• Exits to reunification and adoption</li> </ul>	<ul style="list-style-type: none"> <li>• eWiSACWIS, AFCARS</li> <li>• DCF focus groups</li> </ul>

**Table 2.4 Overview of Wisconsin Subsidized Guardianship (SG) Evaluation (cont.)**

<i>Objective 7: Evaluate the impact of the SG waiver on children's placement stability.</i>			
7.1	Does the waiver result in fewer disrupted placements?	<ul style="list-style-type: none"> <li>• # disrupted placements per child (disruption rate)</li> </ul>	<ul style="list-style-type: none"> <li>• eWisACWIS, AFCARS</li> <li>• DCF focus groups</li> </ul>
7.2	How often do SG arrangements disrupt or dissolve and why?	<ul style="list-style-type: none"> <li>• # guardianships that disrupt or dissolve and reasons</li> </ul>	<ul style="list-style-type: none"> <li>• eWisACWIS, AFCARS</li> <li>• DCF focus groups</li> </ul>
7.3	What happens to the children when SG arrangements disrupt or dissolve?	<ul style="list-style-type: none"> <li>• # and type of placements after a disruption/dissolution</li> </ul>	<ul style="list-style-type: none"> <li>• eWisACWIS, AFCARS</li> <li>• DCF focus groups</li> <li>• Post-adopt resource center</li> </ul>
<i>Objective 8: Assess the implementation of the SG waiver.</i>			
8.1	Did caregivers and DCF and court personnel understand and support the waiver?	<ul style="list-style-type: none"> <li>• Initial impressions and understanding of waiver (caregivers and personnel)</li> <li>• Personal feelings about SG and other permanency options (caregivers and personnel)</li> <li>• Levels of acceptance of/resistance to experimental design</li> <li>• Judges' reactions to the waiver</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver interviews</li> <li>• Focus groups</li> <li>• DCF interviews, documents, meetings</li> <li>• Caseworker survey</li> <li>• Caregiver interview</li> </ul>
8.2	What are the staff and administrative structures, funding, training, monitoring, service delivery system, and oversight of the SG program?	<ul style="list-style-type: none"> <li>• Narrative description of the SG program, including key staff and their characteristics, procedures, referrals, services, court involvement, and consistency of implementation</li> </ul>	<ul style="list-style-type: none"> <li>• DCF interviews, documents, meetings</li> <li>• Focus groups</li> </ul>
8.3	What contextual factors may have influenced the evaluation findings or the replicability of the SG program?	<ul style="list-style-type: none"> <li>• Social, economic, political factors</li> <li>• Implementation of other policy changes, demonstrations, or reforms</li> <li>• Competing pressures on workers, supervisors, courts</li> <li>• Level of and barriers to acceptance, esp. in minority communities and older teens</li> </ul>	<ul style="list-style-type: none"> <li>• DCF interviews and meetings</li> <li>• Focus groups</li> </ul>
8.4	What did DCF and court personnel perceive as the impact of the waiver?	<ul style="list-style-type: none"> <li>• Perceived impact on agency and court operations, permanency planning and decision-making, service delivery, worker practice, and relatives' decisions to become licensed</li> </ul>	<ul style="list-style-type: none"> <li>• Focus groups</li> <li>• DCF interviews and meetings</li> </ul>

**Table 2.4 Overview of Wisconsin Subsidized Guardianship (SG) Evaluation (cont.)**

<i>Objective 9: Estimate the overall savings accrued from a greater level of permanence achieved by the treatment group.</i>			
9.1	Does the SG waiver maintain cost neutrality as defined in the Waiver Terms and Conditions?	<ul style="list-style-type: none"> <li>• Difference between actual costs of treatment cases compared to claimed expenditures based on per-child control group costs</li> </ul>	<ul style="list-style-type: none"> <li>• DCF IV-E expenditure claims</li> </ul>
9.2	Does the SG waiver reduce administrative costs for case management?	<ul style="list-style-type: none"> <li>• Difference between actual administrative costs compared to administrative expenditures based on control group</li> </ul>	<ul style="list-style-type: none"> <li>• DCF IV-E expenditure claims</li> </ul>
9.3	What is the effect of SG on Title IV-E payments?	<ul style="list-style-type: none"> <li>• Difference between actual IV-E costs compared to IV-E costs based on control group</li> </ul>	<ul style="list-style-type: none"> <li>• DCF IV-E expenditure claims</li> </ul>
9.4	What is the effect of SG on Title XIX Medicaid?	<ul style="list-style-type: none"> <li>• Difference between actual Medicaid expenditures compared to Medicaid expenditures based on control group</li> </ul>	<ul style="list-style-type: none"> <li>• If available, Medicaid Management Information System</li> </ul>
9.5	What is the effect of SG on Title IV-A (TANF) utilization? <sup>5</sup>	<ul style="list-style-type: none"> <li>• Difference between actual TANF utilization compared to TANF utilization based on control group</li> </ul>	<ul style="list-style-type: none"> <li>• If available, TANF data (Dept. of Workforce Development's CARES)</li> </ul>

Random assignment began in January 2006, and data collection began 3 months later with the caregiver interviews. Table 2.5 presents an overview of events related to data collection, showing each activity's schedule and the component(s) of the evaluation (outcome, process, or cost study) it is part of. Following the table, we detail the data collection activities for each of the three study components: the outcome evaluation, the process evaluation, and the cost study.

<sup>5</sup> An additional research question asked about the impact of child support collection (Title IV-D) on the program, but due to the shortened evaluation schedule, the necessary data could not be obtained in time for inclusion in the analysis.

**Table 2.5 Overview of data collection schedule**

Activity	Schedule	Outcome	Process	Cost
Random assignment	Starting in January 2006, ongoing as children met assignment criteria	•		•
Intervention and comparison group caregivers and case managers informed about subsidized guardianship option	Ongoing; About 1 month after random assignment; beginning April 2006	•		
Phase I focus groups with youth, caregivers, licensing workers, court personnel	March 2006		•	
Caregiver interviews	3-6 months after random assignment, May 2006-July 2009 (last cases selected for interview assigned April 2009)	•	•	
Case manager survey	June 2007-September 2007		•	
Phase II focus groups with caregivers, youth, DCF and court personnel	June-August 2007		•	
eWiSACWIS, AFCARS outcome data for interim and final reports	December 2007-September 2009 (received October 2009)	•		
DCF cost reports, IV-E expenditure claims	January 2006- September 2009 (received October 2009)			•

### 2.2.1 Outcome Evaluation

The outcome evaluation used eWiSACWIS and AFCARS data as well as information collected from the caregiver interview.

**Administrative Data.** The outcome evaluation used eWiSACWIS and AFCARS data collected on the total population of children assigned to the demonstration, including both Phase I and Phase II. The evaluation team held teleconference meetings with administrative staff from the DCF on July 12, 2006, and August 16, 2006, to determine the data elements that would be required for the evaluation. These elements included longitudinal and cross-sectional information for each study child on:

- Demographics and family characteristics;

- Placement history;
- Title IV-E eligibility and payment history;
- Child abuse and neglect reports;
- Legal status indicators; and
- Pre- and post-adoption identifiers.

The evaluation team also requested placement history data on all children in foster care in Milwaukee County for the period January 1, 2004, through September 29, 2009, and child abuse and neglect data on all reports made in 2005 through 2009. AFCARS submissions were obtained at 6-month intervals.

On September 17, 2009, the study team sent DCF a request for data files for a list of IDs of children in the study and exempt groups. The data files were received on October 23, 2009.

### **2.2.2 Caregiver Interviews**

Questions for the caregiver survey were developed in consultation with the Subsidized Guardianship Workgroup. In addition, the evaluation team chose to use equivalent questions from the IV-E Waiver Subsidized Guardianship Demonstrations in other states. This allowed some comparability for discussion nationally. Caregivers of Phase II children assigned between January 2006 and March 2009 were interviewed by telephone 3-6 months after the children were assigned to the demonstration. The study team hired and trained interviewers to administer the caregiver interview over the telephone; in-person visits were made in a small number of households that did not have working numbers. An advance letter was sent to caregivers informing them of the survey and asking for their participation, with consent being obtained over the phone. The interview lasted approximately 1 hour, and the caregivers received an incentive, mailed after the interview, to thank them for their time. Caregivers who were interviewed about one child received an incentive of \$20; those who were interviewed about two children in their care received \$30, with the incentive increasing by \$10 for each additional child.

These interviews provided information on caregivers' understanding of and opinions about guardianship and adoption, and their initial decisions about permanence. In addition, caregivers were asked about the frequency of contact with case managers within the last 3 months; frequency of times their case manager ever told them about subsidized guardianship (intervention group only); knowledge of details of the subsidized guardianship program (intervention group only); decision about becoming child's legal guardian; caregivers' reasons for accepting or declining guardianship;

alternative permanency plans discussed with them; and decisions about reunification, adoption, or other planned living arrangement.

The instrument also captured key contextual information about background characteristics and experiences of the caregiver and child that may have led to different decisions about guardianship and adoption. These variables include the nature and degree of relatedness to the child, relationships with the child's biological parents, caregiver and child physical and mental health, sources of financial and social support, relationship with the case manager and child welfare agency, and perceived need for future services for the child. A copy of the caregiver survey is included in Appendix C.

The time period of 3-6 months was selected to allow time for notification of the caregivers about the demonstration. The month after random assignment, BMCW sent a letter to the caregiver about his/her assignment and prepared him/her for a phone call from the evaluation team. The case manager received a copy of the same notification. The 3-month minimum was intended to give the case managers sufficient time to inform eligible participants about the new option of subsidized guardianship and allow families time to consider it. Copies of the notification letters are included in Appendix F.

Caregivers who were eligible to be interviewed included all those who were licensed foster parents of children randomly assigned between January 2006 and March 2009.<sup>6</sup> Cases randomly assigned but ineligible for an interview included children assigned between April and September 2009 ( $N=46$ ), children who were discharged from care between the time of random assignment and the interview ( $N=21$ ), children who moved to unlicensed caregivers ( $N=13$ ), and children who were institutionalized or runaway ( $N=8$ ) during the field period. A total of 456 interviews were completed about 486 eligible children for an overall response rate of 94% (see Table 2.6).

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<sup>6</sup> Cases randomly assigned in March 2009 were interviewed in June and July 2009. This cutoff for caregiver survey data collection was established to allow sufficient time for data cleaning, coding, and analysis for the final report.

**Table 2.6 Survey sample**

<b>Sample level</b>	<b>Description</b>	<b>Total children</b>	<b>Intervention</b>	<b>Comparison</b>
Eligible for interview		486	245	241
Interview data not obtained for analysis		30	9	21
	<i>Refused to participate</i>	20	7	13
	<i>Non-locatable</i>	10	2	8
<b>Used in analysis of caregiver survey</b>		<b>456 (94%)</b>	<b>263 (96%)</b>	<b>220 (91%)</b>

### 2.2.3 Process Evaluation

The process evaluation examined the implementation of the waiver and the role of subsidized guardianship in increasing permanence. In addition to the case manager survey and caregiver interviews, as previously discussed, data collection for the process study included focus groups and individual interviews with agency personnel (e.g., DCF case managers, supervisors, administrators) and court personnel (e.g., judges, attorneys, guardians ad litem), observation at agency trainings and meetings, and review of written materials on the waiver and its implementation.

**Focus Groups.** The process study included focus groups and individual interviews with BMCW and court staff to understand the context in which the demonstration was operating, the implementation of the demonstration, and the role of the courts. Focus groups also included caregivers and youth involved in the demonstration. Two series of focus groups were conducted to learn about both Phase I and Phase II of the demonstration.

The first round of Phase I focus groups was held in June 2006 with case managers and supervisory staff, including point people who provided information and guidance to case management staff during the initiative. In September 2006, judges and court personnel were assembled to discuss foster care and the courts. The third round of focus groups was held in October 2006 with caregivers and youth. The caregiver and youth focus groups included both families who had accepted subsidized guardianship and a separate group of caregivers who had declined or had not yet accepted subsidized guardianship.

Phase II focus groups were conducted in June 2007. Sessions were held with case managers and supervisory staff, caregivers and youth who had chosen adoption or subsidized guardianship, and caregivers who had declined or not yet chosen a permanency option. In addition, interviews were conducted by telephone with judges and other court personnel during July and August 2007. Follow-up interviews were conducted by telephone with judges and court personnel and BMCW staff in late 2009.

**Observations.** The study team attended BMCW staff training and meetings to learn about eWiSACWIS data entry and data elements, the implementation of the subsidized guardianship program, the service delivery system, the role of the courts, and contextual factors.

**Review of Written Materials.** The evaluation team reviewed available new procedures, bulletins, eWiSACWIS memoranda, and reports on the subsidized guardianship program for relevant process evaluation information. In addition, the evaluation team reviewed documents posted on the DCF web site and requested access to both internal and provider web pages.

**Case Manager Survey.** As part of the process study, the evaluation team conducted a survey of case manager attitudes about permanence and kinship care. In addition, to comply with the Children's Bureau's interest in understanding how many families were offered and accepted subsidized guardianship, a second section to the instrument was added to collect permanency planning information from each case manager about the children in their caseload who were assigned to the demonstration. Each worker completed the first section once and the second section for each assigned child from his/her caseload.

The web-based case manager survey was reviewed by DCF, and comments were solicited from DCF/BMCW staff. The document was reviewed during a periodic teleconference with the Subsidized Guardianship Workgroup. The workgroup advised that successful achievement of case manager response to the survey would depend on both the perception of confidentiality as well as the technical application of privacy protocols. In response, the evaluation team worked with the state on how to administer the survey while protecting the privacy of participating case managers. Therefore, to ensure confidentiality, each case manager was assigned a random identifier that was available only to the evaluation team.

BMCW sent a memo introducing the survey to all ongoing case managers. Westat then communicated directly with case managers by email, providing the internet address and confidential password for the web surveys. Westat followed up by email with any case managers



who did not respond. DCF created the file, compiled results, and provided the evaluation team with analysis files that were used in conjunction with the administrative data to analyze process and outcomes.

The survey was conducted online on the DCF web site and fielded to 237 case managers beginning May 10, 2007, and ending September 30, 2007. All 237 case managers received a link to the first section of the survey on general attitudes and opinions on foster care and permanency issues. Any case manager who had an assigned child in his/her caseload also received a link to the second section of the survey, asking about permanency planning for that individual case. The study team distributed a total of 171 cases among 90 of the case managers. The data collection period was originally scheduled for May-July 2007; however, due to slow response from case managers, the period was extended through September 2007. Throughout the survey period, BMCW and private agency leadership staff sent updates and regular reminders to non-respondent staff. At the end of the data collection, 189 responses were received for the first section of the survey, and 115 responses for the second section. At least 28 case managers left their positions before completing the survey. Some case managers also reported having technical difficulties with the survey web site, which may have affected the response rate. All responses were reviewed for validity and completeness before analysis.

The study team planned to continue data collection throughout the year for newly added children; however, given the difficulties in collecting the main body of responses, ongoing data collection was determined to be too burdensome to the case managers.

#### **2.2.4 Cost Study**

Administrative data for use in the cost study included Title IV-E expenditure claims from DCF only. The early termination of the waiver prohibited the acquisition of Medicaid services and expenditure data from the Medicaid Management Information System (MMIS), State TANF data (CARES data) from the State Department of Workforce Development (if available), and child support collection data (KIDS data) from the State Department of Workforce Development. In addition, the analysis drew on the results of DCF's Random Moment in Time Study (RMTS) in the analysis of administrative costs.

The research team met with Title IV-E claiming staff from the Bureau of Fiscal Services assigned to DCF. Additional meetings were convened with DCF Policy and Planning staff to discuss issues around cost neutrality. Discussions focused on the details of the claiming process

including: (1) the claiming methodology for children moving to adoption from the control group, (2) the claiming methodology for children in the exempt group, (3) the difference in the IV-E eligibility rate for intervention and comparison groups, and (4) the status of the RMTS. Follow-up on the above issues was conducted after the meetings. In addition, with the assistance of DCF staff, the team met with DHFS Medicaid staff in order to explore the feasibility of obtaining an extract of data from the MMIS system for children who were part of the evaluation.

## **2.3 Preparation of Data for Analysis**

This section first describes the quality-control approach used with the primary data collected through the caregiver and case manager surveys and the eWiSACWIS data. Second, this section describes the statistical adjustments made to all data used in analysis.

### **2.3.1 Quality Control**

Research involving the collection of original data should involve quality-control procedures to enhance the accuracy of the information used to conduct analyses. Data quality is significantly improved by systematic monitoring procedures to check for discrepancies from one stage of data processing to the next.

The Wisconsin Subsidized Guardianship Assessment and Evaluation used several quality-control procedures. The caregiver survey data were reviewed by evaluation staff upon receipt. Responses were reviewed prior to coding, and then staff constructed crosstabs to look for logical errors. Staff conducted review item by item for errors in coding (e.g., skip patterns incorrectly used, discrepancies between variables that assess the same construct, and dates that appeared unreasonable given the time frame of the question or age of the respondent). Where there were discrepancies that could not be resolved by assessing the information collected in the survey booklet, a member of the research team attempted to re-contact the caregiver respondent and clarify the discrepancy. Furthermore, when interviewer errors in the coding process were identified, the interviewer was contacted so that the problem could be corrected in subsequent surveys.

The evaluation team also implemented quality-control procedures for using the administrative data from eWiSACWIS. Evaluation team members at the Institute for Research on Poverty, University of Wisconsin, gained familiarity with eWiSACWIS data to understand what information was informative and usable for the subsidized guardianship evaluation. They attended eWiSACWIS training sessions and participated in periodic meetings with DCF analysts. In

addition, other evaluation team staff at Westat were granted online access to eWiSACWIS so that individual client data could be checked and confirmed, if questions arose. The team used several strategies:

- Running descriptives and distributions for multiple data fields to further our understanding of the system;
- Conducting manual quality checks of the data (e.g., manual look-ups to supplement information learned from aggregated indicators);
- Ensuring ongoing communication with the Subsidized Guardianship Workgroup about how and when certain data are entered and updated and how particular fields are interpreted and used for case management and planning; and
- Comparing results with the AFCARS file to ensure that the study team made assumptions about the data that are consistent with the interpretations by DCF administrative staff.

### **2.3.2 Estimation and Weighting of Data for Analysis**

Survey estimates of the intervention effect (i.e., the effect of eligibility for the subsidized guardianship option) are imprecise because there were random differences between the children in the intervention and the comparison groups. Except for the assignment, the children in the intervention group were approximately the same as children in the comparison group within the bounds of chance differences.

The random assignment procedure allowed us to estimate the effect of those (usually unknown) differences on the survey estimates of the intervention effect. The error in estimating the effect of the intervention is known as sampling error and is measured by the standard error of the estimate. The standard error depends on the sample size on which the estimate is based, the variability of the data, and the manner in which the sample is drawn and the assignments are made.

Children were grouped into sibling groups. All children within a sibling group were given the same assignment, either the intervention or comparison. The assignment of groups of children (referred to as “clusters” in statistical terminology) affected the precision of the estimated intervention-comparison differences. For making estimates of standard errors, the clustering of children within sibling groups was taken into account to avoid an underestimate of the standard error. Adjustments were made to the data files for the caregiver survey and the eWiSACWIS data

prior to analysis to allow calculation of standard errors that reflected the clustered nature of the assignments.

Survey weights are used to make estimates for an identified population. The weights for each completed survey were the number of children, caregivers, or case managers in the population represented by the survey. The child and caregiver survey data were weighted to represent all children and caregivers who were eligible for the interviews. The case manager surveys were weighted to represent all case managers contacted for the survey. The caregiver and case manager weights were adjusted to account for the effects of differential non-response on the estimates. Because the survey response rate was relatively high, the adjustments for non-response were relatively small.

A finite population correction (FPC) factor is sometimes used for survey estimates that apply to a fixed population of interest. However, in this case, the population of interest (children in foster care during and after the evaluation period) was not the same as the population from which children were selected (children in foster care during the evaluation period). Therefore, we did not use and do not recommend using the FPC factor.

For calculating standard errors, software packages designed for complex survey data such as some SAS survey procedures, SUDAAN, SPSS Complex Samples, Stata, or WesVar should be used. SAS survey procedures, SPSS Complex Samples, SUDAAN, and PCCARP use the linearization method for estimating standard errors; WesVar uses replication methods (Wolter 1985). Stata uses both methods. Both methods provide very similar results, but in general the replication methods are more conservative. The analysis of the Wisconsin Subsidized Guardianship data used a combination of SAS (version 9.1), SPSS Complex Samples, Stata, and WesVar.

### **3. Implementation**

#### **3.1 Preparation for the Waiver**

In order to implement the waiver, the Wisconsin DCF requested that the state legislature change Wisconsin's guardianship statutes and authorize subsidized guardianship payments in the state budget as part of the 2005-07 state budget bill, 2005 Wisconsin Act 25. This change was approved by the legislature and signed into law by the Governor effective July 26, 2005. The legislation in the final budget bill included the authority to operate a subsidized guardianship program, the eligibility requirements for subsidized guardianship payments, and an expansion of guardianship to include like-kin guardians under particular circumstances. The legislation also included a provision clarifying that guardianships awarded under Tribal law or laws of other states that are equivalent to s. 48.977, Wis. Stats. would be recognized for the initiative.

At the request of DCF, one provision relating to warnings about the termination of parental rights was vetoed from the final legislation by the Governor. While the provision was intended to facilitate subsequent adoption of children by guardians, concerns were voiced about the impact of the provision on guardianship proceedings. Current Wisconsin law makes it burdensome to obtain the TPR necessary for adoption once the CHIPS court order is vacated during the process of obtaining permanent guardianship.

Implementation of the waiver took place in Milwaukee County, which is the largest urban area in Wisconsin and has a higher rate of relative placements and a longer average length of stay in care in comparison to the rest of the state. Relative foster care in Milwaukee reflects the complexities and tensions that historically characterize public oversight and financial support of extended families caring for dependent, neglected, and abused children in the United States.

In *Miller v. Youakim* (440 US 125 [1979]), the U.S. Supreme Court ruled that if relative foster care arrangements met the eligibility and licensing standards for federal Title IV-E foster care funds, states could not deny foster care benefits to families based solely on the fact that the caregiver is a relative. Prior to this ruling, most states restricted the support of relative foster care to the Aid to Families with Dependent Children (AFDC, renamed TANF in 1996) program that supported the care arrangements of dependent children living in the home of a relative. Although all states currently abide by the Miller ruling, many like Wisconsin still operate kinship care programs that are supported under TANF and do not meet the eligibility and licensing standards for federal IV-E foster care funds.

Of the approximately 3,000 children in foster care in Milwaukee County at the start of the waiver, about 1,260 were placed with relatives. Among the relative placements, 460 children were placed with relatives who were licensed as foster parents and receiving foster care maintenance payments. About 50 children were in relative care where the caregivers were not licensed as foster parents and did not receive any type of payment or subsidy.

The rest of the children, approximately 750, were in court-ordered kinship care placements with unlicensed caregivers who received TANF payments under the Wisconsin Kinship Care program rather than foster care maintenance payments. When kinship care placement was ordered by the court, the children came under the federal definition of foster care, and their cases received the same out-of-home care services as licensed foster care cases, including case management and permanency planning. However, the TANF payments for unlicensed providers are \$215 per month, which is much lower than the average of \$600-700 in foster care maintenance payments that can be received by licensed relative caregivers, depending on the child's age and special needs. Thus, some unlicensed kinship caregivers were expected to decide to become licensed so that they could access the higher payments under the subsidized guardianship waiver.

Licensed relative settings include certain non-relative placements, called "like-kin." The waiver terms and conditions specify that "A small number of children placed with non-relatives may be included in the target population, but only where guardianship with a non-relative is determined to be in the child's best interest and adoption has been ruled out. Examples of non-relatives include extended family members who do not meet the Wisconsin statutory definition of a relative, godparents, or family friends whom the child recognizes as significant persons in his/her life." Wherever this report refers to "relative settings," "relative foster care," or "relative caregivers," the intent is to include these non-relatives. They must have "a familial type of relationship with the child" according to DCF Memo Series 2005-11, Oct. 12, 2005, Re Statewide Changes to Section 48.977 Guardianships.

The BMCW is the public child welfare agency for Milwaukee County. BMCW is a unit of the Wisconsin DCF, which allows DCF to coordinate the management of child welfare services in Milwaukee and oversee the implementation of the waiver. Services are delivered in a decentralized manner, with the county divided into three regions that encompass five sites. Each

site provides a full range of in-home and out-of-home care services within its service area.<sup>7</sup> Some services, such as program administration, foster home recruitment and licensing, and adoptive placement are performed centrally by BMCW to support the sites.

BMCW began preparing for the implementation of the Subsidized Guardianship Initiative when the original waiver request was developed in 2002. The BMCW Subsidized Guardianship Workgroup was initially formed in 2002 to develop the waiver proposal. The workgroup consisted of representatives from the different program units within BMCW and works closely with the Milwaukee County DA's Office and the Milwaukee County Children's Court. The workgroup also worked on the state's enabling legislation, identified eWiSACWIS enhancements, and developed policies and procedures for the implementation of the initiative. The group has been responsible for developing training materials for child welfare workers and legal staff, informational materials for families, and procedures for the transfer of cases to the DCF central office for ongoing maintenance of the subsidized guardianship payment.

BMCW also works with the Milwaukee Child Welfare Partnership Council, which was established through state statute in 1995 as an advisory board to DCF and BMCW regarding child welfare services in Milwaukee County. The Partnership Council serves as a liaison between BMCW and the community. Its members include three members of the Milwaukee County Board of Supervisors, two state representatives, two state senators, nine state residents, and two members nominated by a children's service network. The council receives reports on BMCW activity at its quarterly meetings and assists BMCW in educating the community about the Subsidized Guardianship Initiative. Meetings were also held with several stakeholder groups over several months in 2005 in preparation for initial program implementation.

The partner agency providers of ongoing case management services at the sites, the adoption service provider, and the licensing provider all play key roles in implementing the Subsidized Guardianship Initiative. The ongoing case management providers are responsible for permanency planning services and managing the placements of children. Ongoing case managers develop and implement permanency plans for children and coordinate services to children and families. The adoption service provider works with the ongoing case management agencies to consult on permanency plans, review cases for appropriateness of adoption, and finalize adoptive placements. The adoption service provider recruits adoptive resources, conducts home studies,

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<sup>7</sup> The BMCW consolidated from five independent sites into three regions in 2007 based on the geographic area served. Sites 1 and 2 now make up Region 1; the former Site 3 is now Region 2; Sites 4 and 5 make up Region 3, the largest area.

and supports adoptive parents through the adoption process, including establishing adoption assistance benefits. The licensing provider recruits, trains, and licenses persons as foster parents and supports foster parents as caregivers for children.

In 2007, BMCW contracted with Children's Service Society of Wisconsin to perform all related functions of adoption and foster care licensing. One of these functions is permanency consultation. Permanency consultants work with BMCW case managers with the goal of achieving permanence for children in foster care through timely and thorough permanency planning. Their role includes educating birth parents, caregivers, children, and case managers about the urgency of permanence and the full range of permanency options, which includes reunification, adoption, transfer of guardianship, and subsidized guardianship. They also participate in the decision making process for the most appropriate permanency goal for each child, identifying barriers to permanence and possible solutions.

The licensing of foster homes and the studying of adoption families was also streamlined. Licensing specialists evaluate families applying for adoption or foster care to see if they qualify to be licensed. Families qualified for foster care licensing are encouraged to go through the licensing process, both for the increased foster care payment and to qualify for potential adoption or guardianship options.

One case manager in each region, usually a supervisor or mentor, is designated as a "point person" for the Subsidized Guardianship Initiative and serves on the Subsidized Guardianship Workgroup. The point person works on every subsidized guardianship case that is processed in that site, coordinating the subsidized guardianship process with the case manager, as well as verifying the program assignment and legal status and forwarding the completed case to the court liaison. Each point person also serves as an information resource on subsidized guardianship for the case management staff in his/her region and as a liaison between the staff and the BMCW administration when questions arise.

The waiver request included the option to expand the initiative statewide, depending on the progress of the initiative in Milwaukee, interest from other counties, and the ability of the state and individual counties to come to agreement about financial responsibility for guardianship payments and participation in the program evaluation. No other Wisconsin counties joined the initiative during the waiver period, although there were discussions with some of the 11 federally recognized Native American Indian Tribes about the potential to expand the program to Tribal populations in the northern portion of the state. Subsidized guardianship may be of particular



interest to Tribal populations due to cultural sensitivities about TPR and adoption. In situations where Tribes oppose severing parental ties, subsidized guardianship may be an effective permanency option to close child welfare cases of Tribal children in stable placements approved by Tribes. State legislation recognizes Tribal guardianship orders similar to s. 48.977 and allows extended family or persons with a personal connection to the child such as Tribal affiliation to be eligible for subsidized guardianship payments.

## **3.2 Phase I**

Phase I is the special experimental group defined in the terms and conditions and discussed in Chapters 1 and 2. The Phase I group included children already in stable living situations with licensed relatives and with Ch. 48 guardianships in place before January 1, 2006.

### **3.2.1 BMCW Screening**

BMCW began implementation of the Subsidized Guardianship Initiative in October 2005 with a review of all individual cases. The agency looked for children with open CHIPS court orders who were placed with licensed relative caregivers and who had a guardianship order in place prior to January 1, 2006. An initial estimate of 191 cases was narrowed to 185 cases after review for program eligibility criteria. These cases were assigned to the Phase I exemptions, meaning they were to be tracked for evaluation purposes but were not subject to random assignment for program assignment purposes and were not included in the cost neutrality calculation.

BMCW further screened the Phase I cases to determine which cases were appropriate for subsidized guardianship. After filtering out cases that had a pending TPR, had an ongoing need for services from the CHIPS order, were close to age 18, or were considering adoption, BMCW forwarded 144 cases to the DA for guardianship proceedings. The DA filed 138 cases for the dismissal of CHIPS orders, of which 117 CHIPS orders were dismissed and subsidized guardianship achieved. Table 3.1 summarizes this process.

**Table 3.1 Screening of Phase I cases**

<b>Phase I screening process</b>	<b>Number of cases</b>
Identified by BMCW as potentially eligible for subsidized guardianship	191
Passed initial BMCW screening	185
Submitted to DA for guardianship request	144
Filed by DA	138
Achieved subsidized guardianship	117

### **3.2.2 Phase I Court Proceedings**

Prior to implementation of Phase I, the judges and representatives from the Milwaukee Children’s Court, including the Administrative Officer of the Court and the Chief Clerk, met with the Program Evaluation Manager of BMCW to figure out how to best launch the Subsidized Guardianship Program. As a result, Phase I cases were heard as part of a special court calendar on Friday afternoons from October to December 2005.

The Phase I cases identified as ready for subsidized guardianship were considered expedited: they were identified by BMCW, which then submitted the request for guardianship to the DA, who filed the request. This was done for logistical reasons because the DA's Office is most able to serve notice to parents and family members as required by law. The cases were calendared by the clerk of the court and, because of their existing guardianship status, did not need significant review by other attorneys. Representatives from the Milwaukee Children's Court reported reviewing various components of a subsidized guardianship package prior to the transfer of guardianship, including the court report, the subsidy agreement, information from the licensing agency, and the out-of-home support plan.

While most Phase I cases that were not appropriate for subsidized guardianship were identified prior to the DA's filing a petition, some cases that were filed had CHIPS orders that were not dismissed by the court. Reasons for not dismissing the CHIPS order included AWOL or delinquent children, concerns about the capability of the guardian to provide long-term care for the child, the family receiving many services from DCF that could not be easily managed without DCF intervention, the child needing more services, the child having moved, or opposition from the guardian ad litem.

As a part of the process, the DA's office requires that all caregivers sign a "statement of guardian's understanding that adoption is unlikely after CHIPS order has been dismissed." While adoption is still legally possible, the DA wants to make sure that caregivers understand that adoption becomes much more difficult after the order is dismissed because new legal grounds must be established to terminate parental rights. Therefore, as noted previously, caregivers would have to hire an attorney at their own expense to seek TPR, unless the parents were willing to surrender their rights voluntarily.<sup>8</sup>

Unlike Phase I cases, Phase II guardianship cases were heard as a part of the regular court room proceedings. The DA continued to screen the cases and file petitions for guardianship. For the judges, the Phase II guardianship cases were unidentifiable from families seeking guardianship without a subsidy because the legal process by which one obtains guardianship is the same regardless of whether a subsidy is provided to the family.

### **3.2.3 Transition and Post-Permanency Concerns**

Focus groups with case managers, caregivers, and youth who had accepted subsidized guardianship in Phase I confirmed that the transition to subsidized guardianship was straightforward. The caregivers already had guardianship of the children, rendering the transition seamless for the families and largely transparent for the children. Phase I families were in stable, long-term placement situations that no longer required child welfare supervision. Subsidized guardianship offered these families a welcome opportunity to exit the system while still receiving supplementary payments for the support of the child.

Some Phase I families opted not to transition to subsidized guardianship in favor of remaining in the foster care system. Case managers noted that although the subsidy was strong incentive to families to enter subsidized guardianship, the subsidy stays at a flat rate and does not automatically have the cost of living increases that raise the foster care payments over time. Case managers reported that some families opted to stay in the system to keep access to the increasing foster care payment rates.

Services were another area of concern for some families, and some caregivers needed services that would not have been available to them after subsidized guardianship. Once families leave the system, they have access to community services and medical services funded by Title

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<sup>8</sup> As described in chapter 2, this amendment was rejected in the state legislation authorizing the waiver.

XIX, but lose some caregiver and child services available to them through BMCW. Other caregivers declined subsidized guardianship out of reluctance to manage visits with birth parents or worries about their ability to care for the child without the support of the case manager.

### **3.3 BMCW Policies and Practice in Phase II**

#### **3.3.1 Expanding Permanency Options to Include Subsidized Guardianship**

Phase II of the Subsidized Guardianship Initiative officially began with children who became eligible for the demonstration after January 1, 2006. Phase I cases came from a prescreened pool of qualified families and went through a quick transition process. Phase II cases, in contrast, were randomly assigned to either the intervention or comparison groups and had to be individually evaluated in the course of regular permanency planning. This required a significant degree of knowledge and initiative from BMCW administrative and case management staff in order to inform stakeholders of the new subsidized guardianship option and incorporate it as a regular part of family-centered concurrent permanency planning within the strictures of the random assignment process.

At BMCW, policies and procedures are approved by the director and passed down to case managers, permanency consultants, and licensing specialists through memos and the BMCW intranet website. A special workgroup committee made up of BMCW administration and the region point people discusses and advises on subsidized guardianship policy. Although policies and procedures were in draft form as early as 2006, they were not formally approved or disseminated to case management staff until May 2008. This caused confusion among the ongoing case managers and permanency consultants about how to know if a family was eligible for subsidized guardianship, how to tell if it was in the intervention or comparison group, how to explain subsidized guardianship to families, and how to correctly process a subsidized guardianship case. This in turn caused confusion among caregivers who were not able to get information from their case managers. The point people in each region created their own materials and procedures to manage the process informally in the absence of official policy, but the lack of a consistent procedure led to more confusion. There were delays noted of up to 3 months in sending the letters to notify families of their subsidized guardianship eligibility and assignment to the control or treatment group. The point people and case managers were also often not notified of the random assignment results in a timely manner, which meant that often families would call their ongoing case manager with questions about their notification letter before the case manager had heard anything about it.

Evaluation focus groups and surveys at the time of the *Interim Report* indicated that while subsidized guardianship was a welcome addition to the practice of family-centered permanency planning in theory, in practice it had yet to become a standard tool. The 2006 and 2007 focus group respondents from the case management staff mentioned several perceived barriers to subsidized guardianship. One group believed that there was a statutory requirement for an adoption "rule out," indicating that adoption is not appropriate for the child, and were not aware that the waiver has no such requirement except for like-kin cases. Other respondents mentioned licensing as a barrier, with some caregivers reluctant to go through the licensing process. Other barriers included the DA's office's preference for adoption; the random assignment procedure; the lack of an approval mechanism for like-kin caregivers, leading to a perception that the program is not available to them; case managers not knowing which families were in the intervention group; and the need for more training and education for the case management and court staff.

By mid-2008, BMCW administration had begun responding to these issues by approving official subsidized guardianship procedures and planning a series of new trainings for all ongoing case management staff in the summer and fall of 2008. Training and the gaps in subsidized guardianship knowledge are further discussed in Section 3.4.

As of the end of 2009, follow-up conversations with current point people and administrative staff indicated that BMCW has achieved greater awareness of and comfort with subsidized guardianship among the ongoing case managers and permanency consultants. The point people continue to manage the tracking and paperwork, but they report that case managers now discuss subsidized guardianship as a regular permanency option with all relative caregivers even before eligibility or random assignment.

Subsidized guardianship procedures also seem more solid, although many of them remain informally developed and maintained by the point people. As of the end of 2009, none of the three current point people received any training in their duties, other than informal training from their predecessors, but said that they learned what to do through experience.

An earlier area of concern had been the monthly mailing of random assignment notification letters to caregivers. In 2007, notification letters were mailed as late as 3 months after random assignment was conducted. The BMCW administrative staff member responsible for the letters receives an email once a month from DCF that the random assignment results are available, although this is not consistently at the same time of month. Within a week of this

notice, the staff member begins pulling the necessary information to create a new formatted database. This information includes the child name, provider name and address, and case worker information.

Once this database is created, the staff member sends it to the point people and gives them 3 days to look over the information to correct any errors or fill in any missing data. The staff member then creates the notification letters, gets them signed by the director, and sends a copy by courier to each person who is copied on the letter. This is normally the ongoing case manager, the permanency consultant, and the licensing specialist. They have 3 days to look over the letters and prepare to talk to the families. After those 3 days, the letters are then mailed to the families along with a brochure about legal guardianship in Wisconsin that also discusses subsidized guardianship. The time lag between random assignment and caregiver notification is a minimum of 6 days, but is usually closer to 2 weeks.

### **3.3.2 Like-Kin**

As discussed in Chapter 2, like-kin caregivers do not meet the Wisconsin statutory definition of a relative, but are people whom the child recognized as a significant person in his or her life prior to entering foster care. Like-kin caregivers can include extended family members, godparents, or family friends. Cases where children have been placed with a like-kin caregiver are eligible for subsidized guardianship if adoption has been ruled out, providing an additional option for permanence for some children.

A complication arose from confusion among case managers over the definition of like-kin and the procedure for like-kin cases. In April 2006, BMCW staff created a working definition for like-kin, but an official definition was not approved until early 2008 and disseminated at the 2008 training sessions. BMCW also maintained an informal policy that all recommendations for “like-kin” status required review by supervisors and approval by a regional manager. This policy has continued in effect throughout Phase II.

The lack of an official definition or procedure may have interfered with the identification of like-kin cases eligible for the subsidized guardianship program. The 2008 trainings served to disseminate the official definition to case managers and confirm that like-kin caregivers who meet the official requirements are eligible for subsidized guardianship when approved by the regional manager. Current point people report that potential like-kin cases are discussed on a regular basis

among the case manager, supervisor, and regional manager, but few are approved as the definition is applied stringently, and most case managers do not feel comfortable qualifying caregivers as like-kin.

As of September 2009, only 20 like-kin children had been randomly assigned. Due to the small population size, no analysis of like-kin was conducted for the evaluation.

### 3.3.3 Licensing

One question of interest is whether the existence of the subsidized guardianship waiver affects the licensing status of relative caregivers in the foster care system. That is, will the demonstration's restriction of subsidized guardianship to licensed foster parents encourage increased licensing of relative caregivers in the foster care system? A time trend of the licensing odds (i.e., the ratio of the number of children in licensed relative placements to unlicensed relative placements) is depicted in Figure 3.1. In mid-2005, prior to the implementation of Phase I of the study, the licensing odds dipped just under .60 (e.g., in June 2005, there were 517 children in licensed relative placements and 887 in unlicensed relative homes [to include court-ordered kinship care settings]). Between July 2005 and November 2007, the count of both licensed and unlicensed relative placements dropped (See Figure 3.2). However, beginning in fall of 2005, the odds of licensed to unlicensed placements began to drop precipitously, indicating that the number of licensed placements was declining faster than the number of unlicensed placements. By mid-2006, licensing odds were reduced by nearly half, to approximately .33.<sup>9</sup>

Although the declines in licensed to unlicensed relative care coincide with the timing of the implementation of the waiver, it is not accurate to conclude that the waiver caused the observed trend. Both case managers and permanency workers in the Phase II focus groups did not believe that the subsidized guardianship program had affected the licensing process. Changes in the licensing process did occur during the evaluation period, but these workers felt that the changes were the result of the shift in licensing responsibilities from Lutheran Social Services to Children's Service Society of Wisconsin (CSSW) in 2007.<sup>10</sup> Although case managers and permanency workers reported a general push for licensure by BMCW, there were also fewer

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<sup>9</sup> This ratio declined further in 2007 and 2008, hovering close to .25 during most of this time period, or only one in every five children in relative care residing with a licensed caregiver.

<sup>10</sup> The contract for licensing and supporting foster homes was previously housed with Lutheran Social Services of Wisconsin and Upper Michigan, and Children's Service Society of Wisconsin (CSSW) had the contract for adoption services. In 2006, the DCF in the Department of Health and Family Services decided to combine these two contracts

homes being licensed due to a more stringent application of the licensing standards. Additionally, it is likely that as more children in relative care exited the foster care system to adoption and subsidized guardianship, the number of licensed providers was further reduced (given that licensure is a precondition for pursuing either of these permanency options). The combination of a more stringent application of the licensing standards and an increased exodus of licensed (primarily relative) providers through adoption and subsidized guardianship effectively reduced the supply of licensed relative providers over the course of the evaluation.

There is little evidence to suggest that the existence of the subsidized guardianship waiver in and of itself resulted in case managers pushing unlicensed relative providers to pursue licensure or move toward compliance with licensing standards. Some case managers expressed reluctance to encourage families to go through the licensing process only to *potentially* receive subsidized guardianship. They felt the process was difficult and invasive for the family and involved a large expenditure of time and energy on the part of the family and the case manager, which would be futile if the family ended up in the comparison group.<sup>11</sup>

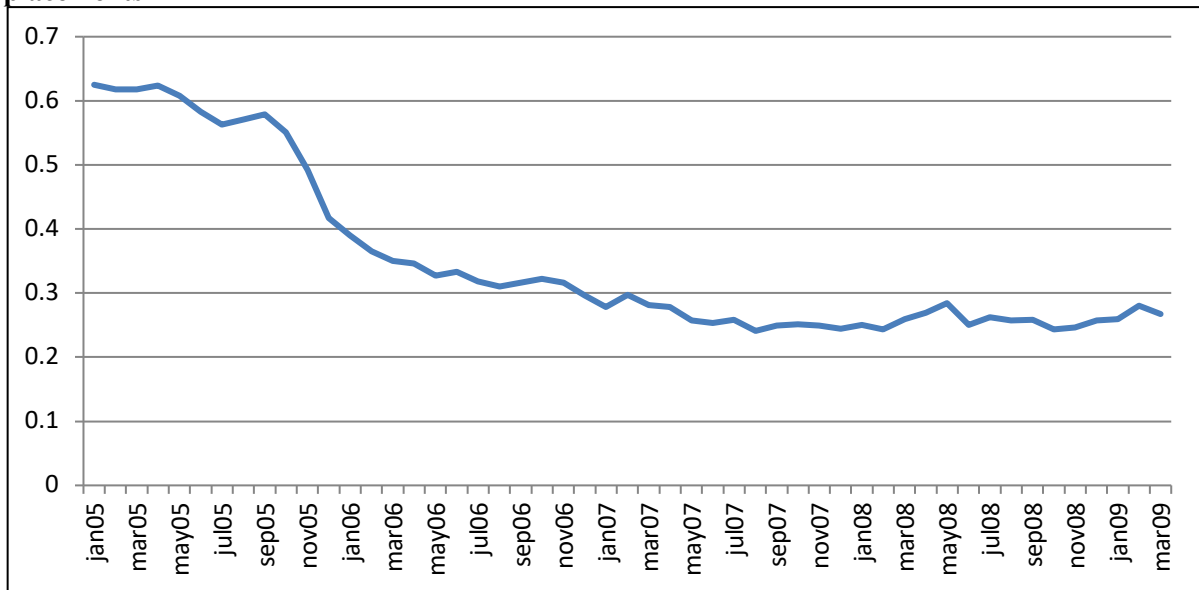
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into one service provider in an attempt to streamline the adoption process. The contract was awarded to CSSW and the transition began in 2007. By June of that year, the transition was complete.

<sup>11</sup> The reader should note that the surge in children from Phase I exiting to subsidized guardianship at the beginning of 2006 affects the numerator and denominator of the ratio.

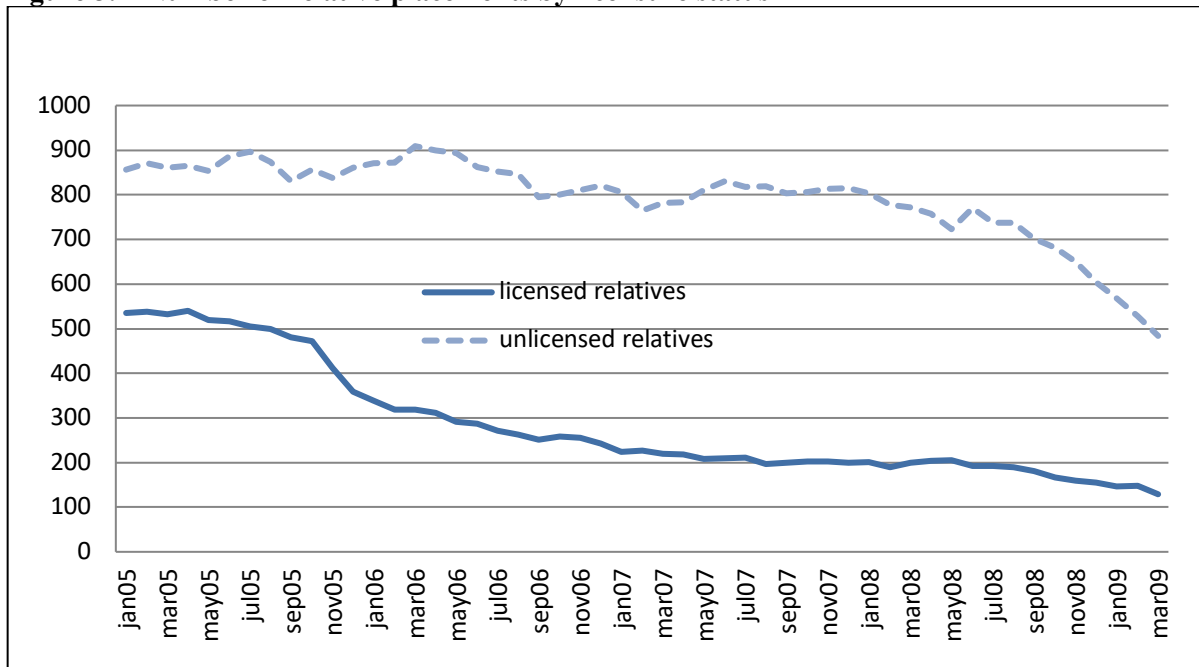


**Figure 3.1 Trend in licensing odds: Ratio of children in licensed v. unlicensed relative placements**



\*Note: Placements with unlicensed relatives include court-ordered Kinship Care, or unlicensed relative placements; voluntary Kinship Care placements are not included in data. Licensed placements include Foster Family Home-Relative and Treatment Foster Home-Relative placements

**Figure 3.2 Number of relative placements by licensure status**



### **3.3.4 Post-Permanency Services**

One potential barrier to subsidized guardianship has been concern about the need for services and a lack of knowledge of what services are available to subsidized guardianship families post-permanence. Caregivers who had children with special needs were worried that they would not be able to obtain the services they needed after permanence. They received intensive services while in the foster care system, but lost access to all but those services covered by Title XIX. Most caregivers did not know to what services they were still entitled, or whom to call to find out. This concern was expressed both by caregivers who had accepted subsidized guardianship and those who had adopted.

According to the current point people, subsidized guardianship families have most of the same post-permanency services available to them as adoptive families. These services include community programs, medical and counseling services covered by Title XIX, daycare services through Wisconsin Works, and any services covered by a family's private insurance. A post-adoption resource center exists to help find these services for both adoptive and subsidized guardianship families, which caregivers can contact through CSSW. However, the caregivers in the evaluation focus groups reported that they did not know where to look for services or how to get in touch with the post-adoption resource center. The point people agreed that most case managers are not familiar with specific post-permanency services and may not know where to direct families at the time they leave the system. If a child or caregiver has a service need that arises after permanence is achieved, the caregiver must find services on his or her own.

For children with special needs that require ongoing services, the uncertainty of post-permanency services serves as a significant barrier to permanence, whether through adoption or subsidized guardianship. Services are a major factor in assessing the appropriateness of a case for subsidized guardianship, as discussed in the following section.

### **3.3.5 Assessing Appropriateness of a Case for Subsidized Guardianship**

The current point people report that case managers now discuss subsidized guardianship as a potential option with all relative caregivers. During the initial stages of Phase II, this option was not discussed with relatives who earlier had indicated their willingness to pursue adoption. However, even among recently eligible families assigned to the treatment group, each case must be carefully evaluated by case management staff and the families to determine what form of permanence, if any, is appropriate for the family.

Once the point person receives the report of newly eligible cases each month, he or she meets with the ongoing case manager for each treatment case. They discuss the process for determining whether the case is appropriate for subsidized guardianship as well as the procedure for going forward with subsidized guardianship if all parties agree that it is the best option for the family. The case manager and permanency consultant then go over the specifics of the case to decide whether subsidized guardianship should be presented to the family.

Several important factors are assessed to determine whether pursuing subsidized guardianship would be beneficial to a particular family:

- **Placement stability and readiness for permanence** – The case manager and permanency consultant must be sure that the caregiver is willing and capable of providing long-term care to the child without further case management. Some caregivers may be willing to keep the child in their care indefinitely, but do not want to be permanent legal guardians.
- **Family dynamics and adoption** – Although adoption and subsidized guardianship can be discussed concurrently with families, case managers generally do not proceed with subsidized guardianship unless adoption has been ruled out. If the caregiver is not willing to adopt, or if the family does not want the legal restructuring of the TPR and adoption process, then subsidized guardianship may be pursued to achieve permanence.
- **Age of the child** – Older children and teenagers may be more likely to maintain a relationship with a birth parent and less likely to want to change family relationships through adoption. The perception of subsidized guardianship as legally less permanent as adoption is also less of a concern with older children who are close to adulthood. Case managers are more likely to push harder for adoption with younger children.
- **Services** – As discussed above, if a child has significant service needs being met through BMCW-supported services, this may be a major barrier to the family exiting the system.
- **Birth parents** – Even when reunification has been ruled out, children may wish to keep a relationship with their birth parents. Subsidized guardianship does not sever this relationship. In other cases, subsidized guardianship may not occur if the birth parent voices strong objections.

The terms and conditions of the waiver do not require an adoption rule out except for like-kin cases, nor does BMCW have a formal policy requiring adoption to be ruled out before proceeding with subsidized guardianship. In practice, however, adoption rule out is part of normal case management procedure. A significant amount of the decision making for subsidized guardianship revolves around lack of suitability for adoption or lack of willingness to adopt. Adoption remains the preferred outcome due to the fact that it is legally more binding than guardianship in the sense that adoptive parents cannot petition for relinquishment of legal responsibilities with the same ease as a court-appointed guardian. Similarly, birth parents cannot petition for return of guardianship if their rights have been terminated, whereas they can if only legal guardianship has transferred. Whether the more legally binding quality of adoption actually translates into a more lasting permanence than guardianship is a topic of contention.<sup>12</sup> At least one point person attributed the rule-out practice to the DA's strong preference for adoption rather than any feelings about the actual differences between the two permanency options from BMCW administration or the case managers themselves. The other current point people were not certain where this informal policy originated, but stated that it was "the way things are done." Most eligible treatment cases that did not exit to subsidized guardianship instead exited to adoption, according to the point people's perceptions.

The primary motivation for these families to accept subsidized guardianship seems to be the chance to exit the foster care system while still receiving needed payments. Several caregivers described a feeling of relief and a sense that their family could be normal again. Permanence removed the stigma of foster care from the children and freed the family from disruptions to its day-to-day lives such as court dates, family meetings, and visits by the case manager to the home and school.

For the children, subsidized guardianship did not represent a significant change in their lives, except for the absence of social workers and court dates. In a separate focus group, children who had entered subsidized guardianship discussed the feeling of having a more normal family, and all were glad not to have visits from case managers at home and school anymore. Their lives and relationships have otherwise remained the same, with the same sense of permanence they already had.

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<sup>12</sup> Testa, M. (2005). "The Quality of Permanence—Lasting or Binding?" *Virginia Journal of Social Policy and Law*, 12, (3), 499-534.

### **3.4 Training**

One of the primary responsibilities of BMCW in implementing the initiative is the education and training of case managers and permanency consultants. The terms and conditions of the waiver require extensive training to promote an understanding of guardianship as a permanency option, including differences under state law between the use of guardianship for decision making purposes and guardianship as a permanency option. All staff involved in case management need to receive training in presenting guardianship to families and involving families in the identification of appropriate permanency goals for children.

Training became particularly crucial as Phase II of the waiver began to incorporate subsidized guardianship as part of normal case management and permanency planning. The BMCW vision of family-focused permanency planning requires case managers and permanency consultants to have a thorough working knowledge of the subsidized guardianship process and for stakeholders to have an awareness of subsidized guardianship as a normal permanency option for certain families.

#### **3.4.1 2005 Training Sessions**

In November 2005, BMCW held a series of supervisor and worker trainings on the subsidized guardianship initiative. From multiple staff reports, these trainings were poorly attended, and there did not appear to be mechanisms in place to track supervisor and worker attendance and completion. A member of the evaluation team attended the second worker training, held on November 16, 2005. Sixteen workers attended this meeting. The meeting was conducted by a panel of BMCW administrative staff and also included a permanency consultant.

The panel distributed materials, including handouts on *Concurrent Planning for the Guardianship Permanency Initiative*; *Frequently Asked Questions about the Subsidized Guardianship Program: Questions and Answers*; *Talking Points about Random Assignment*; *DCF Memo Series 2005-11 (dated October 12, 2005) Re: Statewide Changes to Section 48.977 Guardianships*; and a meeting agenda. The conditions for subsidized guardianship were also presented, and included (1) a child must be in a relative home; (2) this relative must be licensed; (3) this relative must be willing to assume guardianship; and (4) the child must no longer need services that require the continuation of a CHIPS order.

The training was well-organized and clear, according to the evaluation team member who attended, and trainers were able to clearly articulate the benefits and requirements of the experimental evaluation. Subsidized guardianship was portrayed in a very positive light, and trainers were enthusiastic about its potential to enhance permanency outcomes. It was argued that subsidized guardianship offered substantial savings to the worker, in terms of time and case management resources, and to the family, in terms of obligations to the child welfare system. The training did not offer specific detail about how to navigate the process of establishing a subsidized guardianship, although the roles of permanency consultants and site “point persons,” as they pertained to this process, were discussed. Also discussed was the role of the court and the importance of being prepared for court proceedings related to subsidized guardianship.

Subsidized guardianship was equated to adoption in that a new case is opened and transferred to the state, and the family continues to receive monthly payments equal to the foster care rate. Several issues affecting this rate and other forms of assistance were discussed. It was noted that the foster care rate would not increase after a subsidized guardianship was finalized, and no “birthday batches” or “supplemental payments” would be available. It was also noted that federal Education and Training Vouchers would not be available to children who exited under subsidized guardianship before the age of 15½, but that many other private scholarships remained available to foster children. For relatives wishing to become the payee of a child eligible for Supplemental Security Income (SSI), subsidized guardianship would not be an option; however, these relatives were free to choose subsidized guardianship in lieu of SSI payments.

Trainers stated that adoption remained the preferable permanency outcome when reunification was not possible, and “rule-out” language was used at several points in the meeting to underscore this point. It was noted that under subsidized guardianship, child support payments would still be pursued and collected from the biological parents, and the biological parents would retain some visitation rights. Trainers also stated that establishing subsidized guardianship would greatly reduce the likelihood of future adoption. It was noted that this particular point prompted the court to create a form for the guardian to sign, stating that the guardian understands that future adoption is unlikely.

Workers attending this training asked very few questions. Questions asked were largely focused on the evaluation (e.g., “will the Phase I group be assigned to the experimental or control groups?”; “what kinds of outcomes will the evaluation monitor?”). Given the timing of this training, many workers were focused on the Phase I group of children, for whom random assignment was not applicable. Conversations with workers after the training ended suggested

that they were anxious about moving Phase I children into subsidized guardianships under a tight timeline and without detailed guidance on how to do so.

When case managers and permanency workers discussed the training during the Phase I focus groups, they noted that the sessions were not well attended. Although the sessions were required for all supervisors and staff, most of the focus group respondents believed that the training was required only for workers with Phase I cases. Some did not know there had been a training session. Those who attended characterized the training as being more like presentations by the BMCW leadership, without much procedural guidance. When workers had questions as a result of the presentations, follow-up answers were promised, but the focus group respondents said that the follow-up answers were never delivered.

### **3.4.2 Gaps in Procedural Knowledge**

After training, the workers found a difference between what had been presented to them during training and what they encountered while working on Phase I subsidized guardianship cases. The courts created a form to ensure that caregivers understood that adoption would become much more difficult once the CHIPS order had been vacated to establish subsidized guardianship. Some case managers did not know about this form until they arrived at court, and others were told about required forms days before going to court. There had not been any further training to update workers on changes in policies or procedures, nor had BMCW provided any manuals or official documentation on policy and procedure to the case managers. One site created its own binders of information to give families and had a well-informed mentor to guide new case managers.

Approximately 1 year later, the case managers in the Phase II focus groups indicated that they still had not received any written procedures and had had little or no training since the original presentation in November 2005. In the absence of formal training, some mentors developed unofficial procedures and cheat sheets for their sites. Two point persons developed written procedures, but did not hear anything several months after submitting them for official approval. In the survey of all BMCW case managers in 2005, only 29 percent of respondents reported that they had received training, procedural or eWiSACWIS, on subsidized guardianship. In the same survey, 58 percent reported having received written guidelines on subsidized guardianship, although the responses did not specify whether these were official BMCW documents or the informal procedures and information sheets developed at particular sites. When asked how prepared they felt to complete a case for subsidized guardianship, 54 percent said that

they felt prepared. During the same time period, case managers in the Phase II focus group expressed confusion about how to establish subsidized guardianship from beginning to end, as well as a number of important specific procedural issues. The full results of the case manager survey can be found in Appendix E.

One of the chief areas of procedural confusion is determining which families are eligible for subsidized guardianship. DCF defines eligibility based on whether the case meets the criteria for subsidized guardianship: a child who has been in foster care for 9 months and is currently placed with a guardianship order in a licensed relative (or like-kin) home. These criteria determined the initial selection of Phase I cases with a guardianship order predating January 1, 2006, which were screened and sent to court without random assignment. However, any case with a child placed with a licensed relative for 9 or more months (except fast track cases) that did not have a guardianship order under Ch. 48 dated by January 1, 2006, later became part of Phase II. These cases were randomly assigned to the evaluation's intervention or comparison group, and only the intervention cases were then "eligible" to receive subsidized guardianship by the demonstration's definition.

Although random assignment information is available in eWiSACWIS, case managers did not know where to look. Case managers also received letters informing them of the assignment for each case, but those letters were not always received immediately. Some reported that the caregivers often learned they were assigned to the intervention group before the case managers knew, and the case managers found out when the caregiver called to ask questions about his/her assignment letter. From the focus groups conducted as of June 2007, the point persons had not received random assignment spreadsheets or letters for 3 months. Permanency consultants sometimes did not find out about the random assignment until months later. The courts were also unclear on how to determine assignment status, and case managers did not know what to do when on several occasions the court ordered guardianship for children that were not eligible for subsidized guardianship due to assignment to the comparison group.

Similar confusion was reported with regard to like-kin cases. Case managers were supposed to recommend families that fit the definition, but the case managers did not know the official definition of like-kin, who determined like-kin cases, or how these cases were to be handled. Until February 2008, BMCW had not distributed an official definition of like-kin, leading to confusion and misidentification as like-kin of cases that did not fit the definition.



### 3.4.3 2008 Training Sessions

In 2007, BMCW began planning another series of training sessions for staff to be held in mid-2008. Training materials and written procedures were finalized in May 2008. Five training sessions were held in the summer and fall, given by a curriculum and instruction manager from the University of Wisconsin, the DCF program evaluator, and two of the current point people. Attendance at one of these trainings was required for case management staff, and all the sessions were reported as well attended.

The training gave an overview of the program, procedures, and benefits to families using a slide presentation and a number of handouts. Topics included the following:

- The history of the subsidized guardianship waiver in Wisconsin;
- Eligibility requirements and the random assignment process;
- Goals and activities of the evaluation;
- Results from the interim evaluation report;
- Permanency and concurrent planning;
- Subsidized guardianship decision making and casework procedural information;
- Talking points for discussion of subsidized guardianship with families;
- eWiSACWIS and court procedures; and
- Subsidized guardianship resources and point people.

Trainees received a packet of materials that included the following:

- A printout of the eWiSACWIS screen showing children's random assignment results;
- The decision making checklist for use with the family;
- A permanency planning decision guide;
- A list of planning options for children;
- The definition of like-kin;
- Packet of documents used for subsidized guardianship cases in the courts;
- Case manager procedures;
- A subsidized guardianship scenario;
- The order for child support based on guardianship; and
- A 3-page *Frequently Asked Questions* document that covered a number of procedural issues.

Trainers also worked to dispel certain misconceptions about the subsidized guardianship program that had become prevalent among case management staff. In particular, trainers clarified that adoption does not have to be ruled out before pursuing subsidized guardianship and that caregivers do not have to be related to the child to qualify for the program (the “like-kin” cases). The presentation also noted that a judge cannot order a child into subsidized guardianship and that case managers can still pursue other forms of permanence (i.e., reunification and adoption) until the subsidized guardianship procedure is finalized.

#### **3.4.4 Ongoing and Future Training**

BMCW has also incorporated subsidized guardianship into the initial training modules for new case managers. This is an especially important step due to the high turnover rate of workers at the agencies, which is a significant problem at child welfare agencies nationwide. In 2003, BMCW reported a 30 percent rate of turnover among ongoing case management staff employed by private agencies. In 2004, the staff turnover rate was 39 percent, and in 2005, the turnover rate was 33 percent. BMCW began staff retention initiatives in late 2005, reducing this rate to 26 percent for 2006. The turnover rate increased again to 34 percent in 2007 and 35 percent in 2008, before dropping back to 30 percent for 2009.<sup>13</sup>

Subsidized guardianship is now part of the training module on permanency planning as part of the legal guardianship subsection. The subsidized guardianship section of the module consists of the *Frequently Asked Questions* document and a list of differences between adoption and legal guardianship. The *Frequently Asked Questions* document contains some outdated contact information, but is unlikely to be updated before the end of the waiver.

As of the end of 2009, BMCW had no plans for additional training sessions specific to subsidized guardianship.

### **3.5 Perceptions of Subsidized Guardianship**

#### **3.5.1 Case Managers, Point Persons, and Permanency Consultants**

When surveyed through focus groups and the online case manager survey in 2006 and 2007, attitudes toward subsidized guardianship among case managers, supervisors, and

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<sup>13</sup> Jeanine B. *Settlement Agreement Report of the Bureau of Milwaukee Child Welfare*. 2009. Office of Performance and Quality Assurance, Bureau of Performance Management, Performance Review and Evaluation Section, Wisconsin Department of Children and Families, December 2009. [http://dcf.wisconsin.gov/bmcw/progserv/AboutBMCW/generalinfo/settlement\\_2009.pdf](http://dcf.wisconsin.gov/bmcw/progserv/AboutBMCW/generalinfo/settlement_2009.pdf)

permanency consultants were found to be generally supportive. Although there was a strong sense of adoption being the preferred, more permanent option, they thought subsidized guardianship was a good permanency option for some families where adoption is not possible or would be disruptive to family relationships.

In the case manager survey, 75 percent of case managers agreed that subsidized guardianship is good because it does not require TPR, and 61 percent agreed subsidized guardianship is good because it allows birth parents a chance to reunite with their children in the future. When comparing guardianship to adoption, 42 percent agreed that guardianship is as permanent for children as adoption, while 59 percent did not feel that guardianship is as permanent as adoption.

Part 2 of the case manager survey asked case managers about permanency planning for the study children in their caseload. Questions centered on discussions at the last family meeting or group conference. Respondents reported that 5 percent discussed only adoption at the last family meeting; 27 percent discussed only guardianship (both subsidized and unsubsidized); 22 percent discussed both options; 22 percent discussed neither option; and 24 percent did not know what options were discussed. Of those cases where adoption or legal guardianship were discussed, case managers reported that 34 percent of families accepted legal guardianship; 36 percent accepted adoption; 25 percent accepted neither option; and 4 percent did not know. Of those cases where neither option was accepted, the most prominent reasons were that reunification had not yet been ruled out (35%) or that there was concern that the child could lose some benefits or services (16%).

In cases where adoption was discussed but not accepted, 42 percent of those caregivers did not want to change their family relationships by adopting the child; 20 percent were opposed to TPR; and 21 percent were concerned about behavioral issues. Out of those families, case managers reported that 31 percent would use subsidized guardianship, while the rest were either not interested (35%) or not eligible (25%) due to assignment to the comparison group. In cases where neither permanency option was discussed at the last family meeting, case managers reported that some children were opposed to adoption (25%) or were too close to the age of majority (21%). Most case managers (66%) selected the "Other" response, with the primary reasons being that either nobody had attended the last family meeting, or permanence decisions had been made at a previous meeting or hearing.

Follow-up discussions with the current point people in late 2009 showed that subsidized guardianship continues to receive strong support in Milwaukee. All three point people stated that case managers are enthusiastic about subsidized guardianship and are looking forward to having it as a normal permanency option without the restrictions of random assignment. One point person stated that case managers ask on a near-weekly basis when random assignment will end and allow them to offer subsidized guardianship to all eligible families. Adoption is still the preferred outcome and will likely remain so, but subsidized guardianship is viewed as a good solution for families who no longer require case management but do not wish to adopt.

### **3.5.2 Judges and Other Court Parties**

During focus groups held in the fall of 2006 and the summer of 2007, the Milwaukee County judges, court commissioners, and other court staff viewed the subsidized guardianship program in a positive light. They felt that the program was beneficial to children who were in stable placements, relieving them of the anxiety of foster care and having to come to court. They felt that it freed up significant court resources of time and money that could be used to help children in greater need. This was particularly true of Phase I cases, which were seen as a "clean pool" of prescreened cases that could be easily converted to subsidized guardianship. Follow-up communication with past focus group participants in the fall of 2009 demonstrated that the positive attitude about guardianship had not changed.

Although the evaluation team was not able to hold additional focus groups with court personnel for the purposes of completing the final evaluation report, it did seem important to ask follow-up questions about the subsidized guardianship waiver demonstration. Members of the juvenile court community (judges, DAs, public defenders, guardians ad litem) in Milwaukee County were asked to respond to the following question, "Have you seen a change in the use of or in the attitude about the subsidized guardianship permanency option over the final year and one-half of the program?" The respondents seemed to agree that there has been no change in the legal and court personnel's attitude about guardianship. All agreed that guardianship is a good addition to the permanency continuum. Although the goal is not appropriate for all children living with relatives, the professionals felt it is appropriate for some children residing in relative care.

In the initial focus groups, all court respondents agreed that there is a strong push toward permanence because of federal *Adoption and Safe Families Act (ASFA)* laws. Adoption remains the option preferred by most court offices because it is believed to be the most permanent. However, most court officials agreed that alternative options might better serve the child's best

interests. While adoption is more binding, it is also a more traumatic event for families: changing names, birth certificates, and family dynamics and stirring up strong feelings for family members and children. Subsidized guardianship provides a more seamless transition to permanence for the children or families because the relationships stay the same, and there are no name changes or contentious court hearings regarding TPR.

Most respondents agreed that legal adoption was perceived as more permanent than subsidized guardianship because the birth parent has no standing anymore for regaining custody of the child. Even though both finalized adoptions and subsidized guardianship cases can experience temporary interruptions of care or legal dissolutions, most respondents felt there was a lower risk of dissolution with adoption. Some participants felt that subsidized guardianship was not appropriate for younger children because of the risk of relinquishment if caregivers get tired of the commitment or get frustrated with behaviors common during adolescence. Most agreed, however, that there has not been much displacement of children from subsidized guardianship. They noted that TANF-funded kinship guardianships historically had a high rate of displacement, but subsidized guardianship cases may experience less change because the guardianship subsidy is higher than the \$215 in TANF benefits, which reduces the financial stress on the family, and because the TANF recipients were not licensed, which the respondents equated with a lower standard of care.

Whichever option is preferred, all agreed that the decision should be up to the family and the facts about both options should be presented. Most felt that exiting the system to permanence would have a positive effect on the family no matter which option the family chose. The judges felt that families make good decisions about adoption. Judges ask questions regarding permanency decisions on the record, and families can provide reasonable accounts for their permanency choice.

Families who wish to maintain familial relationships or who still hope to return the child to his or her birth parents are more likely to choose subsidized guardianship. One case manager noted that sometimes when a case is heading for adoption and the caregiver receives the letter sent by BMCW informing the caregiver of his or her eligibility for subsidized guardianship, the family will go for subsidized guardianship in order to avoid the TPR. The risk of change may have prompted some caseworkers to withhold information about guardianship from prospective adoptive families during the early stages of the demonstration. Some case managers also noted that families with older children were more likely to choose subsidized guardianship, feeling that the child was too old to be adopted. Licensing standards were another factor, as the licensing

process to become an adoptive parent is more stringent than to become a licensed foster parent, although case managers reported that the process is changing to make the standards the same for both.

During the follow-up discussions, concern was voiced over the lack of program utilization. There was consensus among the respondents that the state is not processing as many subsidized guardianship cases as might have been thought given the number of children who reside with relatives. After the Phase 1 cases exited the system, there was a significant decrease in program utilization. The administrative data show an uptick in 2008, followed by another sharp decline in 2009. One participant suggested that the low numbers might be the result of the transition between the waiver and the federal KinGAP program authorized by the *Fostering Connection to Success and Increasing Adoptions Act* of 2008. In fact, however, Wisconsin's waiver authority was not officially slated to end until September of 2009, and Wisconsin has yet to formally adopt the KinGAP program. Although it is unlikely that the underutilization of the program is the result of the recent changes to federal law, the articulated confusion may result in a lack of utilization of the KinGAP program if adopted.

Several participants indicated that the court is processing many more guardianship cases than subsidized guardianship cases. Because guardianship without a subsidy does not require licensure, the respondents have tied under-utilization of the program directly to caseworker and caregiver sentiments about participating in the licensing process. One participant stated, "I know the DA's office routinely asks whether the relative knows about the financial benefits of becoming licensed and becoming a subsidized guardian. The answer most often is: they don't want us in their business; they don't have time; they don't need the money; and they don't need to be licensed to care for their grandchild." Another respondent also suggested that in addition to relatives' concerns about the licensing process, case managers, despite much training, do not see the benefit of licensing a relative unless the caregiver is willing to adopt the child in the home. This respondent indicated that a significant amount of time is spent explaining the benefits of subsidized guardianship to uninformed case managers who have filed the paperwork for the transfer of guardianship without the subsidy. The case manager, after discussing subsidized guardianship with the family, usually reports that the caregiver does not have the time or the inclination to participate in the licensing process.

A respondent also speculated that program utilization may be low because BMCW staff mistakenly believe that the DA's office is not processing the subsidized guardianship cases. The respondent felt that although there have been a few cases where the DA thought TPR and

adoption were more appropriate options, BMCW did not need to be concerned that the DA would reject cases where subsidized guardianship was the most appropriate option.

### **3.5.3 Caregivers and Children**

In focus groups, caregivers who had accepted subsidized guardianship said they were satisfied with guardianship and did not think adoption would have been the right option for their family. Concern centered on TPR and the alteration of existing family relationships. Subsidized guardianship allowed the family to retain its structure and dynamics while establishing permanence for the child. Grandmothers and aunts did not become "mother" to the child, and the birth parents could remain involved in the child's life. Most reported that the relationship with the child's birth parents was not altered by the transition to subsidized guardianship.

The primary motivation for these families to accept subsidized guardianship seems to be the chance to exit the foster care system while still receiving needed payments. Several caregivers described a feeling of relief and a sense that their family could be normal again. Permanence removed the stigma of foster care from the children and freed the family from disruptions to their day-to-day lives such as court dates, family meetings, and visits by the case manager to the home and school.

For the children, subsidized guardianship did not represent a significant change in their lives, except for the absence of social workers and court dates. In a separate focus group, children who had entered subsidized guardianship discussed the feeling of having a more normal family, and all were glad not to have visits from case managers at home and school anymore. Their lives and relationships have otherwise remained the same, with the same sense of permanence they already had.

Concerns about subsidized guardianship focused mostly on the need for services. Some caregivers were not concerned about services, but those who had children with special needs were worried that they would not be able to obtain the services they needed after permanence. They received intensive services while in the foster care system, but lost access to all but those services covered by Title XIX. Most caregivers did not know what services they were still entitled to nor whom to call to find out. This concern was expressed both by caregivers who had accepted subsidized guardianship and those who had adopted.

### 3.6 Summary

Perceptions of subsidized guardianship as a permanency alternative seem to be largely positive among stakeholders. Opinions gathered in both rounds of focus groups, as well as in the case manager survey and from the BMCW point people, show that caregivers, courts, and case management staff view subsidized guardianship as a good alternative permanency option for some families. Adoption is still considered the more permanent option among stakeholders because it is more legally binding, but where adoption is not appropriate or wanted, subsidized guardianship provides a lasting form of permanence.

After the *Interim Evaluation Report* was released in May 2008, the evaluation team presented the findings to the Milwaukee Child Welfare Partnership Council. Shortly after the presentation, the chair of the Partnership Council wrote a letter to Wisconsin governor Jim Doyle encouraging Wisconsin to support federal legislation to make subsidized guardianship into a national program. The letter expressed the Partnership Council's opinion that the subsidized guardianship program was in the best interests of children in relative care and their caregivers.

A significant issue that remains is the fear of losing needed services after the move to subsidized guardianship. There seems to be confusion among both case managers and caregivers as to what services will be available to them after subsidized guardianship and whom they should call to find services. This is a particular issue for families with children who have special needs or disabilities. These families rely on the services they receive through the foster care system and may remain in the system in order to keep these services long after stability has been achieved.



#### 4. Impact Findings and Discussion

Chapter 4 discusses the major findings from the evaluation analyses. These include analyses of child and caregiver characteristics, social capital and permanence, stability and safety, caregiver plans for permanence, and cost neutrality.

Table 4.1 shows the numbers of children enrolled in the demonstration and sampled for each component of the analysis. Subcategories show the number of cases excluded from each analysis component and the reason for exclusion

**Table 4.1 Sample sizes for components of the analysis**

			<b>Intervention</b>	<b>Comparison</b>
<b>Enrolled in demonstration</b>	<b>Assessed for eligibility</b>	<b>833</b>		
	<i>Phase I exemptions</i>	139	--	--
	<i>Phase II exemptions</i>	83	--	--
	<i>Did not meet inclusion criteria</i>	35	--	--
<b>Equivalence analysis</b>	<b>Randomized</b>	<b>576</b>	<b>288</b>	<b>288</b>
	<i>Assigned between March 31 and September 29, 2009</i>	46	26	20
	<i>Discharged prior to interview</i>	23	10	13
	<i>Unlicensed caregiver</i>	13	3	10
	<i>Youth institutionalized or runaway</i>	8	4	4
<b>Outcome analysis</b>	<b>Eligible for interview</b>	<b>486</b>	<b>245</b>	<b>241</b>
	<i>Refused to participate</i>	20	7	13
	<i>Non-locatable/ max. contacts</i>	10	2	8
<b>Survey analysis</b>	<b>Interviewed</b>	<b>456</b>	<b>236</b>	<b>220</b>
	<i>Received intended intervention*</i>	359	139	220
	<i>Did not receive intended intervention</i>	97	97	0
<b>Benefit-cost analysis</b>	<b>Complete cost data</b>	<b>451</b>	<b>235</b>	<b>216</b>

\* Refers to numbers in the intervention group who recall being informed about guardianship assistance and the numbers in the comparison group who were not informed as intended.

##### 4.1 Characteristics of Children and Caregivers: Administrative Data

This section of the report examines selected characteristics of the randomized sample of all 576 children and their caregivers, the 486 children and caregivers who were deemed eligible for the caregiver interview, and the 456 children and caregivers who completed the interviews. The data in this section are based on AFCARS data that the state regularly submits to the federal government for IV-E eligibility audits and Children and Family Services Reviews (CFSR).

Tables 4.2 and 4.3 compare the characteristics of the randomized, eligible, and interviewed samples in order to assess the impact of sample attrition on the statistical equivalence of the original randomized groups. The data show that statistical equivalence was successfully achieved between the intervention and comparison groups on all of the variables available from AFCARS. Even though, as shown above in Table 4.1, there was attrition of 9 children in the intervention group and 21 children in the comparison group who could not be interviewed because either the caregiver refused to participate or could not be located, the loss of subjects was random enough so that statistical equivalence was maintained between the two groups.

One difference that deserves special mention is the larger percentage of IV-E eligible children in the intervention group than in the comparison group. While this results in fewer imputed IV-E claims for the intervention group (see Section 4.7 for further discussion), the difference is not statistically significant based on a chi-square test. All the remaining differences are slight enough so that it can be concluded that the statistical equivalence of the original randomized sample has been successfully preserved on the other co-factors for both the eligible and interviewed samples. Because the weighted interview sample so closely approximates the distributions for the eligible sample, further analyses can be restricted to only the interviewed sample that provides a much richer assortment of variables for drawing comparisons.

**Table 4.2 Characteristics of randomized and eligible samples**

	Randomized			Eligible		
	Intervention	Comparison	Difference	Intervention	Comparison	Difference
<b>Child characteristics</b>						
Female	53.3%	47.8%	5.5%	52.2%	47.7%	4.5%
Under 6 years old	42.2%	34.5%	7.7%	40.4%	35.1%	5.3%
6 to 11 years old	30.0%	37.3%	-7.3%	31.8%	37.2%	-5.4%
12 years old and older	27.9%	28.2%	-0.3%	27.8%	27.6%	0.2%
White	26.0%	23.0%	3.0%	26.1%	21.7%	4.4%
Black	75.4%	75.4%	0.0%	76.3%	74.9%	1.4%
Race unknown	1.1%	1.1%	0.0%	1.2%	1.3%	-0.1%
Hispanic origin	6.4%	8.5%	-2.1%	5.4%	7.7%	-2.3%
Diagnosed disability	11.0%	13.9%	-2.9%	11.6%	15.8%	-4.2%
Mental retardation	0.4%	0.7%	-0.3%	0.4%	0.8%	-0.4%
<b>Principal caregiver family structure</b>						
Married couple	6.7%	7.4%	-0.7%	7.5%	7.6%	-0.1%
Unmarried couple	13.4%	11.3%	2.1%	13.7%	10.2%	3.5%
Single female	75.6%	77.5%	-1.9%	74.3%	78.8%	-4.5%
Single male	4.2%	2.5%	1.7%	4.6%	1.7%	2.9%
Undetermined	0.0%	1.5%	-1.5%	0.0%	1.7%	-1.7%
<b>First 6-month placement setting</b>						
Pre-adoptive home	4.2%	4.2%	0.0%	5.0%	3.8%	1.2%
Kinship foster home	80.2%	80.6%	-0.4%	81.7%	81.8%	-0.1%
Non-related foster home	11.7%	9.5%	2.2%	10.8%	9.3%	1.5%
Group home	2.5%	2.5%	0.0%	1.7%	1.7%	0.0%
Institution	0.4%	1.1%	-0.7%	0.4%	1.3%	-0.9%
Other	1.1%	2.1%	-1.0%	0.4%	1.1%	-0.7%
<b>Resource home structure</b>						
Married couple	35.8%	27.6%	8.2%	35.4%	26.8%	8.6%
Unmarried couple	4.6%	7.4%	-2.8%	2.0%	2.6%	-0.6%
Single female	53.5%	53.7%	-0.2%	56.3%	57.9%	-1.6%
Single male	2.1%	5.7%	-3.6%	2.1%	3.2%	-1.1%
Not applicable	3.9%	5.7%	-1.8%	2.5%	5.1%	-2.6%
Title IV-E eligible*	61.7%	57.5%	4.2%	63.5%	59.5%	4.0%
Sample N (Sibling Clusters)	178	177		150	150	
Sample N (Children)	288	288		245	241	

**Table 4.3 Characteristics of eligible and interviewed samples**

	Eligible			Interviewed (Weighted)		
	Intervention	Comparison	Difference	Intervention	Comparison	Difference
<b>Child characteristics</b>						
Female	52.2%	47.7%	4.5%	52.7%	46.0%	6.7%
Under 6 years old	40.4%	35.1%	5.3%	41.9%	35.8%	6.1%
6 to 11 years old	31.8%	37.2%	-5.4%	32.0%	37.0%	-5.0%
12 years old and older	27.8%	27.6%	0.2%	27.0%	27.2%	-0.2%
White	26.1%	21.7%	4.4%	26.0%	22.0%	4.0%
Black	76.3%	74.9%	1.4%	76.1%	75.9%	0.2%
Race unknown	1.2%	1.3%	-0.1%	1.5%	1.8%	-0.3%
Hispanic origin	5.4%	7.7%	-2.3%	4.7%	7.1%	-2.4%
Diagnosed disability	11.6%	15.8%	-4.2%	11.5%	16.8%	-5.3%
Mental retardation	0.4%	0.8%	-0.4%	0.4%	0.9%	-0.5%
<b>Principal caregiver family structure</b>						
Married couple	7.5%	7.6%	-0.1%	7.2%	6.4%	0.8%
Unmarried couple	13.7%	10.2%	3.5%	14.1%	11.3%	2.8%
Single female	74.3%	78.8%	-4.5%	73.8%	78.5%	-4.7%
Single male	4.6%	1.7%	2.9%	4.9%	2.0%	2.9%
Undetermined	0.0%	1.7%	-1.7%	0.0%	1.9%	-1.9%
<b>First 6month placement setting</b>						
Pre-adoptive home	5.0%	3.8%	1.2%	5.1%	4.1%	1.0%
Kinship foster home	81.7%	81.8%	-0.1%	83.0%	80.6%	2.4%
Non-related foster home	10.8%	9.3%	1.5%	9.4%	10.3%	-0.9%
Group home	1.7%	1.7%	0.0%	1.7%	1.8%	-0.1%
Institution	0.4%	1.3%	-0.9%	0.4%	0.9%	-0.5%
Other	0.4%	1.1%	-0.7%	0.4%	2.3%	-1.9%
<b>Resource home structure</b>						
Married couple	35.4%	26.8%	8.6%	35.9%	26.2%	9.7%
Unmarried couple	3.8%	6.0%	-2.2%	3.9%	6.4%	-2.5%
Single female	56.3%	57.9%	-1.6%	55.5%	57.7%	-2.2%
Single male	2.1%	4.3%	-2.2%	2.1%	4.7%	-2.6%
Not applicable	2.5%	5.1%	-2.6%	2.6%	5.0%	-2.4%
<b>Title IV-E eligible</b>	63.5%	59.4%	4.1%	63.8%	58.3%	5.5%
Sample N (Sibling Clusters)	150	150		143	138	
Sample N (Children)	245	241		250.727	235.172	

## 4.2 Additional Characteristics of Children and Caregivers: Survey Data

The comparisons in this section are based on the responses provided by the caregivers in their telephone interviews. The completed interviews provide data on the 456 children who were randomly assigned to the intervention group ( $N=236$ ) and comparison group ( $N=220$ ). The characteristics of the children are described first. Next, we will examine the characteristics of the caregivers. Referenced tables can be found in Appendix A.

### 4.2.1 Child Characteristics

As shown in Appendix Table A.1, the survey data for the interview sample of 456 children, like the AFCARS data, show statistical equivalence after weighing for non-response in the proportions of males (50.6%) and females (49.4%) between the intervention and comparison groups. The weighted survey responses for the 486 children (rounded to whole numbers) match within a few tenths of a percent the proportions for children's gender generated from administrative data (compare Appendix Table A.1 to Table 4.2 above). Likewise, there were no significant differences in respondents' reported race, Hispanic origins, age, or school grade level for the children. The respondent reports of child Hispanic origins are slightly higher than recorded in administrative data. This is not unusual since administrative records are often based on sight impressions of race observed by workers rather than on self-reports by clients. This may also account for the greater proportion of whites reported in the AFCARS data compared to the survey data. The age distributions match once allowances are made for the fact that the survey data record age of the child at the time of the interview while the calculation based on administrative data was at the time of the child's enrollment in the demonstration. In general, the interviews occurred within 3 to 9 months of the child's enrollment in the demonstration.

There were slight differences in the health status of the two groups. A slightly larger proportion of children in the comparison group (12.5%) were reported to be in fair or poor health than the intervention group (8.5%, sig. = .086). Although there were no differences between the two groups with respect to the disability status of the children, there is a large discrepancy between the administrative and survey data. AFCARS asks states to identify if a child has been clinically diagnosed with one or more disabilities. The data reported above in Table 4.2 show that approximately 17 percent of surveyed children in the comparison group and 12 percent in the intervention group received a disability designation in AFCARS. In contrast, when telephone interviewers asked caregivers whether the children had special needs or disabilities—for example, physical difficulties, emotional, language, hearing, or learning difficulties, or other special needs-

-57 percent of children in the comparison group and 53 percent of children in the intervention group were reported by their caregivers to have such a disability or special need. However, when caregivers were asked about a specific type of special need, such as mental retardation, the survey responses (less than 1%) were more in line with AFCARS data (see Table 4.2). Similar proportions of children in both the intervention and control groups were reported to have Individualized Education Plans (average = 37%), which is high compared to the general population of children.

Although randomization helps to ensure statistical equivalence, statistical differences can exceed conventional thresholds of significance by chance. A few differences between the intervention and comparison groups in the survey data are larger than expected. These include the respondents' reported use of substances by children (sig. = .032) and the amount of time the child was said to reside in the respondent's home (sig. = .033). Other remaining differences reported in Appendix A are small enough to ignore, including the presence of other children in the home, the caregiver's acquaintance with the biological parents, and siblings living elsewhere.

One interesting difference that trends toward statistical significance (sig. = .116) involves children's permanency planning options. This is considered a child characteristic because caregivers were asked separately about each child under their care. Because the telephone interviews were timed to occur 3 months to 9 months after assignment so that caseworkers would have an opportunity to hold a permanency meeting with caregivers, it was expected that some of the responses would be influenced by these discussions. Approximately 25 percent of the children in the comparison group had caregivers who reported that they were leaning toward remaining in the foster care system compared to 14 percent in the intervention group. Although not statistically significant by conventional standards, it is plausible that knowledge of the subsidized guardianship program, which was shared with the intervention group but withheld from the comparison group, could help account for the difference. The impact of the availability of subsidized guardianship on permanency planning and outcomes will be addressed more fully in Section 4.3.

#### 4.2.2 Caregiver Characteristics

As with the children, randomization also helps to even out the characteristics of respondent caregivers. Most of the caregivers who responded to the survey were female (92%). The two groups of caregivers were also evenly distributed by age, race, Hispanic origins, marital status, and relationship to the children. According to the data in Appendix A (Table A.28), 24.7 percent of the caregivers were age 55 years or older; 33.2 percent were between the ages of 45 and 54 years; and 42.1 percent were under the age of 45. There were no significant differences in the caregivers' age between the intervention and comparison groups (sig. =.933). Likewise, there were no significant group differences in the racial and Hispanic composition of the caregivers. According to the data in Tables A.29 and A.30, 21.4 percent of the caregivers in the intervention group were white, 73.7 percent were Black, and 6.2 percent were of other races or ethnicities. These percentages do not add up to 100 percent because respondents could identify with multiple racial categories. Similarly the distributions of Hispanics/Latinos were approximately the same in both groups, around 6 percent (sig. =.377).

The caregivers' marital status was also very similar across the two groups. According to the data in Table A.31, the proportion of caregivers who were currently married did not differ significantly between the intervention (29.3%) and comparison (34.4%) groups. There were also no significant differences in the proportions who were previously married or who were never married (sig. =.565). The caregivers' relationship to the children also did not differ to any appreciable degree (sig. =.273). About 26 percent were grandparents, 23 percent were aunts or uncles, 35 percent were other relatives, and 14 percent were either in-laws or unrelated by blood.<sup>14</sup> A small percentage had multiple relationships to the children under their care, i.e., related by blood to some siblings but unrelated to other (half-) siblings.

There were also no significant differences by educational status, household income, material hardship, caregiver health, religious attendance, experience raising other children, presence of other adults in the home, and availability of relatives and friends outside of the home who could lend a hand with the children. In addition, we included questions that attempted to measure the density of caregivers' support networks, which social scientists conceptualize as *social capital*. Broadly conceived, social capital refers to resources that accrue to persons from their social ties. These include both material resources, such as the exchange of physical help and financial assistance; intangible ones, such as emotional and informational support; as well as access to resources in other networks, such as help in finding a job. Based on our earlier work, we

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<sup>14</sup> Of the 40 non-relative caregiver respondents, half were identified as like-kin. There is some ambiguity about the relationships of the remaining respondents.

hypothesized that the availability of subsidized guardianship would moderate the impact of social capital on permanency planning and outcomes. These ideas are explored more fully in the next section. Suffice it to say, randomization also helped by and large to balance out the accumulation of social capital between the two groups.

One difference that exceeded the threshold of statistical significance was caregiver disability: about 11 percent of the caregivers in the intervention group reported having any physical or emotional disabilities, whereas 22 percent in the control group reported having any disabilities. Again with multiple tests of significance, one can expect some differences to arise simply by chance. We control for this difference in disability status in subsequent analyses.

Returning to the caregiver characteristics that were similar, the data in Table A.33 show that 16 percent of caregivers had less than a high school education, 30 percent had a high school diploma or GED, 40 percent had some college, and 14 percent had a college or graduate degree. Table A.34 shows that 58 percent of the caregivers worked full-time; 15 percent worked part-time; and 27 percent were retired or not working. Thus, three-fourths of the caregivers were in the paid workforce. There were no significant differences in the work status of caregivers between the intervention and comparison group (sig. =.231).

According to the data in Table A.35, 36.6 percent of the caregivers had incomes of \$40,000 or more, while about one-third (33.5%) had incomes between \$20,000 and \$40,000, and 29.8 percent had incomes below \$20,000. Once again, there were no significant differences in caregivers' income between the intervention and comparison groups (sig. =.580). Despite their limited financial resources, most of the caregivers said that they had enough money to maintain their household family. About 92 percent of the caregivers reported having enough money. The difference between the intervention and comparison groups was statistically indistinguishable from zero (sig. =.251).

The majority of caregivers reported that they were in good to excellent health (86%). There were no significant differences in caregiver health status between the intervention or comparison groups (sig. =.540). According to the data in Table A.39, about 72 percent said that they attended religious services in the past month. There were no significance differences in religious attendance between the intervention and comparison groups (sig. =.426).

According to the data in Table A.40, nearly half (46%) of the caregivers had raised children (other than their own children) in addition to the children currently under their care.



Again there were no significant differences in such prior child-rearing between the intervention and comparison groups (sig. =.695).

Caregivers split fairly evenly between those who had other adults in the home who regularly cared for and supervised the children (46.3%) and those who were on their own (54.3%). About 46 percent of caregivers also said that they could rely on some support from relatives or friends outside of the home. Finally, 96 percent of the caregivers said that they could depend on family members to care for the children, if they were suddenly to become ill or impaired. These findings suggest that the majority of caregivers have some additional caretakers they can count on for some support with the children. There were no significant differences in these networks between the intervention or comparison groups.

### 4.3 Social Capital and Permanence

The social support available to caregivers both inside and outside the home is potentially an important consideration in the decision to become a permanent caregiver. In recent years, the concept of social support has been subsumed under the broader concept of social capital, which encompasses the wide variety of resources that are accessible to people through their social ties. In the survey, we asked a battery of questions that sought to measure the density of caregivers' social networks and the types of resources that were accessible to them through those ties. The questions were adapted from the resource generator instrument developed by Snijder (1999) that asks about access to resources across several domains, e.g. material exchange, emotional support, job finding, and information sharing. In addition, it measures the strength of these ties as indicated by resources accessible from family members (strong ties), close friends and neighbors (moderate ties), or acquaintances (weak ties). Respondents were also asked about their access to occupations through these same sources. In accordance with Granovetter's (1973) theory of the "strength of weak ties," the prestige scores of occupations accessible to respondents average higher among personal acquaintances than among family members. This is consistent with the notion that family members tend to be a richer source of *bonding social capital*, which links persons to resources based on shared identity, whereas personal acquaintances tend to be a richer source of *bridging social capital*, which links persons to opportunities across social diversity.

Table 4.4 displays the scores for the different types of social capital. As indicated by the high *p*-values, most of the differences in social capital are statistically indistinguishable from zero. The lone exception is emotional support, which trends toward significance at the .057 level. Likewise the average prestige of occupations accessible to caregivers through strong and weak ties is similar as are the scores for bonding social capital. It can be hypothesized that scarce

supplies of social capital, especially the exchange of material goods and services, will tend to reduce the willingness of caregivers to become permanent caregivers because the burden of care will fall more heavily on them after they exit the foster care system. The availability of subsidized guardianship is expected to moderate this effect because financial support will continue after they leave, which could help to alleviate some of the caregiving burden. These hypotheses are explored with the survey data in Section 4.6.3.

**Table 4.4 Measures of social capital by intervention/comparison groups**

Social Capital		Intervention group	Comparison group	<i>p</i> value
<b>All forms</b>	Range	0-41	8-42	.247
	Mean	24.0	25.3	
Material exchange <sup>1</sup>	Range	0-21	3-21	.250
	Mean	11.6	12.3	
Emotional support <sup>2</sup>	Range	0-6	0-6	.057
	Mean	4.7	5.0	
Job networking support <sup>3</sup>	Range	0-6	0-6	.511
	Mean	3.1	3.3	
Other informational support <sup>4</sup>	Range	0-9	0-9	.577
	Mean	4.6	4.8	
<b>Occupational prestige</b>	Range	12-100	12-100	.896
	Mean	63.1	63.1	
Family members	Range	12-90	12-90	.664
	Mean	62.1	62.9	
Close friends and neighbors	Range	12-100	12-100	.162
	mean	63.4	60.9	
Personal acquaintances	Range	12-100	12-100	.833
	Mean	66.5	67.0	
<b>Continuum of social capital</b>	Range	0-15	0-15	.535
	Mean	9.7	9.9	
Bonding (strong) <sup>5</sup>	Range	0-10	0-10	.792
	%	8.5	8.5	
Bridging (weak) <sup>6</sup>	Mean	0-5	0-5	.395
	%	1.2	1.4	

<sup>1</sup>Constructed from Caregiver Survey Items: I6b, I6c, I6d, I6f, I6g, I6k, I6l (Appendix C).

<sup>2</sup>Caregiver Survey Items: I6m, I6n, I6o (for family and close friend/neighbor).

<sup>3</sup>Caregiver Survey Items: I6a, I6j.

<sup>4</sup>Caregiver Survey Items: I6e, I6h, I6i.

<sup>5</sup>Caregiver Survey Items: I6b, I6c, I6d, I6f, I6g, I6k, I6l, I6m, I6n, I6o (for family only)

<sup>6</sup>Caregiver Survey Items: I6a, I6e, I6h, I6i, I6j (for personal acquaintances only).

#### **4.4 Permanence, Stability, and Safety**

##### **4.4.1 Long-Term Foster Care, Length of Stay, and Family Permanence: Administrative Data**

Three of the key evaluation hypotheses posed in Wisconsin’s terms and conditions for the waiver demonstration are whether the offer of subsidized guardianship would: (1) reduce the number of children remaining in long-term foster care, (2) reduce the length of stay for children in out-of-home care, and (3) increase rates of permanence for children in foster care. The “gold standard” for drawing such causal inferences is the randomized controlled experiment. By leaving the selection of group participants to a chance process, such as flipping a coin, drawing a lottery, or consulting a table of random numbers, the laws of probability help to ensure that the intervention and comparison groups are statistically equivalent within the bounds of chance error on both observable and unobservable characteristics prior to the start of the intervention. If after the intervention differences in outcomes emerge, it is reasonable to infer that the cause of the difference is the intervention itself rather than any pre-existing differences between the groups.

Table 4.5 presents the results of an ITT analysis of all 486 children who were deemed eligible for caregiver interviews. An ITT analysis treats all subjects as if they received the treatment to which they were allocated. This approach preserves the statistical equivalence of the original group assignments, but it yields an unbiased estimate only of the effect of being allocated to the intervention and not the effects of actually receiving the intended treatment. For the ITT analysis, the time period on which the calculations are based is the date of assignment to the demonstration through September 30, 2009.

The ITT results show that assignment to the intervention group resulted in statistically significant differences in permanency outcomes for all three of the key hypotheses.<sup>15</sup> Children assigned to the intervention group were: (1) less likely to remain in long-term foster care (difference = -17.1 percentage points); (2) in foster care for shorter durations (mean difference = -141 days); and (3) more likely to exit to a permanent home through reunification, adoption, guardianship, and relative custody<sup>16</sup> (difference = 18.8 percentage points). Two observations are

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<sup>15</sup> The statistical tests of the three key hypotheses, comparing the intervention to the comparison group, are as follows: (1) -17.1 percentage point difference in the fraction of children who never exited from long-term foster care, which is statistically different from no difference (0%) at the .002 level for a one-tailed test. Because of sampling error, the true percentage point difference could be as large as -28.7 or as small as -5.5, with a 5 percent risk that the true proportion falls outside of this range (95% CL); (2) -141 days of foster care on average, which is statistically different from a mean difference of zero at the .01 level for a one-tailed test; and (3) 18.8 percentage point difference in the fraction of children who exited to permanence and never reentered foster care, which is statistically different from no difference at the .001 level for a one-tailed test. Because of sampling error, the true percentage point difference could be as large as 30.5 or as small as 7.1, with 95 percent confidence.

<sup>16</sup> Children who exit foster care to a permanent home but later return to custody are excluded from the permanency count for this comparison. For an analysis of first permanency exits, see Section 4.6.4 below.

also worth noting: First, the rate of adoption is slightly higher in the intervention group but is statistically indistinguishable from the comparison group, suggesting that subsidized guardianship did not supplant adoption as a viable permanency option for relative foster caregivers. Second, all 56 children in the intervention group who exited to permanent guardianship used the new subsidized guardianship option.

One issue that the demonstration results helped to shed some light on was the concern that the availability of subsidized guardianship would dissuade workers from pursuing reunification. There was no detectable difference in reunification rates at the time of the *Interim Report*. With a longer observation period, however, there was a slightly lower rate of reunification in the intervention group compared to the comparison group, but again the difference is not statistically significant. Furthermore, the concern needs to be tempered by the finding that while more reunifications occurred in the comparison group, there were a higher number of re-entries into foster care from comparison group homes compared to intervention group homes. Four of the five re-entries in the comparison group involved reunified children. By comparison, only one re-entry occurred in the intervention group, and it involved a guardianship case. Thus, it seems reasonable to surmise that while the absence of a subsidized guardianship option may encourage workers to take greater risks in reunifying children, there is a good chance that many of these permanency gambles will not work out as planned. It will be important to track the post-reunification disruption rates for a longer period to see whether the guardianship option adversely affects rates of permanent family reunification (see Section 4.4.3 for discussion of the impact of social capital on reunification plans).

**Table 4.5 Permanency outcomes by ITT groups, children eligible for caregiver interviews**

Outcomes		Intervention group	Comparison group
<b>Group size</b>	<b>Count</b>	<b>245</b>	<b>241</b>
	<b>%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Long-term foster care</b>	<b>Count</b>	<b>62</b>	<b>95</b>
	<b>%</b>	<b>25.3%</b>	<b>39.4%</b>
	Still in care	24.9%	38.6%
	Runaway	0.0%	0.4%
	Transfer to another agency*	0.4%	0.4%
<b>Reached age of majority</b>	<b>Count</b>	<b>13</b>	<b>20</b>
	<b>%</b>	<b>5.3%</b>	<b>8.3%</b>
<b>Exited to permanence</b>	<b>Count</b>	<b>169</b>	<b>121</b>
	<b>%</b>	<b>69.0%</b>	<b>50.2%</b>
	Reunification with parents	5.7%	9.5%
	Adoption	39.2%	36.5%
	Permanent guardianship	22.9%	1.2%
	Living with other relatives	1.2%	2.9%
<b>Re-entered foster care</b>	<b>Count</b>	<b>1</b>	<b>5</b>
	<b>%</b>	<b>0.4%</b>	<b>2.1%</b>
	From reunification	0.0%	1.7%
	Still in care	0.0%	0.8%
	Aged out	0.0%	0.8%
	From guardianship	0.4%	0.0%
	Still in care	0.4%	0.0%
From other relatives**	Count	0	1
	%	0.0%	0.4%
Days of foster care since assignment***	Sum	119,582	149,580
	Mean	490.1	631.1

\* Includes 1 case discharged with no reason recorded.

\*\* Child subsequently adopted.

\*\*\* 5 cases missing expenditure data.

#### 4.4.2 Long-Term Foster Care, Length of Stay, and Family Permanence: Survey Data

Permanency outcomes for children whose caregivers participated in the survey are reported in Table 4.6. The overall differences found for the eligible sample above hold up when the analysis is restricted to the interviewed sample.<sup>17</sup> Children of interviewed caregivers who were

<sup>17</sup> The statistical tests of the three key hypotheses based on the survey data are as follows: (1) -16.8 percentage point difference in the fraction of children who never exited from long-term foster care, which is statistically different from no difference at the .004 level for a one-tailed test. Because of sampling error, the true percentage point difference

assigned to the intervention group were: (1) less likely to remain in long-term foster care (difference = -16.8 percentage points); (2) in foster care for shorter durations of foster care (mean difference = -143 days); and (3) more likely to exit to a permanent home through reunification, adoption, guardianship, and relative custody<sup>18</sup> (difference = 18.6 percentage points).

The higher rate of permanence in the intervention group translates into an average savings of 143 foster care days as of September 30, 2009, or a total of 22,095 days for all 250 children in the intervention group for whom cost data are available. This translates into an average of \$4,749 in foster care maintenance savings or a total of \$878,798. Most of these foster care maintenance savings are reinvested in adoption and guardianship subsidies. Taking into account the children enrolled in the subsidized adoption and guardianship programs, the average maintenance savings diminishes to \$2,681 or \$198,160 in total.

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could be as large as -28.2 or as small as -4.5, with a 5 percent risk that the true proportion falls outside of this range (95% CL); (2) -143 days of foster care on average, which is statistically different from a mean difference of zero at the .01 level for a one-tailed test; and (3) 18.6 percentage point difference in the fraction of children who exited to permanence and never reentered foster care, which is statistically different from no difference at the .002 level for a one-tailed test. Because of sampling error, the true percentage point difference could be as large as 31.1 or as small as 6.2, with a 95 percent confidence.

<sup>18</sup> Children who exit foster care to a permanent home but later return to custody are excluded from the permanency count for this comparison.

**Table 4.6 Permanency outcomes by ITT groups, interview sample, weighted data**

Outcomes		Intervention group	Comparison group
<b>Group size</b>	<b>Count</b>	<b>250.7</b>	<b>235.2</b>
	<b>%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Long-term foster care</b>	<b>Count</b>	<b>63.7</b>	<b>94.9</b>
	<b>%</b>	<b>25.4%</b>	<b>40.4%</b>
	Still in care	25.0%	39.5%
	Runaway	0.0%	0.5%
	Transfer to another agency*	0.4%	0.5%
<b>Reached age of majority</b>	<b>Count</b>	<b>13.7</b>	<b>17.1</b>
	<b>%</b>	<b>5.5%</b>	<b>7.3%</b>
<b>Exited to permanence</b>	<b>Count</b>	<b>172.4</b>	<b>117.9</b>
	<b>%</b>	<b>68.8%</b>	<b>50.1%</b>
	Reunification with parents	5.9%	9.4%
	Adoption	39.3%	36.3%
	Permanent guardianship	22.3%	1.3%
	Living with other relatives	1.3%	3.1%
<b>Re-entered foster care</b>	<b>Count</b>	<b>1.1</b>	<b>5.3</b>
	<b>%</b>	<b>0.4%</b>	<b>2.2%</b>
	From reunification	0.0%	1.8%
	Still in care	0.0%	0.9%
	Aged out	0.0%	0.9%
	From guardianship	0.4%	0.0%
	Still in care	0.4%	0.0%
	From other relatives**	0.0%	0.5%
Days of foster care since assignment***	Sum	124,132	146,227
	Mean	497.2	634.0

\* Includes 1 case discharged with no reason recorded.

\*\* Child subsequently adopted.

\*\*\* 5 cases missing expenditure data.

#### 4.5 Safety

A critical question is whether the availability of subsidized guardianship compromises the safety of children in out-of-home care. This worry arises because of the potential access of the birth parents, whose rights to visitation remain intact under guardianship orders. This question is difficult to address given administrative procedures that require a change in a child’s identification number once an adoption is finalized. Although a pre-post adoption link file with corresponding child identification numbers was provided by the Wisconsin DCF for the evaluation, post-adoption child identification numbers are not used by CPS Access staff when receiving and logging a report of child abuse or neglect. Rather, another identification number is assigned, and any history of abuse or neglect prior to adoption is no longer connected to the child in question. However, given the adoptive parent’s previous involvement with the child as a foster

care provider, it is possible to indirectly link post-adoption child maltreatment reports to a child through the adoptive parent's identification number. The unique identification number of this individual does not change post-adoption, although the role in the CPS case changes from foster care provider (pre-adoption) to the reference person in a new case (post-adoption). For children who remain in foster care or exit to any other type of permanency, including subsidized guardianship, the child identification number does not change. For these children, linking to child maltreatment reports is straightforward using the child's identification number.

In sum, reports of child abuse and neglect related to the evaluation sample include some reports identified through a direct link involving the child's identification number and some reports identified through an indirect link involving the adoptive parent's (previously, the foster parent's) identification number. Any error associated with either linking procedure is presumed to be equally distributed across the intervention and control groups.

#### **4.5.1 Abuse Neglect Reports Post-Assignment by Group**

Table 4.7 presents the findings from the analysis of child protective services events. Somewhat fewer reports of child maltreatment (regardless of whether they were screened-in for further investigation or substantiated) occurred in the intervention group than in the comparison group (19.18% vs. 24.48%, respectively, but the difference of 5.3 percentage point is not statistically different from zero, sig. =.205). Similarly, no significant differences emerged between the intervention and comparison groups with respect to investigated reports or substantiated reports. Restricting the analysis to reports that occurred after exiting to adoption or subsidized guardianship, equal percentages, 3 percent of the intervention group and 3 percent of the comparison group, received a child maltreatment report, and 1.63 percent of the intervention group and 1.24 percent of the comparison group had an investigated report. None of these post-permanency reports were substantiated. Thus, the evidence strongly suggests that child safety is not compromised when subsidized guardianship is available as a permanency alternative.<sup>19</sup>

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<sup>19</sup> One surprising finding from the analysis was the relatively high rate of reports overall in the sample (19% in the intervention group and 24% in the comparison group). We explored the source of these reports to determine if a significant percentage were "self-reports" by the relative provider, potentially as a means of accessing additional services or supports. However, the modal reporter category (associated with over 40% of reports within the sample) was "social worker," followed by "mental health professional (14%), and "parent of child victim" (9%). All other categories of reporters represented 5 percent or fewer of the post demonstration assignment reports made to CPS related to the sample children, during the evaluation period.



**Table 4.7 Child protective services events by ITT groups of eligible children**

<b>Outcomes</b>		<b>Intervention</b>	<b>Comparison</b>
<b>Group size</b>	Count	245	241
	%	100.0%	100.0%
<b>Reports</b>	Count	47	59
	%	19.2%	24.5%
<b>Investigated reports</b>	Count	28	28
	%	11.4%	11.6%
<b>Substantiated reports</b>	Count	2	2
	%	0.8%	0.8%
<b>Reports after exiting to adoption or subsidized guardianship</b>	Count	7	8
	%	2.9%	3.3%
<b>Investigated reports after exiting to adoption or subsidized guardianship</b>	Count	4	3
	%	1.6%	1.2%

Slightly under one-quarter (23.42%) of the 222 children in the exempt group were the subject of a child maltreatment report after December 31, 2005. Over 15 percent of these children were the subject of an investigated report; less than 1 percent were the subject of a report that was ultimately substantiated. Table 4.8 below presents a descriptive account of the rate of child maltreatment reports for the exempt group of children according to their consort status (exempt cases identified during either Phase I or Phase II). Most of the reports associated with the group of Phase I exemptions occurred after guardianship was transferred to a relative, while only 3.61 percent of the Phase II exempt group's reports occurred after guardianship transferred. This is likely related to the timing of assignment to the exempt group; Phase I included those children who were initially assigned as part of Phase I, whereas Phase II exemptions included children assigned to the exempt group at a later stage.

**Table 4.8. Child protective services events: exempt group**

Outcomes		Phase I exempt	Phase II exempt
<b>Group size</b>	Count	139	83
	%	100.0%	100.0%
<b>Reports</b>	Count	22	30
	%	15.8%	36.2%
<b>Investigated reports</b>	Count	14	20
	%	10.1%	24.1%
<b>Substantiated reports</b>	Count	0	2
	%	0.0%	2.4%
<b>Reports after exiting to guardianship</b>	Count	20	3
	%	14.4%	3.6%

#### 4.5.2 Placement Stability

Table 4.9 shows the percentages of children who never moved from their home of original assignment as of September 30, 2009, by type of placement. Approximately 83 percent of the comparison group never moved by the end of the observation period, compared to 87 percent of the intervention group. Although the difference favors the intervention group, the stability rates are statistically equivalent (sig. = .328). Placement stability is calculated as the percentage of children residing with the same provider at case closing or as of September 30, 2009, as at the time of random assignment to the demonstrations.

Most of the placement moves after assignment resulted in a child's replacement into another foster home, but at last observation, approximately 28 percent had been adopted; 40 percent remained in foster or kinship care; and the other 32 percent had been stepped up to a more restrictive level of care into treatment foster homes, group homes, or residential treatment centers. The availability of linkable adoption records enabled us to track placement changes after adoption. As of September 2009, there were no re-entries from adoptive homes, although there were placement disruptions prior to adoption.

These results replicate the findings on placement stability among kinship caregivers, which have been previously reported for the guardianship demonstrations in the States of Illinois and Tennessee. Even though subsidized guardianship significantly cut into the proportion of children remaining in foster family care, the intervention had no impact on the overall stability of these placements. Kinship caregivers sustain their caregiving commitments regardless of the legal circumstances of their caregiving arrangements. This result may strike some as counter-intuitive given the widespread belief in the importance of legal status for family permanence. But as stated

in earlier studies, it appears that legal status may be less important for lasting family relations than extra-legal factors such as kinship ties or prior time spent together.<sup>20</sup>

**Table 4.9. Placement stability by ITT groups of eligible children**

<b>Outcomes</b>		<b>Intervention</b>	<b>Comparison</b>
<b>Group size</b>	<b>Count</b>	<b>242</b>	<b>236</b>
	<b>%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Never moved from home of original assignment</b>	<b>Count</b>	<b>211</b>	<b>196</b>
	<b>%</b>	<b>87.2%</b>	<b>83.1%</b>
Licensed foster home	%	25.6%	43.6%
TANF/ kinship care	%	0.4%	5.1%
Adoption	%	36.0%	32.6%
Subsidized guardianship	%	24.0%	0.0%
Other placement	%	1.2%	1.69
<b>Moved to another home</b>	<b>Count</b>	<b>31</b>	<b>40</b>
	<b>%</b>	<b>12.8%</b>	<b>16.9%</b>

#### 4.5.3 Findings related to exempt group

Ten percent of the exempt group remained in foster care as of September 30, 2009; as did 2.16 percent of the Phase I group and 22.89 percent of the Phase II group. Among children in the Phase I group, none of these open placements were with a relative or a foster family home, whereas most of the open placements for children in the Phase II group were with a relative. All of the Phase I group resided with a provider who differed from the caregiver with whom they resided in December 2005. Three of the 19 children in the Phase II group resided with a different provider in September 2009.

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<sup>20</sup> Testa 2005.

**Table 4.10 Open placements among exempt groups**

Outcomes		Phase I	Phase II
<b>Group size</b>	Count	139	83
	%	100.0%	100.0%
<b>Overall</b>	Count	3	19
	%	2.2%	22.9%
Open relative placement	Count	0	14
	%	0.0%	16.9%
Open non-relative placement	Count	0	3
	%	0.0%	3.6%
Open other placement	Count	3	2
	%	2.2%	2.4%
<b>Open placement with different provider</b>	Count	3	3
	%	2.2%	3.6%

#### 4.6 Caregiver Plans for Reunification, Adoption, and Guardianship

Many randomized controlled experiments in child welfare are better described in terms of what Paul Holland calls “encouragement designs.”<sup>21</sup> These are studies that involve the randomization of clients or their agents to a condition that is intended to induce cooperation with a planned course of action. Like all cooperative relationships, there are risks that some clients or their agents will “defect” from this intention. While encouragement designs are experimental at the start, they can end up being “quasi-experimental” at the end because of differential client/agent selection into alternative cooperative states.

For example, the Milwaukee subsidized guardianship demonstration is an encouragement design in the sense that it removes price disincentives from the choice of becoming the permanent guardians of foster children for a random sample of relative caregivers. In order to be offered this encouragement, however, case managers must first present the subsidized guardianship option to caregivers at an individual or family group meeting. Nearly all survey respondents (96%) acknowledged their involvement with their case managers or licensing specialists in ongoing discussions about permanence. Furthermore, survey responses suggest that approximately equivalent proportions of caregivers (69%) in both the intervention and comparison groups got together in a family or team meeting to talk about a permanent living arrangement for the children under their care.

<sup>21</sup> Holland, P.W. (1988). “Causal inference, path analysis, and recursive structural equations models.” *Sociological Methodology*, 18, 449-484. Testa, Mark F. (2010). Evaluation of child welfare interventions. In Testa, M. F. & Poertner, J. (Eds.). *Fostering accountability: Using evidence to guide and improve child welfare policy* (pp.195-230). Oxford: Oxford University Press.

There were negligible differences between the intervention and comparison groups with respect to who attended such meetings. In addition to the caregiver, approximately 37 percent of the children were present, and 42 percent of the birth mothers attended. Also in attendance were service providers (71%), other family members (40%), lawyers (22%), and occasionally school personnel (6%). The only significant difference between the comparison and intervention groups involved the participation of birth fathers: 12 percent of fathers attended family meetings in the comparison group, whereas 26 percent attended in the intervention group. It is possible that case managers or families may have made special efforts to involve birth fathers when the option of subsidized guardianship was up for discussion.

In addition to talks about reunification, adoption, and guardianship, other discussion topics included the future service needs of the children (84%) and of the families (72%) and visitation between children and their birth parents (76%). There was a statistically significant difference (sig. < .002) in the likelihood of the topic of support from family and community being discussed in the intervention group (73%) compared to the comparison group (47%). This possibly reflects the differential concern over the availability of family and community support when guardianship is on the table compared to when only subsidized adoption is discussed. Best practice would suggest that this ought to be a topic of discussion whatever permanency option is being considered. But as discussed in Section 4.4.3, caregivers in the intervention group with low supplies of exchange social capital are taking greater advantage of the offer to become permanent guardians than are similar caregivers in the comparison group, which may motivate the greater attention to family and community support in family and team meetings.

Because many of the families in the waiver demonstration had been in the foster care system for several years prior to the children's enrollment in the demonstration, only one-third (36%) of caregivers were still involved in ongoing discussions with their case manager or licensing specialist about the possibility of the children's returning home to their birth families. Most of the permanency discussions focused instead on adoption (70%) and legal guardianship (67%). There were no significant differences in the types of permanency options discussed in the intervention and comparison groups. This is because legal guardianship, as previously explained, was already available to caregivers in several different variations prior to the advent of the federal waiver.

The most common variation is the Ch. 48 guardianship status discussed previously that retains the children in the legal custody of the state but delegates authority to the caregiver to make legal decisions for the children about such matters as medical care and out-of-state travel. The family continues to receive foster care payments, and the children continue to receive home

visits and other child placement services from their case manager or licensing specialist. Approximately 72 percent of the two-thirds of families who discussed legal guardianship in the demonstration were presented with this Ch. 48 option.

Another variation is the more conventional approach of transferring both legal custody and guardianship to the caregiver. Prior to the federal waiver, the only financial assistance available to families who assumed private guardianship of the foster children formerly under their care was the Kinship Care Program funded out of TANF. Wisconsin created the Kinship Care Program in 1995 under a law (Wis. Stat. §. 48.57) that authorized counties or Tribal child welfare agencies to make a monthly “kinship payment” to an approved relative to help support in the care and maintenance of the child. Relatives outside of the foster care system are also eligible to receive this benefit if they take informal custody or become the legal guardian of the child. The monthly kinship payment for a child is \$215, which is much lower than the average monthly foster care payment of \$536 which can range from \$346 to \$1,149 depending on the child’s age and special needs. Therefore, there are powerful economic disincentives against leaving the foster care system by this route. Nonetheless, approximately 59 percent of caregivers said they were offered this permanency option despite the financial loss.

#### **4.6.1 Reunification and Adoption Rule-Out**

According to the federal terms and conditions of the waiver authority granted to the State of Wisconsin, the rule-out of reunification prior to awarding subsidized guardianship is necessary only for children who have been in foster care for less than 1 year. Rule-out of adoption is required only when subsidized guardianship is being considered for non-relatives who have formed a “like-kin” bond with the child, such as a godparent or close family friend. Otherwise, case managers and licensing specialists are free to present all of the options of adoption, guardianship, kinship care, and long-term foster placement to determine the caregiver’s interest in permanence and to identify the most appropriate permanency option.

Wisconsin’s rule-out provisions represent an evolution in thinking since HHS awarded its first subsidized guardianship waivers back in 1997. Illinois’ terms and conditions, for example, stipulated that guardianship would be offered only after other permanency goals, including returning home and adoption, had been ruled out as acceptable alternatives. Problems arose immediately as to how to interpret and implement this rule-out provision.<sup>22</sup> Some stakeholders were of the opinion that the permanency options of reunification and adoption should be

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<sup>22</sup> Testa 2005.

presented sequentially to caregivers and that guardianship should be broached only after these other alternatives had been ruled out by the child welfare agency or the court. Others thought that all of the permanency options should be laid on the table and that the family should take the lead in deciding the most appropriate permanency option for the child. Wisconsin's rule-out provisions most closely reflect this later viewpoint.

Although families have a major say in permanency planning in Milwaukee, case managers and licensing specialists still exercise considerable control over which families in the intervention group are provided information about subsidized guardianship. Table 4.11 shows that the caregivers of only 148 children in the intervention group recall ever being informed about the guardianship subsidy, while the caregivers of the remaining 103 children do not recall being told. It is not possible to know from this survey information whether the lack of recall about the intended treatment for these 103 children reflects caregiver forgetfulness or results from workers' non-compliance with the intended treatment. Looking down the columns of Table 4.11 at the type of permanency plan that caregivers said they were leaning toward, it appears that some caseworkers may have withheld information about subsidized guardianship from those caregivers who were already well down the permanency path of adoption for fear of derailing this permanency plan.<sup>23</sup> This interpretation is also consistent with opinions expressed by caseworkers in the focus groups that some caregivers who had earlier expressed a desire to adopt would suddenly change their mind once they received word of their eligibility for subsidized guardianship. Although changing permanency plans ought to be expected once a wider menu of permanency options is made available, some workers may have interpreted the choice as posing a threat to what they considered to be the more preferable permanency plan.

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<sup>23</sup> As described in Section 2.1.4, BMCW chose not to inform some families if TPR had already occurred.

**Table 4.11 Caregiver plans for reunification, adoption, and guardianship**

Characteristics		Intervention group			Comparison group
		SG offered	SG not offered	Total	
<b>Group size</b>	<b>Count</b>	<b>147.6</b>	<b>103.1</b>	<b>250.7</b>	<b>235.2</b>
	<b>%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Leaning toward leaving the foster care system to adoption or guardianship</b>	<b>Count</b>	<b>124.5</b>	<b>78.6</b>	<b>203.1</b>	<b>160.0</b>
	<b>%</b>	<b>84.3%</b>	<b>76.2%</b>	<b>81.0%</b>	<b>68.0%</b>
Plan to adopt	%	52.5%	92.1%	67.8%	77.4%
Process completed	%	22.5%	27.6%	25.2%	12.8%
Process started	%	58.3%	46.3%	52.0%	57.8%
Process not started	%	19.2%	26.2%	22.9%	29.5%
To obtain legal guardianship	%	47.5%	7.9%	32.2%	22.6%
Process completed	%	20.1%	33.9%	21.4%	18.3%
Process started	%	58.5%	33.9%	56.1%	27.8%
Process not started	%	21.5%	32.2%	22.5%	53.9%
<b>Leaning toward the child's returning home</b>	<b>Count</b>	<b>4.2</b>	<b>8.4</b>	<b>12.6</b>	<b>14.7</b>
	<b>%</b>	<b>2.8%</b>	<b>8.2%</b>	<b>5.0%</b>	<b>6.3%</b>
<b>Leaning toward the child's staying in the foster care system</b>	<b>Count</b>	<b>18.9</b>	<b>16.1</b>	<b>35.0</b>	<b>60.5</b>
	<b>%</b>	<b>12.8%</b>	<b>15.6%</b>	<b>14.0%</b>	<b>25.7%</b>

As displayed in Table 4.11, roughly similar proportions of families assigned to the intervention group were prepared to leave the foster care system (84% and 76%, respectively) regardless of their awareness of the subsidized guardianship program. But there are obvious differences in the permanency plans of caregivers who had been informed about the option compared to those who had not. Almost all of the caregivers who were not offered subsidized guardianship by their workers indicated that they planned to adopt the children under their foster care (92%). This compares to the plan of adoption indicated by approximately half of the families (53%) who did receive this information. The remaining one-half overwhelmingly selected the new permanency option of subsidized guardianship (48%). Only 8 percent of caregivers who did not receive this information expressed an interest in the already existing option of guardianship with kinship payments from the TANF program.

#### **4.6.2 Realization of Permanency Goals**

Comparing the percentages of caregivers who were leaning toward the child's staying in the foster care system in Table 4.11, it appears that the availability of federally subsidized guardianship boosts by 13 percentage points the proportion of families who might opt to leave the



foster care system compared to the comparison group. This ITT effect is estimated by subtracting the percentage leaning toward leaving in the comparison group (68%) from the percentage leaning toward leaving the system in the intervention group (81%). To test fully the permanency hypotheses discussed above, however, it is necessary to track the percentage of families in each group who are able to act upon these stated intentions. Table 4.11 shows the percentages of caregivers who had completed, started, or had not yet started the permanency planning process at the time of the interview. Families who indicated a plan to adopt were well on their way toward realizing their plan whether they were assigned to the intervention group or to the comparison group. Families who opted for legal guardianship in the comparison group, however, were much less likely to have initiated this process than families in the intervention group. Tracking the outcomes of these permanency-planning efforts with administrative data through September of 2009 shows that the children of caregivers in the intervention group were significantly more likely to realize their permanency plans than those in the comparison group.

Most of the permanency advantage for the intervention families comes from the much higher percentage that was able to realize the permanency goal of guardianship compared to comparison families. As shown in Table 4.11, the caregivers of approximately 36 children in the comparison group indicated that they planned to pursue legal guardianship. However, according to the follow-up data reported in Table 4.12, only three of the children had completed the process as of September 30, 2009. All of these cases entailed a transfer of guardianship under Ch. 48. By contrast, of the 59 children whose caregivers were asked about subsidized guardianship and had indicated they planned to pursue this option, 50 had realized this goal by September 2009. Table 4.12 shows the permanency outcomes for all children by whether their caregivers recall or not recall being informed about the subsidized guardianship program.

Overall, 26 percent of the children whose caregivers did not recall being asked about subsidized guardianship were still in foster care as of September 2009. This is nearly identical to the still-in-care figure of 25 percent for children whose caregivers recalled being asked about subsidized guardianship. About 6 percent of the not-asked group already reached the age of majority compared to 5 percent in the group whose caregivers were offered the option. In the past, researchers tended to restrict analysis to only the group of subjects in the intervention group who actually received the intended treatment and compared their outcomes to all those assigned to the comparison group. The problem with this approach is that the subset of treated families in the intervention group may no longer be representative of the group initially assigned to the intervention. Appendix B presents a preferable way of estimating the impact of an intervention in

the absence of full compliance with the intended intervention using random assignment as an instrumental variable.

**Table 4.12 Outcomes by caregiver’s recollection of intended treatment**

Outcomes		Intervention group			Comparison group
		SG offered	SG not offered	Total	
<b>Group size</b>	<b>Count</b>	<b>147.6</b>	<b>103.1</b>	<b>250.7</b>	<b>235.2</b>
	<b>%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Long-term foster care</b>	<b>Count</b>	<b>37.1</b>	<b>26.6</b>	<b>63.7</b>	<b>94.9</b>
	<b>%</b>	<b>25.1%</b>	<b>25.8%</b>	<b>25.39%</b>	<b>40.37%</b>
	Still in care	24.4%	25.8%	24.97%	39.48%
	Runaway	0.0%	0.0%	0.00%	0.45%
	Transfer to another agency*	0.7%	0.0%	0.42%	0.45%
<b>Reached age of majority</b>	<b>Count</b>	<b>7.4</b>	<b>6.3</b>	<b>13.7</b>	<b>17.1</b>
	<b>%</b>	<b>5.0%</b>	<b>6.1%</b>	<b>5.45%</b>	<b>7.28%</b>
<b>Exited to permanence</b>	<b>Count</b>	<b>102.1</b>	<b>70.3</b>	<b>172.4</b>	<b>117.9</b>
	<b>%</b>	<b>69.2%</b>	<b>68.1%</b>	<b>68.75%</b>	<b>50.11%</b>
	Reunification with parents	4.3%	8.1%	5.87%	9.38%
	Adoption	29.9%	52.8%	39.34%	36.27%
	Permanent guardianship	33.6%	6.1%	22.29%	1.34%
	Living with other relatives	1.4%	1.0%	1.26%	3.13%
<b>Re-entered foster care</b>	<b>Count</b>	<b>1.1</b>	<b>0.000</b>	<b>1.1</b>	<b>5.3</b>
	<b>%</b>	<b>0.7%</b>	<b>0.0%</b>	<b>0.42%</b>	<b>2.23%</b>
	From reunification	0.0%	0.0%	0.00%	1.79%
	Still in care	0.0%	0.0%	0.00%	0.89%
	Aged out	0.0%	0.0%	0.00%	0.89%
	From guardianship	0.7%	0.0%	0.42%	0.00%
	Still in care	0.7%	0.0%	0.42%	0.00%
	From other relatives*	0.0%	0.0%	0.00%	0.45%

\*Subsequently adopted

#### 4.6.3 Social Capital and Permanency Planning

While the autonomy afforded by adoption and guardianship is an attractive alternative to remaining in foster care for most families, others are reluctant to sever their ties with the system for fear that they would not be able to manage on their own without continued agency support. As might be expected, these worries are greatest for caregivers who have scarce supplies of social

capital at their disposal. When caregivers assigned to the comparison groups were asked what they thought was the best permanent plan for the child, those with large supplies of exchange social capital (material support) were over twice as likely to say that it was best for them to adopt compared to caregivers with low supplies (see Table 4.4 for survey items used to construct the scale). Also, the caregivers in the comparison group were 74 percent less likely to say reunification was the best plan if their stock of exchange social capital was high compared to caregivers with low exchange social capital. Interestingly, these associations were absent among caregivers assigned to the intervention group and those who were offered the option of subsidized guardianship. But the association emerged in the intervention group when the choice of permanency options was expanded to include subsidized guardianship. Caregivers in the intervention group with high exchange social capital were nearly twice as likely to say it was best for them to become permanent caregivers (either through adoption or guardianship) than caregivers with low exchange social capital.

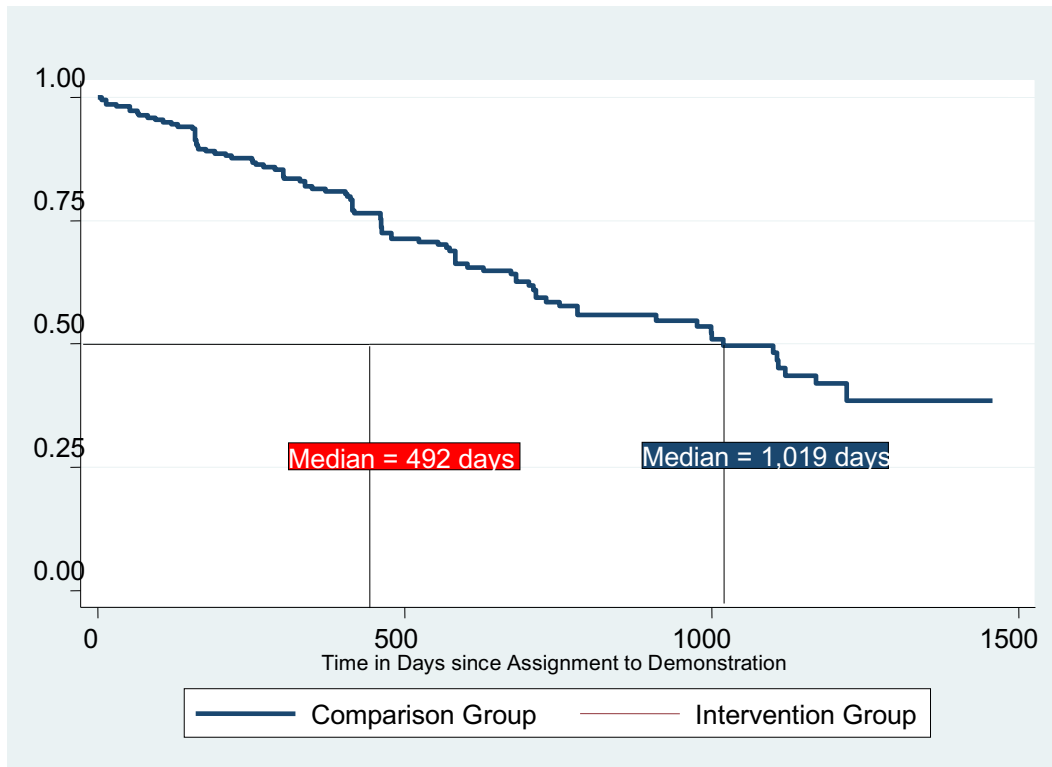
A plausible interpretation of these results is that the availability of subsidized guardianship moderates the impact of social capital on permanency plans. In the option's absence, families with low exchange social capital are less likely to voice a preference for adoption and more likely to favor returning the child to his or her birth parents. This suggests that some of the preference for reunification may reflect the desires of caregivers with low exchange social capital to relieve themselves of the burden of foster care responsibilities. These burdens may be less acutely felt when caregivers have access to larger stores of exchange social capital. The availability of guardianship assistance seems to fortify the willingness of caregivers with low exchange social capital to become the child's permanent guardian, which also relieves them of the more onerous burdens imposed by the foster care system. Furthermore, this interaction appears to apply only to exchange social capital. None of the other forms of social capital, e.g., emotional support, information sharing, and job networking assistance, had as much impact on the decision to become a permanent caregiver as exchange social capital.

#### **4.6.4 Time-to-Outcome Analysis of Length of Stay in Foster Care**

Figure 4.1 illustrates the gross impact of assignment to the intervention group on the time to the first permanency events of adoption or guardianship. It shows that children assigned to the intervention first exited to adoption or guardianship more quickly than children assigned to the comparison group. By day 492 after assignment, approximately half (the median) had left foster care compared to only 25 percent in the comparison group. The availability of subsidized

guardianship significantly expedited the rate of discharge from foster care. This milestone is estimated to take over 500 days longer to achieve in the comparison group.

**Figure 4.1 Kaplan-Meier estimates of time to adoption or guardianship**



To examine whether the availability of exchange social capital moderates the impact of subsidized guardianship on discharge rates, a hazards regression model was fit to data on the time to the events of adoption or guardianship after the child had been assigned to the intervention or comparison group. Model 1 in Table 4.13 shows the strong main ITT effect of the assignment on permanency rates, but the effect of high exchange social capital is obscured until the interaction between it and assignment to the intervention is taken into account in Model 2. The results can be interpreted as follows: caregivers with high exchange social capital are 88 percent more likely to exit to adoption or guardianship than caregivers with low social capital when subsidized guardianship is not an option, but the availability of subsidized guardianship lessens the impact ( $1.88 * 0.46 = 0.86$ ) by helping caregivers with low exchange social capital to accept permanent legal responsibilities for the children. This interaction effect (Intervention x HESC) increases in statistical significance as more predictors are added (compare Models 2 and 3 in Table 4.13).

**Table 4.13 Hazards regression estimates of effects on adoption and guardianship outcomes**

	Model 1		Model 2		Model 3	
	RR	<i>p</i> -value	RR	<i>p</i> -value	RR	<i>p</i> -value
Assignment to intervention group	1.98*	0.001	2.92*	0.000	3.22*	0.000
Caregiver characteristics						
High exchange social capital (HESC)	1.18	0.452	1.88*	0.032	2.02*	0.034
Intervention x HESC			0.46+	0.069	0.38*	0.039
Physical or emotional disability					0.94	0.828
Child characteristics						
Female					1.03	0.837
Age at assignment						
Under 12					3.04*	0.004
15 and older					1.13	0.792
African-American					0.53*	0.015
Poor to fair health					0.86	0.425
Past year cigarette or drug use					1.14	0.23
Child-caregiver relationship						
Grandchild					0.85	0.549
Other blood relative					1	
Relative In-law					0.69	0.563
Non-relative					1.44	0.358
Related on paternal side					0.74	0.226
IV-E eligible at baseline					1.15	0.759

\* =  $p < .05$       + =  $p < .10$

#### 4.6.5 Sustainability of the Guardianship Program

Although the availability of subsidized guardianship significantly boosts the overall rate of discharge to permanent homes among children assigned to the intervention group, the results from the *Interim Report* raised some questions about whether this performance could be sustained over the long run. Most of the discharges to legal guardianship stemmed from the conversion of exempt Ch. 48 guardianships into subsidized guardianships under the waiver and from permanency planning with the legacy cases of children who were assigned at the start of Phase II. After the initial boost of guardianships awarded during Phase I and among the first batch of

assignments from Phase II, the number of subsequent guardianships dwindled to only five during all of 2007.

Table 4.14 shows the AFCARS discharge codes for children assigned to the waiver demonstration by assignment group and year of assignment through September 30, 2009. The guardianship to other permanencies (odds) ratio (GPR) refers to the number of guardianships compared to all the other permanency options of reunification, discharge to other relatives, and adoptions. The GPR is a proxy for level of guardianship effort. As was anticipated, the Phase I exemptions show a very high level of guardianship effort: 29 guardianships for every 1 other permanency option. Phase II exemptions show approximately even odds of guardianship effort (1.1 : 1). The first year of assignment for Phase II shows a guardianship effort of one guardianship for every two other permanencies (1 : 2.1), which is followed by a sharp drop-off in effort during 2007 as highlighted in the *Interim Report*. Unexpectedly, there was a spike in guardianships during 2008 that exceeded even the 2006 effort. It could be that this boost arose from additional training or perhaps from increased worker acceptance of subsidized guardianship as a viable permanency option. In fact, the groups assigned to the demonstration after the initial legacy of long-term foster care cases exited to legal permanence more quickly than legacy cases; however the difference was not statistically significant. Nonetheless the drop during the first three quarters of 2009 raises once again the concerns voiced in the *Interim Report* over the sustainability of appropriate guardianship efforts in Milwaukee.

**Table 4.14 Initial AFCARS discharge codes by assignment groups and year of assignment**

Initial discharge after assignment (AFCARS data)	Phase I exemptions	Phase II exemptions	Phase II assignments of children randomized to intervention group				Total
			2006	2007	2008	2009	
Still in foster care	1	18	10	20	21	29	<b>99</b>
Reunified with parent	3	12	28	7	6	3	<b>59</b>
Living with other relative(s)	1	3	0	0	3	5	<b>12</b>
Adoption	0	2	40	20	16	6	<b>84</b>
Emancipation	8	30	13	0	0	0	<b>51</b>
<b>Guardianship</b>	<b>117</b>	<b>18</b>	<b>33</b>	<b>5</b>	<b>16</b>	<b>1</b>	<b>190</b>
Transfer to another agency	0	0	1	0	0	0	<b>1</b>
Runaway	0	0	1	0	0	0	<b>1</b>
Missing	9	0	4	0	0	0	<b>13</b>
<b>Total</b>	<b>139</b>	<b>83</b>	<b>130</b>	<b>52</b>	<b>62</b>	<b>44</b>	<b>510</b>
Guardianship to Other Permanencies Ratio	29.0 : 1	1.1 : 1	1 : 2.1	1 : 5.4	1 : 1.6	1 : 14.0	1.2 : 1

## 4.7 Cost Implications

### 4.7.1 Federal Cost Neutrality

Section 1130 (g) of the *Social Security Act* requires that the IV-E waiver demonstration be cost neutral. The total amount of federal funds used to support the demonstration project, over the approved project period, shall not exceed the amount of federal funds that would have been expended by the state in the absence of the waiver. The terms and conditions specify that the determination of cost neutrality will rely on an analysis of the IV-E eligible costs for the comparison group. The average IV-E maintenance and administrative costs of cases in the comparison group is assumed to estimate the IV-E reimbursement that the state would have received in the absence of the waiver for each case assigned to the intervention group. The steps for calculating IV-E cost eligibility are as follows:

- Step 1.** Calculate the cumulative Title IV-E costs for the comparison group. Any non-IV-E eligible costs are excluded from this calculation and from Title IV-E claims.
- Step 2.** Calculate the average Title IV-E cost per comparison group case by dividing the cumulative Title IV-E costs for the comparison group (per Step 1) by the number of ever-assigned comparison cases (Title IV-E and non-title IV-E eligible cases).

3. **Step 3.** Multiply the average derived in step (2) above by the number of ever-assigned intervention cases. The result is the cumulative cost neutrality limit (CNL) for the intervention cases.
4. **Step 4.** Calculate the cumulative costs for the intervention group, including foster care maintenance, guardianship payments, adoption assistance payments, and associated administrative costs for Title IV-E cases only.
5. **Step 5.** Compare the result of step 3 with the result of step 4. If the result of step 4 (cumulative experimental costs) is greater than result of step 3 (cumulative cost neutrality limit), the difference represents costs in excess of the federal cost neutrality limit for which the state may be responsible. If step 4 is less than the cost neutrality limit calculated in step 3, then the difference represents savings that the state may claim for expenditures and spend for any child welfare purposes allowable under Titles IV-B or IV-E of the *Social Security Act*.

Since Wisconsin began claiming IV-E reimbursement using the cost neutrality formula above, the cumulative intervention-group IV-E costs have been greater than the federal cost neutrality limit. Hence the state has had to make up the deficit out of state funds. This is a highly anomalous result given the fact that the ITT analysis noted above showed that Wisconsin was spending far fewer dollars on average for children assigned to the intervention group compared to the comparison group. The federal cost neutrality factors displayed in Table 4.15 help to pinpoint the source of the anomaly. In the *Interim Report*, the evaluation team located the source of the problem in the markedly lower IV-E eligibility rate in the comparison group than in the intervention group. Typically randomization would tend to equalize eligibility rates in both the intervention and comparison groups so that similar proportions of total spending in both groups should be claimable. But randomization can also produce anomalous results, and in this case, the chance difference in IV-E eligibility rates worked to the state's disadvantage.

It was anticipated that the disparity in IV-E eligibility rates would steadily diminish as additional cases were randomized to the intervention and comparison groups. This is indeed what happened, and the disparity was reduced to 3.7 percentage points at the time of assignment for all original and additional cases (see Table 4.15). In spite of the change, however, Wisconsin's cumulative intervention-group IV-E costs continued to exceed the federal cost neutrality limit. Further inspection of IV-E claims data reveal that in spite of the similar eligibility rates at baseline, the rates diverged greatly after randomization. Although the federal IV-E percentage share of foster care days in the intervention group remained near its baseline level (58.3%), it dropped sharply in the comparison group (44.2%). This happened for two reasons: (1) a greater fraction of comparison group cases lost their IV-E eligibility because kinship homes that were



still in foster care temporarily received TANF payments as they cycled in and out of IV-E eligibility, and (2) a greater fraction of intervention group cases locked into IV-E eligibility as a result of exiting the foster care system to guardianship or adoptive homes. Because legal guardians and adoptive parents do not have to maintain their foster home licensing status, and the income eligibility of the child’s parents no longer has to be determined, permanent homes do not run the risk of losing IV-E eligibility as can happen if the child remains in the foster care system.

**Table 4.15 Federal cost neutrality factors**

Characteristics	Intervention	Comparison	Difference
Group size	287	284	
Cumulative foster care days	129,977	163,251	-33,274
Cumulative foster care costs	\$3,123,534	\$4,158,587	(\$1,035,053)
Cumulative foster care IV-E cost claims	\$973,643	\$823,477	\$150,166
Average foster care days	452.9	574.8	-121.9
Average foster care costs	\$10,883	\$14,643	(\$3,760)
Average IV-E foster care cost claims	\$3,392	\$2,900	\$493
Cumulative assistance days (inc. AA and SG)	234,736	228,893	5,843
Cumulative assistance costs	\$5,855,422	\$6,257,046	(\$401,624)
Cumulative IV-E assistance cost claims	\$2,145,919	\$1,905,881	\$240,038
Average assistance days (inc. AA and SG)	818	806	12
Average assistance costs	\$20,402	\$22,032	(\$1,630)
Average IV-E assistance cost claims	\$7,477	\$6,711	\$766
IV-E% share of foster days 6 mos. before assignment	38.1%	34.4%	3.6%
IV_E eligibility rate at assignment (baseline)	60.4%	56.7%	3.7%
IV-E % share of foster care days	58.3%	44.2%	14.1%
IV-E % share of total assistance days	64.1%	54.3%	9.8%

This higher chance of losing IV-E eligibility works against cost neutrality because the changing IV-E eligibility rate for the comparison group is used in Step 3 to calculate the cost neutrality limit for the intervention group. Using the cost-neutrality factors in Table 4.15, the evaluation team can trace the impact by plugging the numbers in the cost neutrality formula as follows:

1. **Step 1.** Calculate the cumulative Title IV-E costs for the comparison group. Any non-IV-E eligible costs are excluded from this calculation and from Title IV-E claims: \$1,905,881.
2. **Step 2.** Calculate the average Title IV-E cost per comparison group case by dividing the cumulative Title IV-E costs for the comparison group (per Step 1) by the number of ever-

assigned comparison cases (Title IV-E and non-title IV-E eligible cases):  $\$6,711 = \$1,905,881/284$ .

3. **Step 3.** Multiply the average derived in step (2) above by the number of ever-assigned intervention cases. The result is the cumulative cost neutrality limit (CNL) for the intervention cases:  $\$1,926,057 = 6,711 \times 287$ .
4. **Step 4.** Calculate the cumulative costs for the intervention group, including foster care maintenance, guardianship payments, adoption assistance payments, and associated administrative costs for Title IV-E cases only:  $\$2,145,919$ .
5. **Step 5.** Compare the result of step 3 with the result of step 4. If the result of step 4 (cumulative experimental costs) is greater than result of step 3 (cumulative cost neutrality limit), the difference represents costs in excess of the federal cost neutrality limit for which the state may be responsible. If step 4 is less than the cost neutrality limit calculated in step 3, then the difference represents savings that the state may claim for expenditures and spend for any child welfare purposes allowable under Titles IV-B or IV-E of the *Social Security Act*.

Because the actual IV-E costs for the intervention group in Step 5 was  $\$219,862$  in excess of the federal cost-neutrality limit, the state incurred a deficit in federal reimbursement even though the total spending from both state and federal sources was  $\$401,624$  less than total spending in the comparison group (see Table 4.15). Some of the loss is made up by the lower administrative costs that are incurred after cases are discharged to subsidized guardianship.

The IV-E dollars that can be claimed for administrative costs in the intervention group must be estimated from the Random Moment Time Study (RMTS) that Wisconsin relies upon to determine the amount of time workers spent on various administrative activities. Each quarter there are approximately 2,800 calls made to a statewide random sample of workers at random times. Depending on where they are located, these workers may also provide intact/preventive services or investigations in addition to child placement services for children in substitute care. There is no over-sampling of workers with cases ever assigned to the subsidized guardianship demonstration. Case managers are asked a series of questions to determine on whose behalf they are working at the moment. If a case manager is working on behalf of a child assigned to the waiver, the percentage of demonstration “hits” of all contacts is calculated based on total calls. This percentage is then multiplied by total IV-E spending on substitute care administration that quarter to determine the total amount to be claimed.

Because of the significantly higher rate of discharge to permanent homes from the intervention group and the lower cumulative foster care days for children, the RMTS should be

picking up about 126 comparison hits for every 100 intervention hits (estimated from the ratio of cumulative foster care days in Table 4.8). But since the IV-E eligible days of foster care for the intervention group is 58.3 percent compared to 44.2 percent in the comparison group (see Table 4.8), the expected ratio of IV-E RMTS hits reduces to approximately 95 comparison hits for every 100 intervention hits. This imbalance in the IV-E percentage share of foster care days results in a lower IV-E claim for administrative costs under the CNL formula than what was actually spent for the intervention group. Because of the much lower administrative costs associated with guardianship cases, however, the imputed administrative costs for the intervention group are approximately even with actual costs. Thus, while Wisconsin did not reap the administrative savings associated with closing foster care cases, it did not run as large an administrative deficit as it did with IV-E maintenance costs.

The original cost neutrality formula for waiver demonstrations was constructed when HHS still accepted the distinction between IV-E eligibility and reimbursability for the claiming of foster care administrative and maintenance expenses. The costs of child placement services to children who met the standards for IV-E eligibility, e.g., removal from the home, state custody, AFDC income eligibility, etc., could still be claimed for IV-E administrative reimbursement even if they did not reside in a reimbursable (i.e. licensed) kinship home for maintenance payments. In 2001, HHS issued regulations that revised this longer standing practice so that only child placement services to children in licensed kinship homes could qualify for IV-E administrative reimbursement. Full implementation of the regulation was delayed while states challenged the legal basis of HHS's interpretation of congressional intent. Then in 2006, Congress amended the Social Security Act to conform the law to HHS's regulation.

Because children retained in foster care can cycle in and out of IV-E eligibility while their status remains fixed at the time of discharge to guardianship and adoption, a better method of computing IV-E claims would be to base the CNL on only IV-E eligible days of care rather than on all children ever assigned to the demonstration. This simple change in the denominator would wipe away the imbalance in the IV-E eligibility rates, and Wisconsin would be showing an approximate savings of \$162,000 in maintenance and substantially more in administration. In addition, the cumulative demonstration hits from the RMTS should be applied to the cumulative administrative cost pool instead of quarterly cost pools in order to even out the fluctuations in administrative claims.

## 5. Findings and Implications

The evaluation of Wisconsin’s Title IV-E waiver demonstration, the Subsidized Guardianship Initiative, found that providing subsidized guardianship as a permanency option increases children’s permanence without reducing their stability, safety, or adoption and reunification rates. The findings in Wisconsin reinforce previous evaluations of subsidized guardianship waiver demonstrations in Illinois and Tennessee, which also found that adding a subsidized guardianship option had a positive impact on children’s permanence. This chapter summarizes the Wisconsin methodology and findings and discusses program and policy implications.

The evaluation had three components: an impact evaluation, a process evaluation, and a cost analysis. Children were randomly assigned to an intervention group (eligible for subsidized guardianship) and a comparison group (not eligible for subsidized guardianship). The analysis tested hypotheses that the availability of subsidized guardianship would:

- Reduce the number of children remaining in long-term foster care;
- Reduce lengths of stay of children in foster care;
- Reduce the number of disrupted placements for children in foster care;
- Not change the rate of reunification and adoption for children in foster care;
- Not change the number of subsequent reports and substantiated findings of abuse and neglect for children during and after leaving foster care;
- Increase the use of relatives as placement resources; and
- Not increase the costs of providing foster care to children in foster care.

In addition, research questions addressed the implementation of the initiative and considered changes in the use of relatives as placement resources. In Wisconsin, “relatives” included *fictive* or *like kin* – family members who do not meet the Wisconsin statutory definition of a relative, godparents, or family friends and whom the child recognizes as significant persons in his/her life.

Section 5.1 presents an overview of the initiative and the evaluation. Section 5.2 summarizes the findings for each of the hypotheses. Finally, Section 5.3 discusses practice and policy implications.

## 5.1 Overview

The Wisconsin Department of Children and Families (DCF) implemented the Subsidized Guardianship Initiative in Milwaukee in October 2005, with a 5-year demonstration period running through September 2010. The terms and conditions of the Title IV-E waiver required an independent evaluation report in April 2011. Following passage of the *Fostering Connections to Success and Increasing Adoptions Act of 2008*, DCF expressed interest in the new Kinship Guardianship Assistance Program (KinGAP) and planned to convert the demonstration to KinGAP upon approval by HHS. With that intention, DCF requested that Westat complete the evaluation a year early. This final report is based on data collected from October 2005 through September 2009. Although the study period was shortened by 1 year from the original study design and evaluation plan, sufficient data were collected to present a full picture of the impact of the demonstration.

**Randomized evaluation design.** The evaluation used a posttest-only randomized design to develop the impact estimates for the intervention (i.e., availability of subsidized guardianship). The efficacy of the intervention was determined by comparing safety, permanence, and placement stability outcomes for Milwaukee children who were randomly assigned to the intervention group (eligible for subsidized guardianship) or the comparison group (not eligible for subsidized guardianship). The comparison group received the services for which they were normally eligible, which included long-term relative and non-relative foster care and the full range of permanency options in effect in Milwaukee County prior to January 2006. These permanency options included reunification, subsidized adoption, and unsubsidized guardianship. Children in the intervention group were offered the additional option of subsidized guardianship. The evaluation examined the effects of the intervention relative to the absence of the subsidized guardianship option. Impact was determined by comparing the outcomes of the two groups in an intent-to-treat (ITT) analysis.

The evaluation plan included multiple forms of data collection. For the qualitative assessment of the implementation of the demonstration and to document factors within the child welfare system and the larger service delivery environment that facilitated or inhibited program success (see Chapter 3), the evaluation team collected information from DCF and Bureau of Milwaukee Child Welfare (BMCW) documents and conducted stakeholder interviews and focus groups. To examine impact and cost (see Chapter 4), the team used data from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS), federal Adoption and Foster Care Analysis and Reporting System (AFCARS), and Title IV-E expenditure claims, and conducted telephone interviews of the caregivers of children in the demonstration to help

understand how families make decisions about permanence and whether the availability of the subsidized guardianship option improved chances for a safe and permanent exit from foster care.

**Implementation.** DCF implemented the waiver in two phases. Phase I offered subsidized guardianship to children in stable relative placements with a Chapter 48 Wisconsin Statutes guardianship order already in effect as of December 31, 2005. These cases were tracked for cost reporting and limited evaluation purposes but were not subject to random assignment and were not included in the cost neutrality calculation. For the main study (Phase II), the terms and conditions required a rigorous process and outcome evaluation and an analysis of cost neutrality. Phase II began with the full implementation of the waiver on January 1, 2006. All children who became eligible for the waiver on or after January 1, 2006, were randomly assigned to the intervention or comparison groups.

Phase I cases consisted of children in stable placements where all parties, including families, case managers, permanency planners, judges, and attorneys, had agreed that a guardianship order was appropriate and a guardianship order was in place. These cases allowed the DCF and court the opportunity to implement the procedures for subsidized guardianship without debate on individual cases readiness. The introduction of subsidized guardianship in this phased approach allowed the community to experience cases where everyone agreed that subsidized guardianship was the best permanency option for the children involved. Implementation science defines this early period as “initial implementation,” which involves stakeholder communication, infrastructure building, and sustainability planning (Fixsen et al., 2005). Phase I was largely successful in communicating with stakeholders in the agencies, courts, and community to gain their buy-in to the idea of subsidized guardianship as a good and necessary permanency alternative for some families. The necessary changes to state statutes and the eWiSACWIS were made to handle Phase I cases and pave the way for Phase II implementation.

In the first six months of the demonstration period, DCF identified 138 eligible cases for Phase 1. A total of 127 cases out of the 138 in the original exempt group had their Child in Need of Protective Services (CHIPS) order dismissed,<sup>24</sup> with 117 of those cases achieving subsidized guardianship. These cases were prescreened by BMCW before being sent to the DA, leading to a

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<sup>24</sup> A CHIPS order gives the court jurisdiction over a child determined to be in need of protective services due to abuse, neglect, or other reasons he/she cannot receive adequate care in the current home. These orders are dismissed during the process of obtaining permanent guardianship.

smooth court process and a largely seamless transition to subsidized guardianship. Subsequently DCF identified 71 additional Phase I cases as a result of updating client court data in eWiSACWIS. Among these cases, 28 had been discharged by the end of the evaluation.

Out of the Phase I period, two issues arose that lingered into Phase II:

- The court wanted to ensure that adoption was still a priority. As a part of the process, the DA's office required that all caregivers sign a "statement of guardian's understanding that adoption is unlikely after CHIPS order has been dismissed." While adoption is still legally possible after dismissal of the CHIPS order, caregivers must understand that adoption becomes much more difficult after the order is dismissed because new legal grounds must be established to terminate parental rights.
- Some children eligible for subsidized guardianship did not move out of foster care. In many cases, this was due to reservations about the capability of the caregiver to provide long-term care for the child and concerns that services needed by a family or child might not be available in the community.

Phase II began with the random assignment of cases that became eligible starting January 1, 2006. Problems in the implementation process included (1) early lack of clarity about the subsidized guardianship process among agency staff and families, (2) apprehension about losing needed services after subsidized guardianship, and (3) the perception among both BMCW and court staff that there was an adoption rule-out requirement. Although reunification and adoption remain the preferred permanency alternatives at BMCW, the perceived need for a rule-out served as an obstacle to the concept of family-focused permanency planning where all options are presented and chosen according to the needs of the child and family. After an initial rush in completions of subsidized guardianships at the beginning of Phase II, the flow stopped. There was a total of 576 Phase II cases (half in the intervention group and half in the comparison group) in the study.

The evaluation interim report noted that further training for the ongoing case management staff, supervisors, permanency consultants, and court staff might help alleviate these problems. In addition, the creation and official approval of written procedural materials would help staff better understand how to determine eligibility for subsidized guardianship, how to determine like-kin cases, when to discuss subsidized guardianship with a family, how to educate caregivers about their options for post-permanency services, and how to process a case for subsidized guardianship. Additional training and procedural materials would assist in making subsidized guardianship more available as a useful and appropriate permanency option for many

families. By mid-2008, BMCW approved and distributed broad subsidized guardianship procedures and policies. Training of case management staff was conducted in the summer and fall of 2008. By the end of 2009, interviews with administrative staff and point persons suggested that awareness and a comfort level with the new permanency option had been achieved.

**Characteristics of Children and Caregivers.** During Phase II, interviews with caregivers were conducted within 3 months of assignment. These interviews provided information on child and caregiver characteristics and on caregivers' understanding of and opinions about guardianship and adoption, and their initial decisions about permanence. In addition, caregivers were asked about their decision-making process, contact with case managers, and key contextual information about background characteristics and experiences of the caregiver and child that may have led to different decisions about guardianship and adoption. The interviews provided data on 456 children who were randomly assigned to the intervention group ( $N=236$ ) and comparison group ( $N=220$ ).

The children in the surveyed group showed statistical equivalence between intervention and comparison groups on demographic characteristics: gender (53% female in the intervention group compared with 46% in the comparison group), age distribution (about 27% of each group were teenagers), race (about 76% of each group were Black), Hispanic origin (5% of the intervention group and 7% of the comparison group), diagnosed disability (12% of intervention group and 17% of comparison group), and mental retardation (0.4% of the intervention group and 0.9% of the comparison group). Nearly 64% of the intervention group was title IV-E eligible, compared to 58% of the comparison group; as discussed in Section 4.7.1, this chance difference in IV-E eligibility rates worked to the state's financial disadvantage.

The survey found that almost one-quarter of the caregivers were aged 55 years or older; a third were between the ages of 45 and 54 years; and the remainder (42%) were under the age of 45. About three quarters of the caregivers were Black and around 6 percent were Hispanic/Latino. About half of the caregivers had at least some college education. Three-fourths of the caregivers were in the workforce, with over half working full-time. A large majority of caregivers (85%) reported that they were in good or excellent health. Approximately one-fourth of the caregivers said that they had some limiting disability, but almost all said that their limitations did not prevent them from caring for their children.

Over a third of the caregivers had incomes of more than \$40,000, while about one-third had incomes between \$20,000 and \$40,000, and under a third had incomes below \$20,000.



Despite their limited financial resources, most of the caregivers (92%) said that they had enough money to maintain their household and family.

Almost three-quarters of the caregivers reported that they had attended religious services in the past month. And when asked about their support networks, almost half said they could expect support from people outside their home and an overwhelming majority (96%) said that they could depend on receiving support with their children if they became ill or impaired. These findings suggest that a majority of caregivers had people in their lives that they could count on for some support with the children.

## **5.2 Summary of Findings**

Overall, the findings regarding the hypotheses strongly supported offering subsidized guardianship as a permanency option.

### **1. The availability of subsidized guardianship reduced the number of children remaining in long-term foster care and led to shorter lengths of stay.**

The children randomly assigned to the intervention group in Phase II showed significant improvements in permanence, length of stay, and use of long-term foster care. Statistically significant findings included:

- Children assigned to intervention were more likely to exit to a permanent home through reunification, adoption, guardianship, or relative custody<sup>25</sup> (intervention = 69%, comparison = 50%).
- Children assigned to the intervention group used fewer days of foster care (mean=490 days) than the comparison group (mean=631 days) with a mean difference of -141 days.
- Fewer children in the intervention group remained in foster care at the end of the study period: as of September 2009, 37 percent of children in the intervention group were still in care compared to 58 percent of the comparison group.

In the telephone survey, the interviewer asked caregivers about their plans for permanence for the foster children in their care. Although the differences were not statistically significant, a somewhat higher percentage of children in the intervention group were planning for

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<sup>25</sup> Children who exited foster care to a permanent home but later returned to custody were excluded from the permanency count for this comparison.

permanence, with 74 percent of intervention cases leaning toward leaving the foster care system compared to 64 percent of comparison cases.

**2. The availability of subsidized guardianship did not affect the number of disrupted placements for children in foster care.**

Approximately 87 percent of the intervention group never moved from their home of original assignment by the end of the observation period, compared to 83 percent of the intervention group. Although the difference favors the intervention group, the stability rates are statistically equivalent (sig. = .328). As of September 2009, there were no re-entries from adoptive homes, although there were placement disruptions prior to adoption. These results replicate the findings on placement stability among kinship caregivers that were previously reported for the guardianship demonstrations in Illinois and Tennessee. Thus, although subsidized guardianship significantly reduced the proportion of children remaining in foster care, it did not reduce the overall stability of these placements. Kinship caregivers sustain their care giving commitments regardless of the legal circumstances of their arrangements. This result may strike some as counter-intuitive given the widespread belief in the importance of legal status for family permanence. But it appears that legal status may be less important for lasting family relations than extra-legal factors such as kinship ties or prior time spent together.

**3. The availability of subsidized guardianship did not change the rate of adoption for children in foster care.**

The rate of adoption is slightly higher in the intervention group (39%) but statistically indistinguishable from the comparison group (37%), showing that subsidized guardianship did not supplant adoption as a viable permanency option for relative foster caregivers.

**4. The availability of subsidized guardianship did not change the rate of reunification for children in foster care.**

Over the full evaluation period, there was a slightly lower rate of reunification in the intervention group (6%) compared to the comparison group (10%), but the difference was not statistically significant. Any concern should be tempered by the finding that more children in the comparison group experienced re-entries into foster care than did children in the intervention group. Four of the five re-entries in the comparison group involved reunified children; by comparison, only one re-entry occurred in the intervention group, and it involved a guardianship

case. Thus, it seems reasonable to surmise that while the absence of a subsidized guardianship option may encourage workers to take greater risks in reunifying children, there is a chance that many of these permanency gambles will not work out as planned. It would be very informative to track the post-reunification disruption rates for a longer period to see whether the guardianship option adversely affects rates of permanent family reunification in the long term.

**5. The availability of subsidized guardianship did not change the number of subsequent reports and substantiated findings of abuse and neglect for children during and after leaving foster care.**

Reports of child maltreatment (regardless of whether they were screened in for further investigation or substantiated) were statistically equivalent in the intervention group and in the comparison group (19% vs. 24%, respectively, but the difference of 5 percentage point is not statistically different from zero, sig. =.205). Similarly, no significant differences emerged between the intervention and comparison groups with respect to investigated reports or substantiated reports. Restricting the analysis to reports that occurred after exiting to adoption or subsidized guardianship, equal percentages (3% of each group) received a child maltreatment report, and about 2 percent of the intervention group and 1 percent of the comparison group had an investigated report. None of these post-permanency reports were substantiated. Thus, the evidence strongly suggests that child safety is not compromised by making subsidized guardianship available as a permanency alternative.

**6. There is no evidence that the availability of subsidized guardianship increased the use of relatives as placement resources.**

Use of relatives is closely affected by licensing issues. Although case managers and permanency workers reported a general push for licensure by BMCW, there were also fewer homes being licensed due to a more stringent application of the licensing standards. Additionally, it is likely that as more children in relative care exited the foster care system to adoption and subsidized guardianship, the number of licensed providers was further reduced (given that licensure is a precondition for pursuing either of these permanency options). The combination of a more stringent application of the licensing standards and an increased exodus of licensed (primarily relative) providers through adoption and subsidized guardianship effectively reduced the supply of licensed relative providers over the course of the evaluation.

The like-kin option, which extended the subsidized guardianship option to non-relatives who had a familial relationship with the child, was used 20 times over the course of the evaluation. This option is useful for children with pre-existing relationships where no blood relatives are available or where placement with the like-kin caregiver is the better option for the child. The evaluation was unable to do a separate analysis on like-kin cases due to the small number of cases during the evaluation period. Like-kin appears to be an important option for states looking for permanent relationships for children. Fostering Connections allows states to define relatives for KinGAP.

**7. The availability of subsidized guardianship did not increase the overall costs of providing foster care to children in foster care, but did impact the state share of the costs.**

The intervention group used an average of 377 foster care days, 76 fewer days than the comparison group, which used an average of 453 days. Since Wisconsin began claiming IV-E reimbursement, the cumulative intervention-group IV-E costs have been greater than the federal cost neutrality limit due to a chance imbalance in the federal financial participation (FFP) rate between the intervention and control groups. Basing the cost neutrality limit on only IV-E eligible children or days of care rather than on all children would help to adjust IV-E claims for the imbalance in the FFP rates.

### **5.3 Implications**

These findings have several implications for future policy considerations by jurisdictions implementing KinGAP. Wisconsin was one of several states to explore the option for subsidized guardianship under IV-E waiver authority. The Wisconsin interim report combined with reported findings from Illinois, Tennessee, and other states provide the evidence to support KinGAP as enabled by the Fostering Connections legislation. Included in this discussion are questions raised by the evaluation findings.

Milwaukee served as a transformation zone for subsidized guardianship during the demonstration. A transformation zone is a self-contained part of a larger system that develops, tests, and fully implements a system change on a smaller scale prior to expanding it to the full system. The terms and conditions of the waiver included the option to expand the waiver demonstration statewide. Although this did not occur during the waiver period, the lessons learned can be used in the implementation of KinGAP in Wisconsin and other states.

It is important to note that the evaluation itself compromised the process of integrating subsidized guardianship into BMCW permanency planning. The evaluation team heard from agency staff and caregivers that, particularly in the early period of Phase II, workers made licensing referrals based on random assignment results. Families in the treatment group were pushed to remain licensed while families assigned to the comparison group were allowed to drift back into unlicensed status. In combination with the imbalance in IV-E eligibility in the comparison group (lower at random assignment) discussed previously, the state did not see the expected financial savings.

**Implementation.** Implementation occurs in six distinct stages: exploration, installation, initial implementation, full implementation, innovation, and sustainability (Fixsen et al, 2005). The first four stages of subsidized guardianship implementation occurred during the waiver demonstration in Wisconsin. Exploration and installation, which established the implementation drivers, occurred during the waiver preparation prior to Phase I of the demonstration, during which they tested procedures, established point people, trained agency and court staff, made necessary changes to the legal code and eWiSACWIS system, planned the evaluation, and gained the support of the court and other stakeholders.

The initial implementation occurred with the relatively straightforward legacy cases transitioned to subsidized guardianship in Phase I, then segued into the full implementation of Phase II when subsidized guardianship became part of ongoing permanency planning. The use of subsidized guardianship peaked during the initial rush of Phase I, but then dropped as time went by and BMCW policies and procedures did not become fully integrated into routine permanency planning. Subsidized guardianship rose again around the time of the second set of trainings in 2008, implying that when workers had a clearer understanding of subsidized guardianship procedures, they were more able and willing to recognize, discuss, and process subsidized guardianship cases. “Manualizing the intervention” by providing detailed, official written policy and procedures, disseminating them through supervisors and training, and having well-informed point people as resources is a key element to implementation success, and was not fully completed during the Subsidized Guardianship Initiative.

**Lessons learned.** A number of issues arose and were examined during the Wisconsin waiver demonstration that may inform the conditions of Fostering Connections and future KinGAP implementation.

1. **Supplanting of adoption.** The possibility of the subsidized guardianship option decreasing the rate of adoption has been a concern in all of the IV-E waiver demonstrations. Although adoption supplanting is possible, as seen in Illinois, the Wisconsin demonstration shows that it can be managed through policy at the agency and court level by making adoption the preferred permanency option after reunification is ruled out.
2. **Supplanting of reunification.** Another concern, that the availability of subsidized guardianship might discourage workers from pursuing reunification, is also theoretically possible. The Wisconsin waiver required children to have been in foster care for 12 months before becoming eligible for subsidized guardianship to avoid an early exit to guardianship where reunification might still have been feasible. Wisconsin did have a fast-track option for cases where reunification had been ruled out, but the BMCW did not use this option during the waiver period. Fostering Connections allows children to be in care for six months prior to eligibility; states concerned about reunification supplanting will need to remain cautious and vigilant to be sure that the appropriate permanency options are pursued for each family.
3. **Defining kinship.** Fostering Connections allows states to use their own legal definitions of kinship and, thus, who qualifies as a relative caregiver. A like-kin provision, such as the one used in Wisconsin, would allow states even further latitude in finding appropriate homes for children in foster care.
4. **Need for post-guardianship services.** During family and team meetings, a major discussion topic involved the future service needs of the children and families. Best practice would suggest that this ought to be a topic of discussion regardless of which permanency option is being considered. Families who would lose access to necessary services may choose to remain in the system if those services cannot be obtained from the community. Caregivers in the intervention group with low supplies of exchange social capital took greater advantage of the option to become permanent guardians than similar caregivers in the comparison group, which may motivate greater attention to family and community support in family and team meetings.
5. **Social capital.** Evaluation outcomes indicate that the availability of subsidized guardianship moderates the impact of social capital (which encompasses the wide variety of resources that are accessible to people through their social ties) on permanency plans.

Caregivers with low exchange social capital are less likely to voice a preference for adoption and more likely to favor returning the child to the birth parents (perhaps to relieve themselves of the burden of foster care responsibilities). The availability of guardianship assistance seems to fortify the willingness of caregivers with low exchange social capital to become the child's permanent guardian, which also relieves them of the more onerous oversight and administrative burdens imposed by the foster care system.

**Predicting good opportunities for subsidized guardianships.** A body of literature exists to support the training of caseworkers to examine family dynamics for a subsidized adoption. The depth and extensive practice of this body of knowledge give confidence to workers working with families trying to make a decision in the best interests of the child. A similar foundation of literature will be needed for states preparing their staff to help families make decisions about these new permanency options. What we have learned from the Wisconsin and other subsidized guardianship evaluations help address this need for information. As mentioned above, training must be ongoing to ensure that new caseworkers are able to handle all permanency options and that all caseworkers remain knowledgeable and confident in subsidized guardianship policy and procedure. All subsidized guardianship initiatives will begin with a first wave of children who have been in stable, long-standing placements for some time, similar to Wisconsin's Phase I cases. It will be important to set up data collection for assessment to learn from these cases and help agencies incorporate subsidized guardianship into their long-term, family-focused permanency planning.

**Permanence is perception, not actuarial.** Subsidized guardianship is an alternative type of permanence that can provide children with long-term security and stability while keeping them legally connected to their birth parents. Although it is not considered as legally binding as adoption, caregivers and children enter it with the understanding that it is a permanent relationship. It is important to keep in mind that both finalized adoptions and subsidized guardianship cases can experience temporary interruptions of care or legal dissolutions. Permanence lies in the commitment of the family to the child.

**The cost of implementing subsidized guardianship.** Cost neutrality is required for all waiver demonstrations, meaning that the total amount of federal funds used to support the demonstration project cannot exceed the amount of federal funds that would have been expended by the state in the absence of the waiver. Wisconsin spent over the federal cost neutrality limit due to the lower IV-E eligibility rate in the comparison group (a chance effect of random assignment) as well as the higher rate of the comparison group losing IV-E eligibility during

course of waiver. When the analysis compensated for these anomalies, Wisconsin showed a substantial savings. States must balance the savings of subsidized guardianship (reduced caseloads, reduced foster care subsidies, cost of living difference in care vs. out of care) with the costs (increased post-permanence payments, increased post-permanence support services, increased costs for quality assurance and monitoring).

In summary, the Wisconsin waiver demonstration showed that subsidized guardianship serves as a welcome and useful permanency alternative for many children in stable relative foster care. Wisconsin demonstrated that the option of subsidized guardianship reduces the number and lengths of stay of children in long-term foster care. It need not supplant adoption or reunification, nor does it increase disrupted placements or subsequent reports of abuse and neglect. Financially, it should not increase the costs of providing foster care and may lead to substantial savings for an agency. With the proper policy and implementation, subsidized guardianship can provide permanence for many stable families that do not need to remain in the child welfare system.

Reference:

Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M., and Wallace, F. 2005. *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.



## APPENDIX A

### Child and Caregiver Characteristics Tables

## CHILD CHARACTERISTICS TABLES<sup>26</sup>

**Table A.1. Child's Sex by Intervention/Comparison Group**

Child's Sex	Intervention	Comparison	Total
Male	47.1%	54.4%	50.6%
Female	52.9%	45.6%	49.4%
Totals	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p = .130$

**Table A.2. Child's Age by Intervention/Comparison Group**

Child's Age	Intervention	Comparison	Total
Under 6 years	38.8%	34.9%	36.9%
6-11 years	33.9%	36.1%	35.0%
12 yrs & over	27.3%	29.0%	28.1%
Totals	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p = .778$

**Table A.3. Child's Education by Intervention/Comparison Group**

Child's Current Education	Intervention	Comparison	Total
Under 1 <sup>st</sup> grade	32.2%	28.5%	30.4%
1 <sup>st</sup> -3 <sup>rd</sup> grade	21.6%	22.9%	22.2%
4 <sup>th</sup> -8 <sup>th</sup> grade	26.4%	34.0%	30.1%
9 <sup>th</sup> -12 <sup>th</sup> grade	19.8%	14.6%	17.3%
Totals	100.0% (WgtN=215.0)	100.0% (WgtN=203.3)	100.0% (N=418.4)

Missing = 64  $p = .348$

**Table A.4. Child's IEP by Intervention/Comparison Group**

Child's IEP	Intervention	Comparison	Total
Has IEP	36.7%	37.0%	36.9%
No IEP	55.9%	58.2%	57.0%
Don't Know	7.3%	4.8%	6.1%
Totals	100.0% (WgtN=215.0)	100.0% (WgtN=203.3)	100.0% (WgtN=418.4)

Missing children under age 3= 64  $p = .624$

<sup>26</sup> (\*) indicates statistical significance  $\leq .05$

**Table A.5. Child's Race by Intervention/Comparison Group**

Child's Race	Intervention	Comparison	Total
White	22.2%	17.7%	20.0%
Black	79.6%	79.4%	79.5%
Other	2.3%	1.7%	2.1%

Totals exceed 100% because of multiple codings for children of mixed races.

**Table A.5s. Child's Hispanic/Latino Origins by Intervention/Comparison Group**

Child's Race	Intervention	Comparison	Total
Hispanic/Latino	7.5%	8.9%	8.6%
Other	92.5%	91.1%	91.8%
Totals	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p=.710$

**Table A.6. Child's Health by Intervention/Comparison Group**

Child's Health	Intervention	Comparison	Total
Excellent	48.8%	39.0%	27%
Good	42.7%	48.5%	46%
Fair or Poor	8.5%	12.5%	22%
Totals	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p=.086$

**Table A.7. Child's Disability by Intervention/Comparison Group**

Child's Disability	Intervention	Comparison	Total
Has disability	52.8%	57.4%	55.0%
No disability	47.2%	42.6%	45.0%
Totals	100.0% (WgtN=249.7)	100.0% (WgtN=234.1)	100.0% (N=483.8)

Missing = 2  $p=.312$

**Table A.8. Child's ADHD/ADD by Intervention/Comparison Group**

Child's ADHD	Intervention	Comparison	Total
Yes	17.2%	20.7%	18.9%
No	82.8%	79.3%	81.1%
Totals	100.0% (WgtN=249.7)	100.0% (WgtN=234.1)	100.0% (N=483.8)

Missing = 2  $p=.265$

**Table A.9. Child's Mental Retardation by Intervention/Comparison Group**

<b>Child's Mental Retardation</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	0.0%	1.3%	0.6%
<b>No</b>	100.0%	98.7%	99.4%
<b>Totals</b>	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

**Table A.10. Child's Emotional/Behavioral by Intervention/Comparison Group**

<b>Child's Emotional/Behavioral</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	20.8%	22.5%	21.6%
<b>No</b>	79.2%	77.5%	78.4%
<b>Totals</b>	100.0% (WgtN=248.6)	100.0% (WgtN=235.2)	100.0% (N=483.8)

Missing = 2 p =.701

**Table A.11. Child's Learning Disability by Intervention/Comparison Group**

<b>Child's Learning Disability</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	11.4%	23.4%	12.4%
<b>No</b>	88.6%	86.6%	87.6%
<b>Totals</b>	100.0% (WgtN=248.6)	100.0% (WgtN=235.2)	100.0% (N=483.8)

Missing = 2 p =.491

**Table A.12. Child's Asthma by Intervention/Comparison Group**

<b>Child's Asthma</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	8.7%	6.3%	7.5%
<b>No</b>	91.3%	93.7%	92.5%
<b>Totals</b>	100.0% (WgtN=248.6)	100.0% (WgtN=235.2)	100.0% (N=483.8)

Missing = 2 p =.333

**Table A.13. Child's Speech Impairment by Intervention/Comparison Group**

<b>Child's Speech Impairment</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	10.0%	8.6%	9.3%
<b>No</b>	90.0%	91.4%	90.7%
<b>Totals</b>	100.0% (WgtN=248.6)	100.0% (WgtN=235.2)	100.0% (N=483.8)

Missing = 2 p =.644

**Table A.14. Child's Substance Abuse by Intervention/Comparison Group**

<b>Child's Substance Use: Ages 8 and older</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Sometimes or Often Smoked or Used Alcohol/Drugs</b>	11.3%	4.3%	7.8%
<b>Never Smoked nor Alcohol/Drugs</b>	88.7%	95.7%	92.2%
<b>Totals</b>	100% (WgtN=126.6)	100% (WgtN=123.4)	100% (WgtN=250)

Under 8 years old = 235  $p=.033^*$

**Table A.15. Child's Anticipated School Level (B4) by Intervention/Comparison Group**

<b>Child's Anticipated School Level Children Aged 3 and older</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Less than high school/ some high school</b>	5.4%	6.9%	6.7%
<b>Finish high school/GED</b>	38.6%	29.6%	34.3%
<b>Some college/ Vocational program</b>	32.2%	30.4%	35.2%
<b>Bachelor's degree</b>	21.4%	23.9%	22.6%
<b>Post-graduate degree</b>	2.4%	1.2%	1.8%
<b>Totals</b>	100% (WgtN=212.9)	100% (WgtN=198.5)	100% (WgtN=411.4)

Missing children under 3=70  $p=.454$

**Table A.16. Child's Counseling (C5) by Intervention/Comparison Group**

<b>Child's Counseling</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Has not received counseling</b>	46.0%	45.0%	54.5%
<b>Has received counseling</b>	54.0%	55.0%	54.5%
<b>Totals</b>	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p=.839$

**Table A.17. Other Children Living at Home (E3) by Intervention/Comparison Group**

<b>Other children living at home</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	44.4%	45.9%	45.1%
<b>No</b>	55.6%	54.1%	54.9%
<b>Totals</b>	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p=.840$

**Table A.18. Child's Best Permanent Living Plan (E6) by Intervention/Comparison Group**

<b>Child's Best Permanent Living Plan</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Reunited with both parents</b>	7.3%	9.5%	8.4%
<b>Adopted by caregiver</b>	53.9%	54.5%	54.5%
<b>Caregiver becomes permanent guardian without adoption</b>	27.1%	22.4%	25.0%
<b>To stay with caregiver in foster Care</b>	9.6%	12.8%	11.2%
<b>Adopted by another family</b>	0.8%	0.9%	0.9%
<b>Other</b>	1.2%	0.0%	0.7%
<b>Totals</b>	100.0% (WgtN=249.7)	100.0% (WgtN=232.8)	100.0% (N=482.4)

Missing=3  $p < .845$

**Table A.19. Likelihood of Child's Best Permanent Living Plan (E7) by Intervention/Comparison Group**

<b>Likelihood</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Very Likely</b>	65.2%	66.2%	65.7%
<b>Somewhat likely</b>	17.0%	15.6%	16.3%
<b>Somewhat/very unlikely</b>	3.8%	8.9%	6.2%
<b>Has already occurred</b>	13.9%	9.4%	11.7%
<b>Totals</b>	100.0% (WgtN=248.6)	100.0% (WgtN=230.7)	100.0% (N=479.3)

Missing=6  $p = .250$

**Table A.20. Amount of time child has been living with current caregiver (E5) by Intervention/Comparison Group**

<b>Total time with current caregiver</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Less than one year</b>	17.1%	11.6%	14.5%
<b>1-2 years</b>	47.8%	34.1%	41.2%
<b>3-4 years</b>	14.1%	23.8%	18.8%
<b>4 or more years</b>	14.2%	24.3%	19.1%
<b>Since child was born</b>	6.7%	6.3%	6.5%
<b>Totals</b>	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p = .033^*$

**Table A.21. If caregiver knows child's birth mother (F1) by Intervention/Comparison Group**

Caregiver knows birth mother?	Intervention	Comparison	Total
Yes	98.3%	97.3%	97.8%
No	1.7%	2.7%	2.2%
Totals	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

*p*=.451

**Table A.22. Caregiver's relationship to birth mother (F2-F3) by Intervention/Comparison Group**

Relationship to birth mother	Intervention	Comparison	Total
Father/mother	16.0%	22.7%	19.3%
Sister/brother	13.1%	11.3%	12.2%
Grandmother/great grandmother	2.1%	0.4%	1.3%
Aunt/cousin	25.1%	21.1%	23.2%
Step-mother/in-law	6.8%	1.3%	4.2%
Other relative	1.3%	4.0%	2.6%
Not related	34.3%	35.9%	35.1%
Other	1.3%	3.1%	2.2%
Totals	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

*p*=.131

**Table A.23. If caregiver knows child's biological father (F15) by Intervention/Comparison Group**

Caregiver knows biological father?	Intervention	Comparison	Total
Yes	66.2%	70.9%	68.5%
No	33.8%	29.1%	31.5%
Totals	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

*p*=.382

**Table A.24. Caregiver’s relationship to birth father (F16-F17) by Intervention/Comparison Group**

<b>Relationship to birth father</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Father/mother</b>	11.4%	10.7%	11.1%
<b>Sister/brother</b>	5.8%	12.7%	9.1%
<b>Step-mother/in-law</b>	5.1%	5.0%	5.0%
<b>Other relative</b>	6.5%	4.2%	5.4%
<b>Not related</b>	70.9%	66.4%	68.7%
<b>Other</b>	0.4%	0.9%	0.7%
<b>Totals</b>	100.0% (WgtN=248.3)	100.0% (WgtN=239.7)	100.0% (N=479.0)

Missing=6  $p=.325$

**Table A.25. If child has siblings living somewhere else (F30) by Intervention/Comparison Group**

<b>Does child have siblings living somewhere else?</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	85.3%	79.3%	82.4%
<b>No</b>	12.2%	18.4%	15.2%
<b>Don’t know</b>	2.2%	2.5%	2.4%
<b>Totals</b>	100.0% (WgtN=250.7)	100.0% (WgtN=235.2)	100.0% (N=485.9)

$p=.350$

**Table A.26. Option caregiver is leaning towards or has decided on for child (G15 & G21) by Intervention/Comparison Group**

<b>Leaning towards/decided on</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Leave foster system and provide a permanent home</b>	81.0%	68.9%	75.2%
<b>Stay in foster care</b>	14.0%	24.7%	19.1%
<b>Have child return home</b>	5.0%	6.3%	5.7%
<b>Totals</b>	100.0% (WgtN=250.7)	100.0% (WgtN=232.0)	100.0% (N=482.7)

Missing=3  $p=.116$



## CAREGIVER CHARACTERISTICS TABLES

**Table A.27. Caregiver's Sex by Intervention/Comparison Group**

Child's Sex	Intervention	Comparison	Total
Male	9.3%	7.7%	8.5%
Female	90.7%	92.3%	91.5%
Totals	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

$p=.583$

**Table A.28. Caregiver's Age (H3) by Intervention/Comparison Group**

Caregiver's Age	Intervention	Comparison	Total
22-44 years	41.7%	42.5%	42.1%
45-54 years	34.2%	32.2%	33.2%
55 yrs & over	24.1%	25.2%	24.7%
Totals	100.0% (WgtN=158.4)	100.0% (WgtN=152.6)	100.0% (WgtN=310.9)

Missing = 1  $p=.933$

**Table A.29. Caregiver's Race by Intervention/Comparison Group**

Child's Race	Intervention	Comparison	Total
White	25.4%	17.3%	21.4%
Black	71.2%	76.3%	73.7%
Other	5.4%	7.3%	6.2%

Totals exceed 100% because of multiple codings for children of mixed races.

**Table A.30. Caregiver's Hispanic/Latino Origins by Intervention/Comparison Group**

Child's Race	Intervention	Comparison	Total
Hispanic/Latino	4.7%	6.4%	5.5%
Other	95.4%	93.6%	94.5%
Totals	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

$p=.377$

**Table A.31. Caregiver's Marital Status by Intervention/Comparison Group**

Caregiver's Marital Status	Intervention	Comparison	Total
Currently married	34.4%	29.3%	32.4%
Previously married	37.4%	34.6%	35.5%
Never married	28.2%	36.1%	32.1%
Totals	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

$p=.565$

**Table A.32. Caregiver’s Relationship to Children by Intervention/Comparison Group**

Caregiver’s Race	Intervention	Comparison	Total
Grandparent	22.8%	29.9%	26.3%
Aunt/Uncle	21.5%	23.1%	23.3%
Other relative	36.8%	32.4%	34.7%
In-law	6.8%	2.1%	4.4%
Multiple relationships	3.3%	1.5%	2.4%
Non-relative	8.8%	11.1%	9.9%
Totals	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.273

**Table A.33. Caregiver’s Education by Intervention/Comparison Group**

Caregiver’s Education	Intervention	Comparison	Total
Less than HS	17.4%	14.5%	16.0%
HS grad/GED	31.6%	27.2%	29.7%
Some college	38.9%	41.0%	40.0%
College grad or more	12.0%	16.7%	14.3%
Totals	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.562

**Table A.34. Caregiver’s Work Status by Intervention/Comparison Group**

Caregiver’s Work Status	Intervention	Comparison	Total
Working full-time	53.0%	62.6%	57.7%
Working part-time	18.3%	12.5%	15.4%
Not working	28.7%	25.0%	26.9%
Totals	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.231

**Table A.35. Caregiver’s Household Income by Intervention/Comparison Group**

Caregiver’s Income	Intervention	Comparison	Total
Under \$10,000	7.0%	10.4%	8.6%
\$10-19,999	23.7%	18.4%	21.2%
\$20-39,999	32.6%	34.7%	33.5%
\$40,000 or more	36.7%	36.5%	36.6%
Totals	100.0% (WgtN=153.1)	100.0% (WgtN=144.1)	100.0% (WgtN=297.2)

Missing = 14 *p*=.580

**Table A.36. In Last 30 days, Overall, Had Enough Money to Maintain Household (H22) by Intervention/Comparison Group**

<b>If Caregiver Has Enough Money for Family</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	93.3%	90.3%	92.1%
<b>No</b>	6.1%	9.7%	10.0%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.251

**Table A.37. Caregiver's Health (H17) by Intervention/Comparison Group**

<b>Caregiver's Health</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Excellent</b>	22.8%	27.2%	25.0%
<b>Good</b>	65.0%	56.8%	61.0%
<b>Fair</b>	11.5%	14.6%	13.0%
<b>Poor</b>	0.7%	1.4%	1.0%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.540

**Table A.38. Caregiver's Disability (H18) by Intervention/Comparison Group**

<b>Caregiver's Disability</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	11.4%	22.2%	16.7%
<b>No</b>	88.6%	77.8%	83.3%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.007\*

**Table A.39. In Last 30 Days, Gone to Religious Services (H14) by Intervention/Comparison Group**

<b>Attended Religious Services</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	69.9%	73.7%	71.8%
<b>No</b>	30.1%	26.3%	28.2%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.426

**Table A.40. Ever Raised Other Children Not Your Own by Birth (H10) by Intervention/Comparison Group**

<b>Ever Raised Other Children than Own</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	44.3%	48.5%	46.4%
<b>No</b>	37.6%	37.0%	37.3%
<b>SKIPPED (No Own Children)</b>	18.0%	14.5%	16.3%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.695

**Table A.41. Are There Other Adults in the Home Who Regularly Care for and Supervise the Children (I1) by Intervention/Comparison Group**

<b>Other Adults in Home</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	50.1%	42.4%	46.3%
<b>No</b>	49.9%	57.6%	53.7%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.138

**Table A.42. Are There Relatives or Friend Outside of the Home Who Regularly Care for and Supervise the Children (I2) by Intervention/Comparison Group**

<b>Relatives or Friends Outside Home</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	42.2%	49.3%	45.7%
<b>No</b>	57.8%	50.7%	54.3%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.224

**Table A.43. If Are There Other Family Who Could Take Care of Children if CG Became Ill or Could Not Care for Them (I3) by Intervention/Comparison Group**

<b>If CG Has Support If Becomes Ill</b>	<b>Intervention</b>	<b>Comparison</b>	<b>Total</b>
<b>Yes</b>	96.0%	95.2%	95.6%
<b>No</b>	4.0%	4.8%	4.4%
<b>Totals</b>	100.0% (WgtN=158.4)	100.0% (WgtN=153.6)	100.0% (WgtN=312.0)

*p*=.721

## APPENDIX B

### Treatment Effect of Subsidized Guardianship on the Treated (TOT) Discussion

## Counterfactual Framework and Instrumental Variable Analysis

In Section 4, we presented the results of our “intention-to-treat” (ITT) analysis of the impact of randomly assigning sibling groups to the intervention and comparison groups. This is an appropriate way to proceed because it preserves the statistical equivalence of the groups due to randomization even though it yields an unbiased estimate only of the effects of being assigned to the intervention group and not the effects of actually receiving the intended treatment (Testa and Poertner, 2010). As displayed in Table B.1, only 59.1 percent of the intervention group received the intended treatment of being offered the permanency option of subsidized guardianship.

**Table B.1. -- Wisconsin Subsidized Guardianship Waiver Demonstration, Cumulative Days and Dollars of Paid Foster Care by Received Treatment as of September 2009**

Group	Group Size (Wgt.)	Percent	Days of Paid Foster Care		Dollars of Paid Foster Care	
			Sum	Mean	Sum	Mean
Intervention	249.677	100.0%	124,132	497	\$2,844,794	\$11,394
Offered SG	147.580	59.1%	81,311	551	\$2,065,926	\$13,999
Not Offered SG	102.097	40.9%	42,821	419	\$778,868	\$7,629
Comparison	230.657	100.0%	146,227	634	\$3,723,592	\$16,143

We speculated that some caseworkers may have purposely withheld information about subsidized guardianship from caregivers who were already well down the permanency track of adoption for fear of derailing this permanency plan. This then raises the question of what might have happened among those other families who were offered the option as intended if instead the availability of subsidized guardianship was somehow withheld from them. This gets to the core of what policymakers and evaluators ideally want to know: Do the outcomes differ between what actually happened (the factual) and what could have happened (the counterfactual). Answering this question would seem to require an impossible experiment, a so called “treatment-on-treated” (TOT) analysis, in which the same families that received the intended treatment were also simultaneously denied this treatment. Even though such an experiment is impossible, randomization offers the possibility of creating a high-quality approximation to the impossible counterfactual and of estimating how the outcomes might differ on average. This is exactly what the subsidized guardianship experiment can help reveal.

By randomly assigning sibling groups to the intervention and comparison groups, it is possible to estimate how families might potentially behave under the alternatives of being offered and not offered the subsidized guardianship option. This line of reasoning makes an assumption that all families have two potential outcomes that they could experience if they were exposed to both the intervention and

comparison conditions. Of course, only one of these potential outcomes is actually observable once the sibling group has been assigned to either one of these conditions. The alternative what-if outcome is counterfactual in the sense that it could have been observed if the child had instead been assigned to the alternative condition.

Counterfactuals can be approximated with randomized controlled experiments. As demonstrated in Section 4, randomization helps create intervention and comparison groups that are statistically equivalent within the bounds of chance error on both observable and unobservable characteristics. Thus, the 40.9 percent of caregivers in the intervention group who were not offered subsidized guardianship could be expected to be distributed in similar proportions within the comparison group. Because none of these families had been informed about subsidized guardianship by their workers, i.e., they did not recall receiving the intended treatment, it is reasonable to assume that their observed outcomes would approximate the potential outcomes that they might have experienced had they instead been assigned to the comparison group. As indicated in Table B.1, the counterfactual inference is that these caregivers would also be expected to leave the foster care system within an average of about 418 days by acting on their adoption plans rather than remaining in the foster care system.

So what about the 59.1 percent of caregivers who were offered subsidized guardianship? Their potential outcomes under the counterfactual condition can also be estimated as follows: the average number of days of foster care that was consumed in the comparison group was 634 days. As was done for the cost neutrality calculations, we can estimate that approximately 158,285 foster care days would have been consumed by the 250 children assigned to the intervention group if instead they had wound up in the comparison group. We figure that about 42,821 of these days would be accounted for by the families who were not offered the subsidized guardianship option (i.e., they received the same treatment as the comparison group). This would leave a remainder of 115,464 days that would be expected to be consumed by those families that shared a similar profile with those who were offered subsidized guardianship in the intervention group. Dividing this remainder by the 148 children whose families were offered the guardianship option yields an average of 782 days, which is 231 more days than what the families consumed who were offered the guardianship option ( $231 = 782 - 551$ ). Thus the estimated TOT effect of the intervention is a 30 percent decline in the average length of stay in foster care due to the offer of the subsidized guardianship option.

A similar logic can be applied to the potential dollar savings from the reduced length of stay. The estimated TOT effect is an \$8,035 reduction in foster care costs or a 36.5 percent savings. Even though most of these savings will be reinvested in guardianship and adoption subsidies, the additional savings that will be reaped in reduced administrative expenses makes subsidized guardianship a cost-effective

alternative to the previous policy of denying federal support of guardianship subsidies to relative foster families.

### **Instrumental Variable Analysis**

The use of the counterfactual framework to estimate the treatment effect of subsidized guardianship on the treated (i.e.,TOT effect) can be considered a special case of the instrumental variable approach to causal inference. This approach has a long history in economics and assumes that some variable or event is orthogonal to the unobservable factors that could affect the outcomes under study, such as days and amount of paid foster care (Rosenweig & Wolpin 2000). The two key assumptions underlying this approach are: (1) the instrumental variable (IV) induces variation in the received treatment in a non-trivial way (i.e., a larger fraction of the intervention group receives the intended treatment than the comparison group), and (2) the IV affects the outcome only through its effect on the received treatment. In most circumstances, random assignment satisfies these dual assumptions. Assignment to the intervention groups increases the probability of treatment, and the mechanism of random assignment, e.g., coin toss, lottery, or table of random numbers, only affects the outcome through its effect on exposure to the treatment.

As explained above, only 59.1 percent of caregivers in the intervention group in the Milwaukee demonstration received the intended treatment offer of subsidized guardianship. None were presented this option in the comparison group. Thus the increment in the rate of received treatment due to random assignment to the intervention group is 0.591, i.e., the difference in received treatment between the comparison group (0.0) and the intervention group (0.591). The economist Joshua Angrist (2006) gives the following formula for calculating the average treatment effect on the treated (TOT) when cooperation with the intended treatment is incomplete:

$$TOT = ITT/\pi, \tag{1}$$

where ITT is the intention-to-treat effect and  $\pi$  is the predicted increment in the received treatment that is associated with the instrumental variable (IV). The formula can be used whenever it is correct to assume that the TOT effect is constant across recipients and that random assignment has no direct effect on the potential outcomes other than through the received treatment.

The ITT effect in the current example is simply the difference in permanency plans for all children assigned to the intervention group, whether the families actually received the treatment or not, and the plans for all children assigned to the comparison group. From the figures in Table B1, this difference is 137 days (634 days in the comparison group minus 497 days in the intervention group).



Dividing this ITT estimate by the increment in the probability of received treatment due to random assignment (.591) yields a difference of 231 days, which is equal to the estimate of the TOT effect derived from the counterfactual framework above.

This same result can be obtained by using a statistical method known as “two-stage least squares” (2SLS). It involves substituting the predicted rate of received treatment from a selection model, which includes the assignment indicator, into a behavioral model of the outcome, which excludes the indicator. The 2SLS method allows for the addition of other measurable factors, such as child’s age and race, as predictors of both the probability of received treatment and the outcome of interest. Although the linear probability model (LPM) can be used in both steps when the outcome is dichotomous, such as permanence, generally the standard errors of the estimates will be incorrect and other violations of the assumptions of OLS regression can occur. For this reason, 2SLS is best applied when outcomes are continuous, such as days of foster care and foster care expenditures.

### **TOT Analysis of Foster Care Days and Maintenance Expenditures**

While the ITT estimate of a savings of 137 days of foster care days and \$4,750 in maintenance costs per child are substantial, as explained above, they underestimate the savings that Wisconsin would have forgone in the absence of the waiver because of incomplete compliance with the intention to offer intervention families a guardianship subsidy. Conducting a 2SLS analysis of TOT effects with random assignment serving as an instrumental variable boosts the estimates to 231 days and \$8,035, respectively—the same as derived from the counterfactual analysis above. When additional covariates are included in the selection and behavioral equations to correct for statistical imbalances and control for important factors, the TOT savings increases to 247 days and \$9,008 respectively. Thus, for the nearly two-thirds of families who were offered subsidized guardianship, Milwaukee would have spent an average of \$8,035 in foster care maintenance payments for an additional 7.5 months of foster care in the absence of the IV-E waiver. These TOT estimates and the coefficient estimates for other covariates in the behavioral equation are listed in Table B.1. The standard errors have been corrected for sibling clustering by using replicate weights to generate jackknife estimates. Although these other factors and their associated standard error estimates are fixed prior to the intervention and should not be considered causal, the patterns are consistent with some previously known statistically significant associations.

First, African-American children are more likely than white and children of other races to run up higher average costs, but this is primarily associated with the longer time black children stay on average in foster care. Also, for each year older the child is at the time of assignment to the demonstration, the

more days the child stays in foster care and the more dollars are spent on his or her care. IV-E eligibility at baseline is associated with 75 fewer days of foster care and higher average costs.

**Table B.2 2SLS Estimates of TOT Effects on Foster Care Days and Expenditures**

Covariates	Foster care days			Foster care maintenance		
	Coeff.	Sig.	Jackknife Std. Err.	Coeff.	Sig.	Jackknife Std. Err.
Offered SG	-247	0.002	76	(\$9,008)	0.003	\$2,915
Male	-7	--	35	(\$755)	--	\$1,970
African American	179	0.000	46	\$5,806	0.003	\$1,852
Age of child at assignment	68	0.052	34	\$3,185	0.081	\$1,792
IV-E eligible at baseline	-75	0.093	44	(\$3,515)	0.049	\$1,744
Relatedness	-17	--	23	\$795	--	\$1,258
Paternal side	87	--	54	\$2,028	--	\$2,454
In home > 2 years	-22	--	54	(\$5)	--	\$2,450
Child in good health	0	--	59	(\$5,403)	--	\$3,684
Child use of substances	-37	--	142	\$6,295	--	\$10,879
Constant	478	0.000	81	\$12,124	0.021	\$5,120

-- Not statistically different from zero.

None of the other factors that were imbalanced at the time of assignment, such as length or residence in the caregiver's home, child health, and use of substances, showed a significant relationship with days and expenditure of foster care. Most of these cost savings are reinvested in guardianship and adoption assistance payments. When all types of foster care, guardianship, and adoption assistance are taken into account, 2SLS shows that the offer of guardianship assistance is associated with an average savings of \$3,450, bounded by a confidence limit that could be as large as \$4,580 in excess costs. Hence although not statistically different from zero savings, the results of the TOT analysis reinforce the conclusion the availability of federal guardianship subsidies provides a cost neutral alternative to the previous policy of denying federal guardianship assistance to foster children.

APPENDIX C  
Caregiver Survey

## WISCONSIN FAMILY STUDY CAREGIVER SURVEY

### 2.1.1.1 CAREGIVER VERBAL CONSENT FORM

Let me start by reading this consent form. This study is sponsored by the Wisconsin Division of Children and Family Services and the Bureau of Milwaukee Child Welfare and is being conducted by Westat, an independent research company.

The study will identify the strengths and problems of families and children presently or formerly in foster care. It will examine decisions about permanency and services provided. In this interview, we will be asking you questions about decision-making on permanency, services, parenting, household problems, child behavior, your family and your community.

Participation in this interview is voluntary. We anticipate little or no risk to participants, although certain personal questions may be uncomfortable to answer. You may skip questions you prefer not to answer and may stop the interview at any time. If you stop the interview or refuse to participate, this will not affect any services you or your family are entitled to from the Bureau or other government agencies.

The interview lasts about [1 CHILD =**60 minutes**; 2 CHILDREN=**75 minutes**; 3 CHILDREN=**90 minutes**; 4 CHILDREN=**105 minutes**; 5 CHILDREN=**120 minutes**]. We will send you a check for [1 CHILD =**\$20**; 2 CHILDREN=**\$30**; 3 CHILDREN=**\$40**; 4 CHILDREN=**\$50**; 5 CHILDREN=**\$60**] as a thank you for your time.

Information that you provide or that could identify you will be confidential to the extent allowed by law and will be used only for purposes of this study. Your responses to our questions will be combined with those from other participants and the results will be reported as totals and averages, so that no individual person can be identified. If we see or are told that a child is being abused or neglected or is at risk of harm to self or others, we must disclose this information to the Bureau, as required by law. The primary benefit to participants will be that they are contributing to knowledge about child welfare services which will be helpful to better understanding the strengths and needs of families and children in Wisconsin.

If you have any questions about your participation, you may contact Project Director George Gabel, toll-free at 1-800-937-8281, ext. 4223.

Do you have any questions for me? Do you agree to participate in the interview?

<p>DID RESPONDENT AGREE VERBALLY?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO [RESPONDENT MUST AGREE VERBALLY BEFORE STARTING INTERVIEW]</p>
---

Great! Let's get started.

**TIME STARTED:** |\_\_|\_\_|:|\_\_|\_\_| **AM/PM (CIRCLE ONE)**

**TIME ENDED:** |\_\_|\_\_|:|\_\_|\_\_| **AM/PM (CIRCLE ONE)**

**A. HOUSEHOLD STRUCTURE AND CHARACTERISTICS**

BEFORE STARTING INTERVIEW, RECORD NAMES OF ALL TARGET CHILDREN FROM COVER SHEET IN COLUMN A1.

First, I would like to ask you some questions about the children in your care.

TARGET CHILD #	A1. According to my records, these children are under your care: [ENTER NAMES FROM COVER SHEET]	A2. Please tell me if you are [NAME's] Foster Parent ..... 1 Adoptive Parent ..... 2 Guardian ..... 3 OTHER ..... 4 [SPECIFY] _____	A3. What is [NAME's] age?  ENTER AGE AND CIRCLE YRS OR MOS	A4. Is [NAME] male or female?  M.....1 F.....2  ENTER CODE	A5. What race or ethnic origin is [NAME]? You may choose more than one.  Hispanic/Latino origin...1  <b>2.1.1.1.1.1.1 African American ..... 2</b>  <b>2.1.1.1.1.1.2 White..... .....3</b>  Native American.....4 Asian.....5 Some other race or origin?..... 6 (SPECIFY: _____)  <b>2.1.1.1.1.1.3 ENTER ALL THAT APPLY</b>	A6. Is [NAME] currently living in your home?  YES..... 1 (GO TO NEXT CHILD)  NO ..... 2	A7. Where is [NAME] currently living? [RECORD]	A8. Will [NAME] be returning to your home?  YES..... 1 NO ..... 2 DK..... 8  GO TO NEXT CHILD
TARGET CHILD 1			yrs mos					
TARGET CHILD 2			yrs mos					
TARGET CHILD 3			yrs mos					
TARGET CHILD 4			yrs mos					
TARGET CHILD 5			yrs mos					

I would like to have some more information on all the children and other adults who are members of your household. First, can you tell me the names of everyone living in your household, starting with [CHILD 1] [PUT CHILD 1 IN ROW 1, FOLLOWED BY THE NAMES OF THE OTHER TARGET CHILDREN STARTING IN ROW 2. IF ONE OF THE TARGET CHILDREN IS NO LONGER IN THE HOME AND IS NOT EXPECTED TO RETURN, LEAVE THE CHILD OUT OF THE HHE.

PERSON #	A9. NAME	A10. RELATION TO CAREGIVER	A11. RELATION TO CHILD 1
	LIST ALL NAMES STARTING WITH TARGET CHILD 1 FOLLOWED BY THE OTHER TARGET CHILDREN IN THE HOME AND THEN THE OTHER CHILDREN IN THE HOME AND THEN THE ADULTS. DO NOT INCLUDE CAREGIVER.	What is [NAME'S] relationship to you? [NAME IS R's _____]  SON/DAUGHTER..... 02 SISTER/BROTHER..... 03 NIECE/NEPHEW..... 04 GRANDCHILD..... 05 GREAT GRANDCHILD ..... 06 UNRELATED FOSTER CHILD . 07 SPOUSE/PARTNER ..... 08 AUNT/UNCLE..... 09 MOTHER/FATHER..... 10 GRANDPARENT ..... 11 IN-LAW ..... 13 OTHER RELATIVE (SPECIFY) ..... 20 NO RELATION (SPECIFY)..... 21  ENTER CODE	What is [NAME'S] relationship to [CHILD 1]? [NAME IS CHILD's _____]  SELF..... 01 SON/DAUGHTER..... 02 SISTER/BROTHER..... 03 NIECE/NEPHEW..... 04 AUNT/UNCLE..... 09 MOTHER/FATHER..... 10 GRANDPARENT ..... 11 GREAT GRANDPARENT... 12 IN-LAW ..... 13 OTHER RELATIVE (SPECIFY) ..... 20 NO RELATION (SPECIFY)..... 21  ENTER CODE
01	[CHILD 1]		01
02			
03			
04			
05			
06			
07			
08			
09			
10			

**B. CHILD EDUCATION**

Now, I am going to ask you some questions about [CHILD 1].

**IF CHILD 1 IS UNDER AGE 3, GO TO SECTION C.**

- B1. Is [CHILD 1] currently attending any type of school (including preschool)? [IF SUMMER ASK] or was [CHILD 1] enrolled in school this past spring?

YES ..... 1  
 NO ..... 2 (GO TO B3)

- B2. What level of school or grade is (he/she) currently attending? [IF SUMMER ASK] What grade did (she/he) just finish this spring?

PRESCHOOL ..... 01  
 HEAD START ..... 02  
 KINDERGARTEN..... 03  
 1<sup>st</sup> GRADE..... 04  
 2<sup>nd</sup> GRADE..... 05  
 3<sup>rd</sup> GRADE ..... 06  
 4<sup>TH</sup> GRADE ..... 07  
 5<sup>TH</sup> GRADE ..... 08  
 6<sup>TH</sup> GRADE ..... 09  
 7<sup>TH</sup> GRADE ..... 10  
 8<sup>TH</sup> GRADE ..... 11  
 9<sup>TH</sup> GRADE ..... 12  
 10<sup>TH</sup> GRADE ..... 13  
 11<sup>TH</sup> GRADE ..... 14  
 12<sup>TH</sup> GRADE ..... 15  
 VOCATIONAL ..... 16  
 ATTENDING COLLEGE ..... 17  
 UNGRADED SPECIAL ED ..... 18  
 OTHER [SPECIFY]..... 19

- B3. Does [CHILD 1] have an IEP (Individualized Education Program) or an IFSP (Individualized Family Services Plan)?

YES ..... 1  
 NO ..... 2  
 DON'T KNOW ..... 8

- B4. How far do you think [CHILD 1] will go in school? Would you say...

Less than high school (1-8 years)..... 01  
 Some high school (9-11 years) ..... 02  
 (He/she) will finish high school..... 03  
 (He/she) will get a GED ..... 04  
 (He/she) will complete a vocational program ..... 05  
 (He/she) will go to college ..... 06  
 (He/she) will graduate from college ..... 07  
 (He/she) will get a graduate degree like MA or MS, MBA,  
 PhD, MD, or law degree) ..... 08

**C. CHILD HEALTH**

Now I want to ask some questions regarding [CHILD 1]'s health.

C1. In general, how would you describe [CHILD 1] physical health? Would you say it is...?

Excellent.....	1
Good .....	2
Fair, or.....	3
Poor?.....	4

C2. Does [CHILD 1] have any special needs or disabilities—for example, physical difficulties, emotional, language, hearing, or learning difficulties, or other special needs?

YES .....	1
NO.....	2 (GO TO C5)

C3. What type of disability or special need does [CHILD 1]'s have? CIRCLE ALL THAT APPLY [PROBE: Does [CHILD 1] have any other special needs?]

A. A SPECIFIC LEARNING DISABILITY.....	01
B. MENTAL RETARDATION .....	02
C. A SPEECH OR LANGUAGE IMPAIRMENT .....	03
D. ADHD OR ADD .....	04
E. AN EMOTIONAL/BEHAVIORAL DISORDER .....	05
F. DEAFNESS OR ANOTHER HEARING IMPAIRMENT .....	06
G. BLINDNESS OR ANOTHER VISUAL IMPAIRMENT.....	07
H AN ORTHOPEDIC IMPAIRMENT .....	08
I. ANOTHER HEALTH IMPAIRMENT LASTING SIX MONTHS OR MORE.....	09
J. AUTISM.....	10
K. TRAUMATIC BRAIN INJURY .....	11
L. ASTHMA .....	12
M. ANOTHER DISABILITY OR CONDITION (SPECIFY)	
_____	
.....	13

C4. Are you able to get help for [CHILD 1]'s disability or condition?

YES .....	1
NO.....	2



C5. Since coming to live with you, has [CHILD 1] received counseling?

YES ..... 1  
NO ..... 2

C6. Since coming to live with you, has [CHILD 1] ever been treated in a day treatment or residential program for an emotional or behavioral problem?

YES ..... 1  
NO ..... 2

#### D. CHILD BEHAVIOR AND RELATIONSHIP WITH CAREGIVER

D1. Now I want to ask you some questions about [CHILD 1]'s behavior. In the past year, how often would you say [CHILD 1] has...? Would you say it was never, sometimes or often?

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>
a. Gotten along well with friends?	1	2	3
b. Had temper tantrums or displayed a temper?	1	2	3
c. Had physical fights with other children?	1	2	3
d. Been funny and made you laugh?	1	2	3
e. Been afraid in new situations?	1	2	3
f. Made friends easily?	1	2	3

IF CHILD IS YOUNGER THAN 5 GO TO D4

g. Participated in family activities?	1	2	3
h. Refused to do chores?	1	2	3
i. Had physical fights with adults?	1	2	3
j. Destroyed or damaged property on purpose?	1	2	3
k. Enjoyed singing, playing music or doing art?	1	2	3
l. Helped around the house?	1	2	3
m. Participated in a recreational activity?	1	2	3
n. Stolen or shoplifted?	1	2	3

IF CHILD IS YOUNGER THAN 8 GO TO D3

o. Smoked cigarettes?	1	2	3
p. Used alcohol or drugs?	1	2	3

D2. Since coming to live with you, has [CHILD] ever been arrested or had trouble with the police?

- YES ..... 1
- NO ..... 2

D3. Since coming to live with you, has [CHILD] ever run away for one night or longer?

- YES ..... 1
- NO ..... 2

D4. In the last 30 days, how often have you ...? Would you say it was never, sometimes or often?

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>
a. Had difficulty controlling [CHILD 1]?	1	2	3
b. Showed [CHILD 1] that you liked having (him/her) around?	1	2	3
c. Seen (his/her) behavior get worse when you punished (him/her)?	1	2	3
d. Comforted [CHILD 1] when (he/she) had problems?	1	2	3
e. Made (him/her) feel loved?	1	2	3
f. Praised [CHILD 1] for doing something really well?	1	2	3
g. Were afraid [CHILD 1] might harm someone in your household?	1	2	3

D5. Please tell me how much you agree or disagree with the following statement: "I share an affectionate, warm relationship with [CHILD 1]." Do you...

- Strongly agree .....1
- Agree .....2
- Disagree .....3
- Strongly disagree.....4

**E. FOSTER CARE ENTRY AND ARRANGEMENTS.**

E1. There are many reasons why the Bureau becomes involved with families, and that children come into foster care. Did you or another family member phone in a call to the Bureau hotline before (he/she) came into foster care?

- YES ..... 1
- NO ..... 2

E2. Before you took over as caregiver for [CHILD 1], did the other members of your family agree that [CHILD 1] should be living with you? Would you say...

- All agreed ..... 1
- Some agreed..... 2
- None agreed, or ..... 3
- You did not discuss it with family ..... 4

E3. Do you have children that you have (given birth to/fathered) or adopted who are currently living at home?

- YES ..... 1
- NO ..... 2 (GO TO E5)

E4. How happy are your own children with [CHILD 1] living in your home?

- Very happy ..... 1
- Somewhat happy ..... 2
- Not happy..... 3
- Very unhappy ..... 4

E5. What is the total amount of time [CHILD 1] has been living with you? Please include any time [CHILD 1] may have lived with you before coming into foster care.

- Less than 6 months.....1
- 6 months to a year .....2
- 1 to 2 years.....3
- 3 to 4 years.....4
- 4 or more years.....5
- Since child was born.....6

E6. What do you think is the best permanent living plan for [CHILD 1]?

- For the child to be reunified with birth parents.....1
  - For you to adopt .....2
  - For you to become the child's legal guardian without adopting .....3
  - For the child to stay with you in foster care just like it is now .....4
  - For the child to be adopted by some other family.....5
  - Some other arrangement (SPECIFY) .....6
- 

E7. How likely do you think it is that this plan will happen?

- Very likely.....1
- Somewhat likely .....2
- Somewhat unlikely .....3
- Very unlikely.....4
- It has already occurred.....5

E8. How much longer do you think [CHILD 1] will be living with you? Would you say...?

- A couple of weeks longer, ..... 1 GO TO E10
- A couple of months longer, ..... 2 GO TO E10
- A year longer, ..... 3 GO TO E10
- A couple of years longer, ..... 4 GO TO E10
- Until (he/she) is grown ..... 5
- Until some other time  
(SPECIFY)\_\_\_\_\_ .. 6 GO TO E10

E9. About what age do you think this will be?

|\_|\_| YEARS OF AGE

E10. Now I want to ask you about some services or assistance you or [CHILD 1] may have asked for or received from the Bureau or any child welfare agency or somewhere else. In the last 30 days, how often have you seen or talked to your on-going case manager? Would you say...?

- Not at all.....1
- Once .....2
- Twice.....3
- Three times .....4
- Four or more times.....5

E11. How satisfied have you been with the help or assistance provided to you by your on-going case manager? Would you say you were...?

- Very satisfied,..... 1
- Satisfied, ..... 2
- Dissatisfied, or..... 3
- Very dissatisfied? ..... 4

E12. In the last 30 days, how often have you seen or talked to your licensing specialist? Would you say...?

- Not at all.....1
- Once .....2
- Twice.....3
- Three times .....4
- Four or more times.....5

E13. How satisfied have you been with the help or assistance provided to you by your licensing specialist? Would you say you were...?

- Very satisfied,..... 1
- Satisfied, ..... 2
- Dissatisfied, or..... 3
- Very dissatisfied? ..... 4

E14. Now, I am going to ask you about some services that you may have received or tried to get, either from the Bureau, a child welfare agency or somewhere else in the last year for [CHILD 1].

Services	A. In the last year have you ever been referred for or tried to get ...?		B. Have you received it?		C. Did the Bureau help you to get ...?	
	YES	NO	YES	NO	YES	NO
a. Individual counseling for [CHILD 1]?	1	2 If NO, GO TO 14b	1	2 If NO, GO TO 14b	1	2
b. Health care for [CHILD 1]?	1	2 If NO, GO TO 14c	1	2 If NO, GO TO 14c	1	2
c. Tutoring for [CHILD 1]?	1	2 If NO, GO TO 14d	1	2 If NO, GO TO 14d	1	2
IF CHILD IS OLDER THAN 13 GO TO 14e	1	2	1	2	1	2
d. Day care or after-school care for [CHILD 1]? GO TO 14f		If NO, GO TO 14f		If NO, GO TO 14f	GO TO 14f	GO TO 14f
e. Independent living services for [CHILD 1]?	1	2 If NO, GO TO 14f	1	2 If NO, GO TO 14f	1	2
f. Other services for [CHILD 1]? (SPECIFY: What other services have you been referred for or tried to get?) _____ _____ _____	1	2 If NO, GO TO F1	1	2 If NO, GO TO F1	1	2

**F. ROLE OF BIRTH PARENTS**

I have a few questions about [CHILD 1]'s birth parents. These are questions about how you get along with them and about the visits they may have with (him/her).

F1. Do you know who [CHILD 1]'s birth mother is?

YES ..... 1  
 NO ..... 2 (GO TO F15)

**IF CAREGIVER IS FEMALE, GO TO F2. IF CAREGIVER IS MALE, GO TO F3.**

F2. What is your relation to [CHILD 1's] birth mother? Are you her:

Mother ..... 01  
 Sister ..... 02  
 Grandmother ..... 03  
 Great grandmother ..... 04  
 Aunt ..... 05  
 Cousin ..... 06  
 Step-mother ..... 07  
 In-law ..... 08  
 Other relative ..... 09  
 SPECIFY \_\_\_\_\_  
 Non-relative ..... 10  
 SPECIFY \_\_\_\_\_

**GO TO F4**

F3. What is your relation to [CHILD 1's] birth mother? Are you her:

Father ..... 01  
 Brother ..... 02  
 Grandfather ..... 03  
 Great grandfather ..... 04  
 Uncle ..... 05  
 Cousin ..... 06  
 Step-father ..... 07  
 In-law ..... 08  
 Other relative ..... 09  
 SPECIFY \_\_\_\_\_  
 Non-relative ..... 10  
 SPECIFY \_\_\_\_\_

F4. Is (his/her) birth mother still alive?

YES ..... 1  
 NO ..... 2 (GO TO F15)  
 DON'T KNOW ..... 8 (GO TO F15)

- F5. In the last 30 days, how often have you talked to [CHILD 1]'s birth mother? Would you say...?
- Every day, ..... 1  
Several times a week, ..... 2  
About once a week, ..... 3  
1 to 3 times a month, ..... 4  
Not at all? ..... 5
- F6. In the last year, how would you describe your relationship with [CHILD 1]'s birth mother? Would you say...?
- Very friendly, ..... 1  
Friendly, ..... 2  
Unfriendly, or ..... 3  
Very unfriendly? ..... 4  
NO RELATIONSHIP ..... 5 (GO TO F10)
- F7. How much do you like [CHILD 1]'s birth mother? Would you say you...?
- Don't like her very much ..... 1  
Like her somewhat, or ..... 2  
Like her very much ..... 3
- F8. How much do you trust [CHILD 1]'s birth mother? Would you say you...?
- Don't trust her at all ..... 1  
Trust her somewhat ..... 2  
Trust her a lot ..... 3
- F9. Does (his/her) birth mother sometimes stay with you?
- YES ..... 1  
NO ..... 2
- F10. In the past year, how much say has (his/her) birth mother had in making decisions about (his/her) care and upbringing? Would you say it was...?
- None, ..... 1  
Some, or ..... 2  
A lot? ..... 3



F11. Is there a formal plan for visits between [CHILD 1] and (his/her) birth mother?

- YES ..... 1
- NO ..... 2 (GO TO F14)

F12. What is the plan of visits between [CHILD 1] and (his/her) birth mother? Is it...?

- A few times a week, ..... 1
- Once a week, ..... 2
- A few times a month, ..... 3
- Once a month, or ..... 4
- Less often than that..... 5

F13. Is this plan usually kept?

- YES ..... 1
- NO ..... 2

F14. In the last year, about how often has [CHILD 1] seen (his/her) birth mother? Would you say it was...?

- Several times a week, ..... 1
- About once a week, ..... 2
- 1 to 3 times a month, ..... 3
- Several times a year, ..... 4
- About once a year, or ..... 5
- Not at all? ..... 6

F15. Now I'd like to ask about [CHILD 1]'s biological father. Do you know who [CHILD 1]'s biological father is?

- YES ..... 1
- NO ..... 2 (GO F30)

**IF CAREGIVER IS FEMALE, GO TO F16. IF CAREGIVER IS MALE, GO TO F17.**

F16. What is your relation to [CHILD 1's] biological father? Are you his:

- Mother ..... 01
- Sister ..... 02
- Grandmother ..... 03
- Great grandmother..... 04
- Aunt..... 05
- Cousin ..... 06
- Step-mother ..... 07
- In-law..... 08
- Other relative ..... 09
- SPECIFY \_\_\_\_\_
- Non-relative ..... 10
- SPECIFY \_\_\_\_\_

**GO TO F18**

F17. What is your relation to [CHILD 1's] biological father? Are you his:

- |                        |    |
|------------------------|----|
| Father .....           | 01 |
| Brother .....          | 02 |
| Grandfather .....      | 03 |
| Great grandfather..... | 04 |
| Uncle .....            | 05 |
| Cousin .....           | 06 |
| Step-father .....      | 07 |
| In-law.....            | 08 |
| Other relative .....   | 09 |
| SPECIFY _____          |    |
| Non-relative .....     | 10 |
| SPECIFY _____          |    |

F18. Is (his/her) biological father still alive?

- |                  |               |
|------------------|---------------|
| YES .....        | 1             |
| NO.....          | 2 (GO TO F30) |
| DON'T KNOW ..... | 8 (GO TO F30) |

F19. In the last 30 days, how often have you talked to [CHILD 1]'s biological father? Would you say...?

- |                             |   |
|-----------------------------|---|
| Every day, .....            | 1 |
| Several times a week, ..... | 2 |
| About once a week,.....     | 3 |
| 1 to 3 times a month,.....  | 4 |
| Not at all? .....           | 5 |

F20. In the last year, how would you describe your relationship with [CHILD 1]'s biological father? Would you say...?

- |                        |               |
|------------------------|---------------|
| Very friendly, .....   | 1             |
| Friendly, .....        | 2             |
| Unfriendly, or.....    | 3             |
| Very unfriendly? ..... | 4             |
| NO RELATIONSHIP .....  | 5 (GO TO F24) |

F21. How much do you like [CHILD 1]'s birth father? Would you say you...?

- |                                |   |
|--------------------------------|---|
| Don't like him very much ..... | 1 |
| Like him somewhat, or .....    | 2 |
| Like him very much .....       | 3 |

F22. How much do you trust [CHILD 1]'s birth father? Would you say you...?

- |                              |   |
|------------------------------|---|
| Don't trust him at all ..... | 1 |
| Trust him somewhat.....      | 2 |
| Trust him a lot .....        | 3 |

F23. Does (his/her) biological father sometimes stay with you?

- YES ..... 1
- NO ..... 2

F24. In the past year, how much say has (his/her) biological father had in making decisions about (his/her) care and upbringing? Would you say it was...?

- None, ..... 1
- Some, or..... 2
- A lot? ..... 3

F25. Is there a formal plan for visits between [CHILD 1] and (his/her) biological father?

- YES ..... 1
- NO ..... 2 (GO TO F28)

F26. What is the plan of visits between [CHILD 1] and (his/her) biological father? Would you say it was...?

- A few times a week, ..... 1
- Once a week, ..... 2
- A few times a month,..... 3
- Once a month, or ..... 4
- Less often than that..... 5

F27. Is this plan usually kept?

- YES ..... 1
- NO ..... 2

F28. In the last year, about how often has [CHILD 1] seen (his/her) biological father? Would you say it was...?

- Several times a week, ..... 1
- About once a week,..... 2
- 1 to 3 times a month,..... 3
- Several times a year, ..... 4
- About once a year, or..... 5
- Not at all? ..... 6

**BOX F1**  
 IF BIRTH MOTHER IS DECEASED (F4=2), GO TO F30

F29. What is the relationship between [CHILD 1]'s birth mother and father? Are they

- Married and living together ..... 1
- Married but separated ..... 2
- Divorced ..... 3
- Never married and living together ..... 4
- Never married but seeing each other ..... 5
- Not in a relationship at this time ..... 6
- DON'T KNOW ..... 8

F30. Now I want to ask you about any siblings [CHILD 1] has. Does (he/she) have siblings who live somewhere else?

- YES .....1
- NO .....2 (GO TO SECTION G)
- DON'T KNOW.....8 (GO TO SECTION G)

F31. In the last year, about how often has [CHILD 1] seen any of (his/her) siblings who live somewhere else? Would you say it was...?

- Several times a week, ..... 1
- About once a week,..... 2
- 1 to 3 times a month,..... 3
- Several times a year, ..... 4
- About once a year, or..... 5
- Not at all? ..... 6

F32. Do you think that [CHILD 1] would like to see (his/her) siblings...

- More often, ..... 1
- Less often, or ..... 2
- The same amount (he/she) does now..... 3

**WI CAREGIVER INTERVIEW SECTION II**

**G. AGENCY/SERVICES**

Now I want to ask you about thoughts or discussions you've had about giving (CHILD 1/the children in your care) a permanent home.

G1. Has your on-going case manager or licensing specialist held a family meeting or team meeting where you and others in your family got together with Bureau staff to talk about a permanent living arrangement for (CHILD 1/the children in your care)?

- YES ..... 1
- NO ..... 2 (GO TO G5)

G2. How many family meetings like this have been held in the last year?

- None ..... 0
- One ..... 1
- Two ..... 2
- Three or more ..... 3

G3. Who usually attended the family meetings in the past?

		<u>YES</u>	<u>NO</u>	<u>NA</u>
a.	Did you attend?	1	2	3
b.	Did [CHILD 1]?	1	2	3
c.	Did [CHILD 2]?	1	2	3
d.	Did [CHILD 3]?	1	2	3
e.	Did [CHILD 4]?	1	2	3
f.	Did [CHILD 5]?	1	2	3
g.	Did [CHILD 1]'s birth mother attend?	1	2	3
h.	Did [CHILD 1]'s biological father attend?	1	2	3
i.	Did other family members attend? [SPECIFY] _____	1	2	3
j.	Did any service providers attend?	1	2	3
k.	Did any school staff attend?	1	2	3
l.	Did your lawyer attend?	1	2	3
m.	Did friends attend?	1	2	3
n.	Did others from the community attend? [SPECIFY] _____	1	2	3

G4. Which of the following topics were discussed at the family meetings? As I read each topic, please tell me whether it was discussed.

		<u>YES</u>	<u>NO</u>
a.	Getting support from family and community?	1	2
b.	Future service needs for the children?	1	2
c.	Future service needs for the family?	1	2
d.	Adoption or guardianship of the children?	1	2
e.	Terminating parental rights?	1	2
f.	Visitation with birth parent and the children?	1	2
g.	Other services needed? [SPECIFY] _____	1	2
h.	Any other topics? [SPECIFY] _____	1	2

There are many different options for giving children a permanent home. I want to know whether you and your on-going case manager or licensing specialist have discussed the following permanency options. Sometimes people discuss many options before deciding on one. You and your case manager or licensing specialist may have talked about some of these options and not others. I want to know which ones you've heard about or discussed.

G5. In the last year, did you and your case manager or licensing specialist talk about [CHILD 1 or CHILD 2 ... CHILD 5] going home to live with (his/her) birth parents?

YES ..... 1  
NO ..... 2

G6. In the last year, did your case manager or licensing specialist talk to you about adopting [CHILD 1 or CHILD 2 ...or CHILD 5]?

YES ..... 1  
NO ..... 2

G7. In the last year, did your case manager or licensing specialist talk to you about becoming the legal guardian of [CHILD 1 or CHILD 2... or CHILD 5]

YES ..... 1  
NO ..... 2 (GO TO BOX G1)

G8. Did your case manager or licensing specialist talk to you about taking legal guardianship and **staying** in the foster care system? If you become the legal guardian and stay in the foster care system, you would have the legal authority to make decisions for the (child/children) about such things as medical care and visitation. You would continue receiving a foster care payment and the children would keep getting services from the Bureau and visits from your on-going case manager and licensing specialist.

YES ..... 1  
NO ..... 2

G9. Did your case manager or licensing specialist talk to you about taking legal guardianship and **leaving** the foster care system where you would become the legal guardian and receive a kinship payment for caring for the children? By kinship payment, I mean you would receive state public assistance to support the care of the (child/children) and you would no longer get visits from a case manager or licensing specialist or services from the Bureau.

YES ..... 1  
NO ..... 2

G10. In the last year, did your case manager or licensing specialist talk to you about taking legal guardianship of the (child/children) and **leaving** the foster care system? If you become the legal guardian and leave the foster care system, you would have the legal authority to make decisions for the (child/children) about such things as medical care and visitation and you would no longer get visits from your on-going case manager or licensing worker or services from the Bureau.

YES ..... 1  
NO ..... 2

**BOX G1**

SEE CRF: IF CHILD IS IN GROUP B (BLUE FOLDER) GO TO G14

G11. Did your case manager or licensing specialist talk to you about becoming a guardian under the subsidized guardianship program? Under this program the (child/children) would leave the foster care system but you would still receive a payment for the care of the (child/children) about the same as the foster care payment and would have the legal authority to make decisions for the (child/children) about such things as medical care and visitation?

YES ..... 1  
NO ..... 2 (GO TO G13)

G12. When was the last time your case manager or licensing specialist talked to you about subsidized guardianship? Was it...?

A week ago, ..... 01  
A month ago, ..... 02  
2 to 3 months ago, ..... 03  
4 to 6 months ago, or ..... 04  
7 to 12 months ago ..... 05

G13. Based on what you know, can you tell me whether the following statements about the subsidized guardianship program are true or false?

Is it true or false that...	<u>TRUE</u>	<u>FALSE</u>
a. Your case manager and licensing specialist would continue to make regular visits to your home to check on how things were going?	1	2
b. You would still be able to get counseling or other services directly from the Bureau? .....	1	2
c. You would be legally responsible for the care and supervision of [CHILD1]?	1	2
d. You could make school, medical and out-of-state travel decisions without first having to get permission from the Bureau? .....	1	2
e. You could easily give back guardianship to the state if things didn't work out?	1	2
f. The subsidized guardianship payment is lower than the payment you receive if [CHILD1] stays in foster care? .....	1	2
g. The subsidized guardianship payment ends after 5 years? .....	1	2

G14. In the last year, have you and your case manager or licensing specialist talked about [CHILD 1 or CHILD 2 ... CHILD 5] leaving your home to live in another foster home or with another relative?

YES ..... 1  
 NO ..... 2

**BOX G2**

SEE CRF: IF CHILD IS IN GROUP B (BLUE FOLDER) GO TO G21



<b>Decision-Making for Group A</b>	<b>G15.</b> What option are you leaning toward or have you decided on for [CHILD]?  To leave the foster care system and provide a permanent home for CHILD...1  To stay in the foster care system...2  To have the child return home...3  To have the child move to another foster home...4  IF 1 GO TO G16. IF 2 GO TO G17. IF 3 OR 4 GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3.	<b>G16.</b> What are your plans?  To adopt.....1  To become the legal guardian under the subsidized guardianship program and leave foster care.....2  To obtain legal guardianship and leave foster care...3  To obtain legal guardianship through kinship care and leave foster care.....4  <b>GO TO G18.</b>	<b>G17.</b> What are your plans?  To <b>obtain</b> legal guardianship and stay in foster care.....1  You already <b>have</b> legal guardianship and you plan to stay in foster care.....2  To make <b>no change</b> in your status and have the child stay with you in the foster care system without guardianship...3  IF 1 GO TO G18. IF 2 OR 3 GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3.	<b>G18.</b> Have you made a firm decision?  YES... 1 NO.....2  IF <b>NO</b> , GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3.	<b>G19.</b> Have you told your case manager or licensing specialist about your decision?  YES....1 NO.....2  IF <b>NO</b> , GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3.	<b>G20.</b> Has the process been completed, started or not started?  Completed.....1 Started.....2 Not Started.....3  GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3.
CHILD 1						
CHILD 2						
CHILD 3						
CHILD 4						
CHILD 5						

<b>Decision-making for Group B</b>	<b>G21.</b> What option are you leaning toward or have you decided on for [CHILD]?  To leave the foster care system and provide a permanent home for CHILD...1  To stay in foster care...2  To have the child return home...3  To have the child move to another foster home...4  IF 1 GO TO G22. IF 2 GO TO G23. IF 3 OR 4 GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3.	<b>G22.</b> What are your plans?  To adopt.....1  To obtain legal guardianship and leave foster care.....3  To obtain legal guardianship through kinship care and leave foster care.....4  <b>GO TO G24.</b>	<b>G23.</b> What are your plans?  To <b>obtain</b> legal guardianship and stay in foster care .....1  You already <b>have</b> legal guardianship and you plan to stay in foster care.....2  To make no change in your status and have the child stay with you in the foster care system without guardianship...3  IF 1 GO TO G24. IF 2 OR 3 GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3	<b>G24.</b> Have you made a firm decision?  YES.....1 NO.....2  IF <b>NO</b> , GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3.	<b>G25.</b> Have you told your case manager or licensing specialist about your decision?  YES.....1 NO.....2  IF <b>NO</b> , GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3	<b>G26.</b> Has the process been completed, started or not started?  Completed.....1 Started.....2 Not Started.....3  GO TO NEXT CHILD.  IF NO OTHER TARGET CHILDREN, GO TO BOX G3
CHILD 1						
CHILD 2						
CHILD 3						
CHILD 4						
CHILD 5						

**BOX G3**

IF G15=2 or G21=2 (STAY IN FOSTER CARE) FOR **ANY** OF THE CHILDREN, GO TO G27.  
ELSE GO TO G28.

G27. Why did you decide to stay in the foster care system? As I read each reason, please tell me whether it applies. Is it because...?

	<u>YES</u>	<u>NO</u>
a. You want to make sure the (child gets/children get) needed services	1	2
b. You don't have enough information about adoption or guardianship	1	2
c. You can't afford to adopt or become a guardian	1	2
d. The (child is/children are) too old	1	2
e. You are too old	1	2
f. The (child does/children do) not want to be adopted or go into guardianship	1	2
g. (The child has/The children have) too many problems	1	2
h. You like having a case manager to help you	1	2
i. You are already related by blood	1	2
j. The parents will soon be able to take care of the (child/children)	1	2
k. You already raised your own children	1	2
l. The (child is/children are) too difficult	1	2
m. You don't want to interfere with the (child's/children's) relationship with the parents	1	2
n. Some other reason? (SPECIFY) _____	1	2

G28. Which of the following reasons explain your decision regarding the option you picked of adoption, guardianship or staying in or leaving the foster care system?

Did you...	<u>YES</u>	<u>NO</u>
a. Want the case manager and licensing specialist to stop visiting your home?	1	2
b. Want to have the legal right to make your own decisions about how to care for the (child/children)?	1	2
c. Want to make sure you still got financial assistance from the state?	1	2
d. Want the child welfare agency to stay involved to help with the (child/children's) problems?	1	2
e. Want to insure that the (child/children) would not be taken away?	1	2
f. Want someone else to take care of the (child/children)?	1	2
g. Want the (child/children) to live with the parents?	1	2
h. Want to have the child welfare agency stay involved to protect the (child/children)?	1	2
i. Want to continue to have help from your case manager or licensing specialist?	1	2
j. Think you would lose a child care subsidy?	1	2
k. Think it would be too difficult to care for the (child/children) when (he/she/they) got older?	1	2
l. Think you would lose other subsidies or benefits?	1	2
m. Feel the (child/children) would get better medical care through the foster care system?	1	2
n. Think about other things? [SPECIFY] _____	1	2

**IF 28a-n ARE ALL CODED AS NO (2), GO TO G31**

G29. Of the reasons that you have given me, which reason was the most important? I'll read the reasons back to you: [READ EVERY REASON IN G28 WHICH IS YES].

\_\_\_\_\_ ENTER LETTER OF REASON.

G30. Which reason was 2<sup>nd</sup> most important? [READ REASONS AGAIN, IF NECESSARY].

\_\_\_\_\_ ENTER LETTER OF REASON.

G31. Now I want to ask you about your beliefs about adoption and taking care of children. As I read each description, please tell me whether you strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Adoption is really best only for young children.	1	2	3	4
b. Adoption by a relative stirs up too much trouble in the family.	1	2	3	4
c. Adoption is best no matter how old the child.	1	2	3	4
d. You are too old to adopt.	1	2	3	4
e. Adoption takes too long.	1	2	3	4
f. Adoption is really only for children who aren't related to you.	1	2	3	4
g. Adoption gives children greater security even if they are related by blood.	1	2	3	4
h. Children who must be removed from their birth parents should be placed with relatives rather than non-relatives.	1	2	3	4
i. Families have a moral duty to take care of their own kin regardless of whether government pays for the cost of care.	1	2	3	4
j. Placing children in foster care should be the last resort only after efforts have been made to place children with their kin.	1	2	3	4
k. Families have a moral duty to take foster children into their home even if they're unrelated to them.	1	2	3	4

G32. Now I want to ask whether the following statements are true or false for **you**:

	<u>TRUE</u>	<u>FALSE</u>
a. When called for jury duty, I usually try to get out of serving	1	2
b. I always try to vote in local elections	1	2
c. I don't usually donate blood	1	2
d. I regularly donate money to charity	1	2
e. I've taken other people's children into my home who were not related to me	1	2
f. I have served in the armed forces	1	2

**H. CAREGIVER AND HOUSEHOLD DEMOGRAPHICS**

Now I have some questions about you.

H1. INTERVIEWER: NOTE CAREGIVER SEX.

MALE .....	1
FEMALE.....	2

H2. What is your current marital status? Are you

Married .....	1
Separated.....	2
Divorced .....	3
Widowed .....	4
Never married .....	5

H3. What is your age and date of birth?

<table> <tr> <td> </td> <td> </td> <td> </td> <td>YEARS</td> </tr> </table>				YEARS	<table> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								MO.	DAY	YEAR				
			YEARS																
MO.	DAY	YEAR																	

H4. What is your race or ethnic origin? You may choose more than one.

Hispanic/Latino origin.....	01
African American.....	02
White.....	03
Native American.....	04
Asian .....	05
Some other race or origin .....	06
SPECIFY: _____	

H5. What is the highest grade or year of school that you completed? (PROBE: IF COMPLETED 12TH GRADE, DID RESPONDENT EARN DIPLOMA?)

UP TO 8TH GRADE .....	01
9TH TO 11TH GRADE.....	02
12TH GRADE BUT NO DIPLOMA.....	03
HIGH SCHOOL DIPLOMA.....	04
GED .....	05
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	06
VOC/TECH DIPLOMA AFTER HIGH SCHOOL .....	07
SOME COLLEGE BUT NO DEGREE.....	08
ASSOCIATE'S DEGREE .....	09
BACHELOR'S DEGREE.....	10
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.	11
MASTER'S DEGREE (MA, MS) .....	12
DOCTORATE DEGREE (PhD, EdD).....	13
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	14

H6. What is your current status with respect to employment? You can choose all that apply. Are you currently.....?

- Working full-time (35 hrs or more per week)..... 01
- Working part-time..... 02
- Looking for work..... 03
- Laid off from work ..... 04
- In school or training..... 05 (GO TO H8)
- Keeping house ..... 06 (GO TO H8)
- Retired ..... 07
- Something else (SPECIFY) \_\_\_\_\_ . 08 (GO TO H8)

H7. What kind of work (do you/did you) usually do? That is, what (is/was) your job called?

---



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H8. Have you (given birth to/fathered) any children of your own?

- YES..... 1
- NO..... 2 (GO TO H11)

H9. How many children have you (given birth to/fathered)?

□□□

H10. Other than [CHILD 1, CHILD 2....CHILD 5], have you ever raised any other children who were not your birth children?

- YES..... 1
- NO..... 2 (GO TO H12)

H11. How many other children have you raised, excluding your own?

□□□

H12. How many brothers and sisters do you have who are still alive?

□□□

H13. The next question is about where you grew up. What state or country did you spend most of your childhood in?

STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_

H14. In the last 30 days, have you gone to religious services at a church, mosque, temple or some other place of religious worship?

YES ..... 1  
NO ..... 2 (GO TO H17)

H15. How many times have you gone in the last 30 days?

TIMES

H16. What is the denomination of your church, mosque, temple, or place of worship?

---

H17. Now, I want to ask you some questions about your health. In general, how would you describe your physical health? Would you say it is...?

Excellent..... 1  
Good ..... 2  
Fair ..... 3  
Poor..... 4

H18. Do you have any physical or emotional disabilities?

YES ..... 1  
NO ..... 2 (GO TO H20)

H19. Does your disability make it difficult for you to care for any of the children who live with you?

YES ..... 1  
NO ..... 2

H20. For each of the following sources of support, tell whether you received each of the following for the care of [CHILD 1 AND CHILD 2 ....AND CHILD 5] last month.

Did you receive [a-f]?

	<u>YES</u>	<u>NO</u>
a. Adoption or guardianship subsidy	1	2
b. Foster care boarding payment	1	2
c. Welfare or TANF checks	1	2
d. Child support payments	1	2
e. Child care subsidy	1	2
f. SSI (Supplementary Security Income)	1	2
g. Social Security Survivor Benefit	1	2



H21. Which of these amounts comes closest to your total household income from all sources for the last calendar year (that is, 2005), including any care payments for the children?

- A. Less than \$1,000, ..... 01
- B. Between \$1,000 and \$2,500..... 02
- C. Between \$2,500 and \$5,000..... 03
- D. Between \$5,000 and \$10,000..... 04
- E. Between \$10,000 and \$20,000..... 05
- F. Between \$20,000 and \$40,000..... 06
- G. Between \$40,000 and \$60,000 or .... 07
- H. More than \$60,000 ..... 08

H22. In the last 30 days, overall, have you had enough money to maintain your household?

- YES ..... 1
- NO ..... 2

I. CAREGIVER SOCIAL NETWORKS

I want to ask you a few questions about who cares for the children in your home.

I1. Besides yourself, are there other adults who live with you who regularly care for and supervise the children in your home?

YES ..... 1
NO ..... 2

I2. Are there any relatives or friends outside of your household who regularly care for and supervise the children in your home?

YES ..... 1
NO ..... 2

I3. Are there other people in your family who could take care of the children in case you became ill or could not take care of (him/her/them)?

YES ..... 1
NO ..... 2 (GO TO I5)

I4. About how many people could take care of the children?

NUMBER

I5. Now I'm going to read a list of jobs and occupations to see if you know someone who has one of these specific jobs or occupations.

I5a1. First of all, do you have a family member who is a social worker?

YES ..... 1
NO ..... 2

I5a2. Next, do you have a close friend or neighbor who is a social worker?

YES ..... 1
NO ..... 2

I5a3. Lastly, do you have a personal acquaintance who is a social worker? By personal acquaintance I mean somebody you have occasional small talk with or you would know if you met him or her on the street but who's not a close friend.

YES ..... 1
NO ..... 2

I5b1. Do you have a family member who is a medical doctor?

YES ..... 1
NO ..... 2

I5b2. Do you have a close friend or neighbor who is a medical doctor?

YES ..... 1
NO ..... 2

15b3. Do you have a personal acquaintance who is a medical doctor?

YES ..... 1  
NO ..... 2

[INSTRUCTIONS TO INTERVIEWER: FOR 15c-bb ASK "DO YOU HAVE A FAMILY MEMBER WHO IS A [C]?"

DO YOU HAVE A CLOSE FRIEND OR NEIGHBOR WHO IS A [C]?"

DO YOU HAVE A PERSONAL ACQUAINTANCE WHO IS A [C]? GIVE DEFINITION OF PERSONAL ACQUAINTANCES AS NECESSARY: "BY PERSONAL ACQUAINTANCE I MEAN SOMEBODY YOU HAVE OCCASIONAL SMALL TALK WITH OR WOULD KNOW IF YOU MET HIM OR HER ON THE STREET BUT WHO'S NOT A CLOSE FRIEND?"

I5. Job/Occupation Do you have a _____ who is a...	1. Family Member		2. Close Friend/Neighbor		3. Personal Acquaintance	
	YES	NO	YES	NO	YES	NO
c. Supervisor or manager	1	2	1	2	1	2
d. High ranking public official	1	2	1	2	1	2
e. Construction worker	1	2	1	2	1	2
f. Business owner	1	2	1	2	1	2
g. Teacher	1	2	1	2	1	2
h. Real-estate agent	1	2	1	2	1	2
i. Labor union official	1	2	1	2	1	2
j. Lawyer	1	2	1	2	1	2
k. Mechanic/technician	1	2	1	2	1	2
l. Hairdresser/beautician	1	2	1	2	1	2
m. Judge	1	2	1	2	1	2
n. Certified public accountant	1	2	1	2	1	2
o. Musician/artist/writer	1	2	1	2	1	2
p. Computer programmer or technician	1	2	1	2	1	2
q. Police officer	1	2	1	2	1	2
r. Secretary	1	2	1	2	1	2
s. Insurance agent	1	2	1	2	1	2
t. Nurse	1	2	1	2	1	2
u. Farmer or agricultural worker	1	2	1	2	1	2
v. Taxi or bus driver	1	2	1	2	1	2
w. Postal worker	1	2	1	2	1	2
x. Salesperson	1	2	1	2	1	2
y. Cleaning worker	1	2	1	2	1	2
z. Minister, priest, rabbi or imam	1	2	1	2	1	2
aa. A legal guardian of a related child	1	2	1	2	1	2
bb. An adoptive parent of a related child	1	2	1	2	1	2

Now I'm going to ask you who you could turn to if you needed help with something.

I6. Do you have a _____ you could ask for help...	1. Family Member		2. Close Friend/Neighbor		3. Personal acquaintance	
	YES	NO	YES	NO	YES	NO
a. In finding a summer job for a family member?	1	2	1	2	1	2
b. In moving to another place (such as packing, lifting)?	1	2	1	2	1	2
c. With small jobs around the house (such as carpentry or painting)?	1	2	1	2	1	2
d. With doing your shopping when you (and your household members) are ill?	1	2	1	2	1	2
e. To give you a second opinion when you are dissatisfied with medical advice?	1	2	1	2	1	2
f. If you needed someone to lend you a large sum of money (such as \$500 or more)?	1	2	1	2	1	2
g. In providing you a place to stay for a week if you have to leave your house temporarily?	1	2	1	2	1	2
h. In discussing what political candidate you are going to vote for?	1	2	1	2	1	2
i. With advice on legal matters (such as problems with the landlord, work, or police)?	1	2	1	2	1	2
j. Obtaining a good reference when applying for a job?	1	2	1	2	1	2
k. In helping you with child care?	1	2	1	2	1	2
l. Getting a ride or helping with transportation?	1	2	1	2	1	2
m. If you need someone to talk to when you are upset?	1	2	1	2		
n. With advice concerning a problem at work?	1	2	1	2		
o. With advice concerning a conflict with family members?	1	2	1	2		

17. I am going to read you some statements. Please tell me whether each one is always true, sometimes true, hardly ever true or never true for you.

Would you say that is...

	Always true	Sometimes true	Hardly ever true	Never true
a. Sometimes I do things for others when I don't feel like doing it	1	2	3	4
b. Other people often call on me for help	1	2	3	4
c. My closest friends are my family members	1	2	3	4
d. I invite my neighbors to come to my get-togethers or parties	1	2	3	4
e. I do not easily ask for help when I need it	1	2	3	4
f. I can't expect my neighbors to help me with serious problems	1	2	3	4
g. I would like to have more friends	1	2	3	4
h. I easily make contact with others	1	2	3	4
i. I would like to have more contact with my neighbors	1	2	3	4
j. When I want to do something socially, I usually call a family member rather than a friend.	1	2	3	4
<b>IF R IS <u>NOT</u> WORKING (H6 ON PAGE 28 IS <u>NOT</u> 01 OR 02), GO TO I8.</b>				
k. I invite my colleagues at work to come to my get-togethers or parties	1	2	3	4
l. I can't expect my colleagues at work to help me with serious problems	1	2	3	4
m. I would like to have more contact with my colleagues at work	1	2	3	4
n. I get together with colleagues from work outside the office	1	2	3	4

18. Generally speaking, would you say that most people can be trusted or that you can't be too careful dealing with people?

MOST PEOPLE CAN BE TRUSTED ..... 1

YOU CAN'T BE TOO CAREFUL WHEN DEALING WITH PEOPLE..... 2

19. IS THERE A 2<sup>nd</sup> TARGET CHILD IN THE HOUSEHOLD?

YES .....1 GO TO 2<sup>nd</sup> CHILD SECTION  
NO..... 2

110. Are there any concerns or recommendations you would like to make known about your experience with the foster care system?

RECORD VERBATIM:

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**GO TO CONTACTS SECTION**

\_\_\_\_\_ CAREGIVER ID

**J. CONTACT INFORMATION**

The state might decide that we can do a followup interview with some caregivers at a later date, so I would like to get some information from you that will help us locate you in case you move.

J1. Your home phone number: |\_|\_|\_|\_| - |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

J2. Whose name is the phone listed under? \_\_\_\_\_

J3. Your cell phone number: |\_|\_|\_|\_| - |\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

J4. Your email address: \_\_\_\_\_

J5. Please tell me the name, address and telephone numbers of three individuals who will always know where you are or how to reach you. We will only contact these individuals if we are unable to locate you at your current address or telephone number. Anyone we contact will be asked only if they know how to reach you. They won't be given any information, and they won't be interviewed.

Name	Address	Home telephone number	Cell or work telephone number	Relationship to you (e.g., family, friend, co-worker, etc.)

J6. We will be sending you a check for [AMOUNT] to thank you for your time. Let me verify your address so we can send out the check:

\_\_\_\_\_ STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP

The check should arrive in about 4 weeks. Thank you **very much** for helping with this important study.



RECORD ENDING TIME ON FIRST PAGE OF INSTRUMENT

## APPENDIX D

### Case Manager Survey

DRAFT – FOR DCF/BMCW REVIEW ONLY

CASE MANAGER SURVEY  
PART 1

1. We would like your personal views on a number of child welfare and family services issues. Please indicate how much you agree or disagree with each of the following statements (CIRCLE APPROPRIATE NUMBER).

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. No matter how bad a home situation is, foster care is usually worse. ....	1	2	3	4
b. Subsidized guardianship is good because it doesn't require termination of parental rights.....	1	2	3	4
c. Children should be with their parents no matter what. ....	1	2	3	4
d. There are many cases in which children remain at home and would have been better off in a foster home. ....	1	2	3	4
e. Being in long term foster care is all right as long as the child is with a relative. ....	1	2	3	4
f. Subsidized guardianship is good because it allows the birth parents a chance to reunite with their children later on. ....	1	2	3	4
g. A year is an adequate amount of time to rule out that reunification is no longer an appropriate plan goal for a child.....	1	2	3	4
h. An individual with a record of a felony conviction should not be allowed to become a guardian for a child. ....	1	2	3	4
i. An individual with a record of a felony conviction should not be allowed to become an adoptive parent for a child .....	1	2	3	4
j. Relative foster homes need the same frequency of monitoring as any other foster home. ....	1	2	3	4
k. I believe that grandparents can be good caregivers to their grandchildren even if their own children may have been abusive or neglectful parents .....	1	2	3	4
l. Guardianship is as permanent for children as adoption. ....	1	2	3	4

DRAFT – FOR DCF/BMCW REVIEW ONLY

2. Now we want to ask about your personal beliefs about adoption and taking care of children. As you read each description, please tell us whether you strongly agree, agree, disagree, or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Adoption is really best only for young children .....	1	2	3	4
b. Adoption by a relative stirs up too much trouble in the family .....	1	2	3	4
c. Adoption is best no matter how old the child. ....	1	2	3	4
d. Some foster parents are too old to adopt .....	1	2	3	4
e. Adoption takes too long. ....	1	2	3	4
f. Adoption is really only for children who aren't related to you. ....	1	2	3	4
g. Adoption gives children greater security even if they are related by blood. ....	1	2	3	4
h. Children who must be removed from their birth parents should be placed with relatives rather than non-relatives. ....	1	2	3	4
i. Families have a moral duty to take care of their own kin regardless of whether government pays for the cost of care. ....	1	2	3	4
j. Placing children in foster care should be the last resort only after efforts have been made to place children with their relatives. ....	1	2	3	4

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3. How prepared do you feel you are to deal with each of the following casework issues? (CIRCLE A NUMBER IN EACH LINE)

	Very well prepared	Well Prepared	Prepared	Poorly prepared	Not Prepared At All	Do not perform this task
a. Assessing appropriateness of a case for adoption.....	1	2	3	4	5	6
b. Ruling out reunification before pursuing subsidized guardianship.....	1	2	3	4	5	6
c. Assessing appropriateness of a case for subsidized guardianship.....	1	2	3	4	5	6
d. Assessing needs of relative foster parents .....	1	2	3	4	5	6
e. Assessing needs of non-relative foster parents .....	1	2	3	4	5	6
f. Assessing risk in considering return of a child in foster care to a birth family.....	1	2	3	4	5	6
g. Completing a case for termination of parental rights (TPR).....	1	2	3	4	5	6
h. Completing an adoption case for finalization .....	1	2	3	4	5	6
i. Completing a case for subsidized guardianship.....	1	2	3	4	5	6
j. Preparing a child and family for reunification.....	1	2	3	4	5	6
k. Leading a family team meeting .....	1	2	3	4	5	6
l. Conducting a diligent search effort for biological parents .....	1	2	3	4	5	6
m. Testifying in court.....	1	2	3	4	5	6

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4. Over the past 12 months, have you received any written guidelines (procedures or manuals) on subsidized guardianship?

YES ..... 1  
 NO ..... 2

5. Over the past 12 months, have you received any training (procedural or eWiSACWIS) on subsidized guardianship?

YES ..... 1  
 NO ..... 2

6. Are you or have you ever been...

	YES	NO
A relative foster parent? .....	1	2
A non-relative foster parent? .....	1	2
An adoptive parent? .....	1	2
A subsidized guardian? .....	1	2

7. How many years have you worked as a Case Manager?

  |  |  |

8. Do you consider yourself (check all that apply)

a.	African-American or Black
b.	White or Caucasian
c.	Asian or Pacific Islander
d.	Native American or Alaskan
e.	Other

9. Do you consider yourself of Latino or Hispanic descent?

YES ..... 1  
 NO ..... 2

10. What is the highest education level you have attained?

a. Bachelor's degree ..... 1  
 b. Graduate study (no degree)..... 2  
 c. Master's degree ..... 3  
 d. Doctoral degree..... 4

DRAFT – FOR DCF/BMCW REVIEW ONLY

10 a. IF YOU HAVE A MASTER'S OR DOCTORAL DEGREE: What was your major field of study?

\_\_\_\_\_  
MAJOR FIELD OF STUDY

11. In your usual caseload—how many families are there?

\_|\_|\_|\_|\_|  
NUMBER OF FAMILIES IN CASELOAD

DRAFT – FOR DCF/BMCW REVIEW ONLY

PART 2

The following questions refer to a specific child case for which you have responsibility (see above). Please answer the questions in terms of this specific case only. Please refer to the case record, if necessary.

1. Do you have permanency planning responsibility for this child case?

YES ..... 1  
 NO ..... 2

2. When was this case assigned to you?

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|\_|  
 MO DAY YEAR

3. What is the current permanency plan goal for the child?

	a.	Reunify with Parents or Principal Caretaker(s)—Goal is to keep the child in foster care for a limited time to enable the agency to work with the family with whom the child had been living prior to entering foster care in order to reestablish a stable family environment.
	b.	Live with Other Relatives—Goal is to have the child live in the long-term custody of a relative other than the ones from whom the child was removed. The goals of adoption or guardianship by a relative should NOT be included here.
	c.	Adoption—Goal is to facilitate the child’s adoption by relatives, foster parents or other unrelated individuals.
	d.	Long Term Foster Care—Because of specific factors or conditions, it is not appropriate or possible to return the child home or place her or him for adoption or guardianship, and the goal is to maintain the child in a long term foster care placement.
	e.	Independent Living – Child remains on court order and receives independent living services from an outside agency that may allow the child to live on their own.
	f.	Sustaining Care – The parental rights of a parent are terminated; however, the caregiver chooses not to adopt the child, but agrees to care for the child until age 18.
	g.	Guardianship —Goal is to facilitate the child’s placement with an agency or caretaker, with whom he or she was not living prior to entering foster care, and whom a court designates as legal guardian. This goal includes 48:977 as well as the new subsidized guardianship.
	h.	Case Plan Goal Not Yet Established—No case plan goal has yet been established other than the care and protection of the child.
	i.	DON’T KNOW



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4. What was the date of the most recent administrative or court review, including permanency hearing, at which this current case plan goal was set or discussed?

MO			DAY			YEAR					

5. Which type of review was this? (all of BMCW reviews are by court)

	a.	Administrative review
	b.	Periodic court review
	c.	Permanency hearing

6. What was the date of the most recent family team meeting or group conference prior to this review?

MO			DAY			YEAR					

7. Who was in attendance at the most recent family meeting or group conference (CODE ALL THAT APPLY)?

	a.	Child
	b.	Birth mother
	c.	Birth father
	d.	Relative caregiver
	e.	Foster parent
	f.	Other relatives
	g.	Family friend
	h.	Caseworker
	i.	Parents' attorney
	j.	Child's attorney or <i>guardian ad litem</i>
	k.	Administrative case reviewer
	l.	Service provider
	m.	Permanency consultant
	n.	Independent Living Coordinator
	o.	Other (specify)

8. At this most recent family team meeting or group conference, were adoption or legal guardianship discussed as permanency options?

	a.	Yes, only adoption discussed.
	b.	Yes, only guardianship discussed.
	c.	Yes, both options discussed.
	d.	No, neither one. (SKIP TO Q. 13)
	e.	DON'T KNOW

9. Did the family accept the option of adoption or guardianship?

	a.	No, neither one
	b.	Yes, legal guardianship (SKIP TO Q 11)
	c.	Yes, adoption (SKIP TO END)
	d.	DON'T KNOW

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10. Why was neither permanency option accepted? (CODE ALL THAT APPLY)

a.	There was no one ready to make a long-term commitment to the child.
b.	There was concern that the child might lose some benefits or services.
c.	There was concern about the child's existing or potential behavioral issues.
d.	More information was still needed about each permanency option.
e.	There were still hopes for reunification with the parents. (SKIP TO END)
f.	DON'T KNOW
g.	Other, please explain: _____

11. Why was adoption not accepted? (CODE ALL THAT APPLY)

a.	The parent, family or child was opposed to terminating parental rights.
b.	Relative caregivers did not want to change their family relationships by adopting the child.
c.	The feeling was that adoption is too legally binding of a commitment.
d.	There was concern that adoption might cut off some benefits or services to the child.
e.	The caregiver was concerned about existing or potential behavioral issues.
f.	Adoption was not discussed.
g.	DON'T KNOW
h.	Other, please specify: _____

12. Will the family use the new subsidized guardianship option to achieve permanence?

a.	Yes.
b.	No, family is not interested.
c.	No, family is not eligible.
d.	DON'T KNOW

(SKIP TO END)

13. Why were the options of adoption or guardianship not discussed (CODE ALL THAT APPLY)

a.	Reunification is the best option for the child.
b.	The child is opposed to adoption.
c.	The child is opposed to guardianship.
d.	The child would lose too many benefits or services.
e.	The current foster or relative home is not a suitable permanent home for the child.
f.	The child is too close to the age of majority.
g.	The child is currently awaiting transfer to another home.
h.	The child did not meet the eligibility requirements for subsidized guardianship.
i.	The child has not been in the home long enough.
j.	DON'T KNOW
k.	Other, please specify: _____



## APPENDIX E

### Case Manager Survey Tables

**CASE MANAGER SURVEY, PART 1**  
**Case Manager Views and Background**

**Table E.1 Case manager views on child welfare and family services issues**

	<b>Agree</b>	<b>Disagree</b>
No matter how bad a home situation is, foster care is usually worse	2.5%	97.5%
Subsidized guardianship is good because it doesn't require termination of parental rights	75.4%	24.6%
Children should be with their parents no matter what	0.6%	99.4%
There are many cases in which children remain at home and would have been better off in a foster home	53.2%	46.8%
Being in long-term foster care is all right as long as the child is with a relative	29.1%	70.9%
Subsidized guardianship is good because it allows the birth parents a chance to reunite with their children later on	60.6%	39.4%
A year is an adequate amount of time to rule out that reunification is no longer an appropriate plan goal for a child	51.3%	48.7%
An individual with a record of a felony conviction should not be allowed to become a guardian for a child	23.8%	76.2%
An individual with a record of a felony conviction should not be allowed to become an adoptive parent for a child	32.2%	67.8%
Relative foster homes need the same frequency of monitoring as any other foster home	92.6%	7.4%
I believe that grandparents can be good caregivers to their grandchildren even if their own children may have been abusive or neglectful parents	78.6%	21.4%
Guardianship is as permanent for children as adoption	41.5%	58.5%

\* "Agree" is the combined percentage of case managers who answered "Strongly Agree" or "Agree." "Disagree" is combined percentage of case managers who answered "Disagree" or "Strongly Disagree."

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**Table E.2 Case manager beliefs about adoption and taking care of children**

<b>Belief</b>	<b>Agree</b>	<b>Disagree</b>
Adoption is really best only for young children	10.2%	89.8%
Adoption by a relative stirs up too much trouble in the family	12.2%	87.8%
Adoption is best no matter how old the child	34.8%	65.2%
Some foster parents are too old to adopt	70.7%	29.4%
Adoption takes too long	52.8%	47.2%
Adoption is really only for children who aren't related to you	1.3%	98.7%
Adoption gives children greater security even if they are related by blood	90.4%	9.6%
Children who must be removed from their birth parents should be placed with relatives rather than non-relatives	74.7%	25.3%
Families have a moral duty to take care of their own kin regardless of whether government pays for the cost of care	54.6%	45.4%
Placing children in foster care should be the last resort only after efforts have been made to place children with their relatives	89.8%	10.2%

\* "Agree" is the combined percentage of case managers who answered "Strongly Agree" or "Agree." "Disagree" is combined percentage of case managers who answered "Disagree" or "Strongly Disagree."

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**Table E.3 How prepared case managers feel to deal with casework issues**

<b>Issue</b>	<b>Prepared</b>	<b>Poorly/Not Prepared</b>	<b>Does not perform task</b>
Assessing appropriateness of a case for adoption	88.7%	7.5%	3.8%
Ruling out reunification before pursuing subsidized guardianship	79.4%	9.4%	11.2%
Assessing appropriateness of a case for subsidized guardianship	68.1%	21.9%	10.0%
Assessing needs of relative foster parents	91.9%	1.9%	6.2%
Assessing needs of non-relative foster parents	93.1%	1.9%	5.0%
Assessing risk in considering return of a child in foster care to a birth family	87.4%	3.1%	9.4%
Completing a case for termination of parental rights (TPR)	75.5%	14.4%	10.1%
Completing an adoption case for finalization	56.8%	20.6%	22.5%
Completing a case for subsidized guardianship	53.8%	30.0%	16.2%
Preparing a child and family for reunification	81.8%	6.9%	11.3%
Leading a family team meeting	90.0%	2.5%	7.5%
Conducting a diligent search effort for biological parents	74.4%	14.4%	11.2%
Testifying in court	88.9%	10.1%	1.3%

\* "Prepared" is the combined percentage of case managers who answered "Very Well Prepared," "Well Prepared," or "Prepared."

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**Table E.4 Receipt of training and written guidelines on subsidized guardianship**

	<b>Yes</b>	<b>No</b>
Has received training (procedural or eWiSACWIS) on subsidized guardianship	28.9%	71.1%
Has received written guidelines (procedures or manuals) on subsidized guardianship	57.5%	42.5%

**Table E.5 Experience as a foster parent, adoptive parent, or subsidized guardian**

	<b>Yes</b>	<b>No</b>
Has been a relative foster parent	2.5%	97.5%
Has been a non-relative foster parent	2.5%	97.5%
Has been an adoptive parent	2.5%	97.5%
Has been a subsidized guardian	0.6%	99.4%

**Table E.6 Years of case manager experience**

<b>Years worked as a case manager</b>	
0-5 years	71.9%
5-10 years	23.7%
10-20 years	3.7%
20+ years	0.7%



**Table E.7 Case manager race**

<b>Race</b>	
African American or Black	21.1%
White or Caucasian	70.8%
Asian or Pacific Islander	2.5%
Native American or Alaskan	1.2%
Other	5.0%

**Table E.8 Case managers of Latino or Hispanic descent**

	Yes	No
Latino or Hispanic descent	3.8%	96.2%

**Table E.9 Case managers' highest level of education**

<b>Level of Education</b>	
Bachelor's degree	49.1%
Graduate study (no degree)	18.2%
Master's degree	32.7%
Doctoral degree	0.0%

**Table E.10 Number of families in usual caseload**

<b>Usual Caseload</b>	
under 10 families	9.0%
10-15 families	72.3%
15-20 families	5.8%
20-25 families	2.6%
25-30 families	7.1%
more than 30 families	3.2%

**CASE MANAGER SURVEY, PART 2**

**Permanency Planning**

**Table E.11 Permanency planning responsibility for this case**

	Yes	No
Has permanency planning responsibility for case	85.4%	14.6%

**Table E.12 How long case manager has had this case**

<b>Number of days between date case was assigned and interview date</b>	
0-30 days	0.8%
91-180 days	14.5%
181-270 days	17.6%
271-360 days	3.2%
>360 days	63.9%

**Table E.13 Current permanency plan goal**

<b>Current permanency plan goal for child</b>	
Reunify with Parents or Principal Caretaker(s)	5.7%
Live with Other Relatives	12.8%
Adoption	38.2%
Long-Term Foster Care	1.8%
Independent Living	1.8%
Sustaining Care	2.3%
Guardianship	32.3%
Case Plan Goal Not Yet Established	0.0%
DON'T KNOW	1.8%

**Table E.14 When was last court review for this case?**

<b>Number of days between last court review and interview date</b>	
0-30 days	21.2%
31-90 days	33.1%
91-180 days	42.6%
181-270 days	0.0%
271-360 days	2.3%
>360 days	0.8%

**Table E.15 Type of last court review**

<b>Type of last review</b>	
Administrative review	5.1%
Periodic court review	13.7%
Permanency hearing	81.2%

**Table E.16 How long since the last family meeting?**

<b>Number of days between last family meeting and interview date</b>	
0-30 days	22.5%
31-90 days	38.7%
91-180 days	29.4%
181-270 days	6.8%
271-360 days	2.6%

**Table E.17 Who attended the last family meeting?**

<b>Person was in attendance at last family meeting</b>	
Child	39.1%
Birth mother	18.3%
Birth father	10.3%
Relative caregiver	53.2%
Foster parent	26.3%
Other relatives	13.0%
Family friend	2.8%
Caseworker	67.2%
Parents' attorney	6.7%
Child's attorney or guardian ad litem	10.8%
Administrative case reviewer	0.0%
Service provider	34.2%
Permanency consultant	10.4%
Independent Living Coordinator	0.0%
Other	36.4%

**Table E.18 Was adoption or legal guardianship discussed at last family meeting or group conference?**

<b>Adoption or legal guardianship discussed</b>	
Only adoption discussed	4.7%
Only guardianship discussed	27.3%
Both options discussed	21.5%
Neither one discussed	22.2%
Don't know	24.3%

**Table E.19 Was adoption or legal guardianship accepted?**

<b>Adoption or legal guardianship accepted</b>	
Legal guardianship	34.4%
Adoption	36.2%
Neither one	25.0%
Don't know	4.4%

**Table E.20 Why neither permanency option was accepted**

<b>Reason neither permanency option was accepted</b>	
There was no one ready to make a long-term commitment to the child	7.2%
There was concern that the child might lose some benefits or services	15.6%
There was concern about the child's existing or potential behavioral issues	7.2%
More information was still needed about each permanency option	0.0%
There were still hopes for reunification with the parents	34.8%
Don't know	8.4%
Other	21.6%

**Table E.21 Why adoption was not accepted**

<b>Reason adoption was not accepted</b>	
The parent, family or child was opposed to terminating parental rights	20.4%
Relative caregivers did not want to change their family relationships by adopting the child	41.6%
The feeling was that adoption is too legally binding of a commitment	3.6%
There was concern that adoption might cut off some benefits or services to the child	8.7%
The caregiver was concerned about existing or potential behavioral issues	20.8%
Adoption was not discussed	4.4%
Don't know	9.5%
Other	21.2%

**Table E.22 Will family use subsidized guardianship?**

<b>Will family use subsidized guardianship?</b>	
Yes	31.2%
No, family is not interested	34.5%
No, family is not eligible	24.9%
Don't know	9.3%

**Table E.23 Why options of adoption or guardianship were not discussed**

<b>Reason options of adoption or guardianship not discussed</b>	
Reunification is the best option for the child	6.7%
The child is opposed to adoption	24.5%
The child is opposed to guardianship	0.0%
The child would lose too many benefits or services	9.6%
The current foster or relative home is not a suitable permanent home for the child	0.0%
The child is too close to the age of majority	21.1%
The child is currently awaiting transfer to another home	0.0%
The child did not meet the eligibility requirements for subsidized guardianship	4.6%
The child has not been in the home long enough	0.0%
Don't know	0.0%
Other	66.3%

## APPENDIX F

### Notification to Families



DRAFT – FOR DCF/BMCW REVIEW ONLY

March 21, 2006

Dear \_\_\_\_\_ :

This letter is to inform you of a program the Bureau of Milwaukee Child Welfare began in October 2005 called **Subsidized Guardianship**. This program gives licensed foster parents who are caring for the children of relatives the option to provide permanency to their foster children through legal guardianship. Your case manager may have already spoken to you about the program.

You must be a licensed relative foster parent of a child who has been in out-of-home care for more than nine months to be eligible for the Subsidized Guardianship program. **Your child must also be assigned to the selected group in a lottery process.** Half those eligible are assigned to the selected group, and all siblings are assigned to the same group.

Your child/children \_\_\_\_\_ **has/have been assigned** to the group selected to participate in Subsidized Guardianship. This means that you will be offered Subsidized Guardianship **should the court decide** that legal guardianship is the best permanency option for your foster child.

**Whether or not your foster child has been selected for Subsidized Guardianship does not affect services to your foster child, your current foster care payment, or other benefits your foster child may be receiving, such as SSI or Medicaid.**

A company named Westat is evaluating this program for the Department of Health and Family Services. A representative from Westat may phone you at some time in the future. We ask that you cooperate by answering their questions. This will help us determine if the Subsidized Guardianship program has a positive effect on achieving permanency for children. Any information given to Westat will be kept confidential and used only for the evaluation.

Your Ongoing Case Manager can provide more information about Subsidized Guardianship and the evaluation by Westat. Please feel free to contact him or her.

Sincerely,

Denise Revels Robinson, Director  
Bureau of Milwaukee Child Welfare

cc: Ongoing Case Manager  
Licensing Specialist  
Permanency Consultant

DRAFT – FOR DCF/BMCW REVIEW ONLY

March 21, 2006

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Your child/children \_\_\_\_\_ **has/have *not* been assigned** to the group selected to participate in Subsidized Guardianship. This means that you will *not* be offered Subsidized Guardianship **should the court decide** that legal guardianship is the best permanency option for your foster child.

**Whether or not your foster child has been selected for Subsidized Guardianship does not affect services to your foster child, your current foster care payment, or other benefits your foster child may be receiving, such as SSI or Medicaid.**

A company named Westat is evaluating this program for the Department of Health and Family Services. A representative from Westat may phone you at some time in the future. We ask that you cooperate by answering their questions. This will help us determine if the Subsidized Guardianship program has a positive effect on achieving permanency for children. Any information given to Westat will be kept confidential and used only for the evaluation.

Your Ongoing Case Manager can provide more information about Subsidized Guardianship and the evaluation by Westat. Please feel free to contact him or her.

Sincerely,

Denise Revels Robinson, Director  
Bureau of Milwaukee Child Welfare

cc: Ongoing Case Manager  
Licensing Specialist  
Permanency Consultant

## What is

### Permanence?

**Permanence is not a place.  
It is a state of mind.**

Permanence is having the feeling that you are connected to a family. That there is someone who will answer your phone call, even in the middle of the night. That someone will miss you when you don't show up.



For more information about legal guardianship under Wisconsin Chapter 48 and the Subsidized Guardianship program, talk to your case manager. He or she can tell you more about the process of becoming a legal guardian and help you to decide if it is a good option for your family.

The goal of the Bureau of Milwaukee Child Welfare is to obtain permanence for every child. This is the highest level of physical, legal, and emotional safety and security that can be attained within a family relationship.

Permanence options are:

- **Reunification** with the birth family
- **Adoption**
- **Legal guardianship**

This brochure explains the legal guardianship option and what it means to you and your child.



Bureau of Milwaukee Child Welfare  
1555 N. River Center Dr. Suite 220  
Milwaukee, WI 53212  
(414) 220-7000

<http://dcf.wisconsin.gov/bmcw/>  
State of Wisconsin  
Department of Children and Families  
Division of Safety and Permanence

Permanence =  
Connection

FAMILY  
Community

Legal  
Guardianship

Under Wisconsin Chapter 48  
Children's Code

This information refers to legal guardianship under Wisconsin Chapter 48 Children's Code and applies to children under a Child in Need of Protection and Services (CHIPS) court order.



**What is legal guardianship?**

Legal guardianship transfers the rights and duties of a parent to another adult, but does not terminate the parent's rights. The parent may have the right to visit the child and certain other rights.

**Why is legal guardianship preferred over foster care?**

Foster care requires monthly case manager visits and court hearings because there is an open case. If the foster parent is licensed, it requires monthly licensing visits and annual training.

Families in guardianship arrangements may no longer have open cases with the Bureau of Milwaukee Child Welfare. BMCW involvement with the family can end if the court determines the child's need will be met. Licensing requirements also end.

A legal guardian can do things, such as make decisions about the child's education or health care, without getting parental permission.

**When is legal guardianship preferred over adoption?**

Some families may choose guardianship over adoption to avoid permanently changing the family structure; for example making auntie into mom. Some youth prefer not to be adopted because they see it as ending the relationship with their birth parents. In cases where the parent is disabled and cannot care for the child, the termination of parental rights needed for adoption may not be appropriate. Culture also affects the choice.

The best interest of the child is always considered when deciding if guardianship is the best option to providing permanence.



**What about Medical Assistance and other benefits? Do these end when I become legal guardian?**

Your child may still be eligible for Medical Assistance and other benefits after you have become legal guardian and your case is closed. Ask your case manager to review this information with you.

**Subsidized Guardianship**

Providing children with a sense of belonging and permanence is a goal of the Bureau of Milwaukee Child Welfare. As such, Milwaukee County offers the **Subsidized Guardianship** program. This provides licensed foster parents caring for the child of a relative payment at the same rate they receive for foster care. Not all families are eligible for the Subsidized Guardianship program. Your case manager can give you more information.

Families not selected for the Subsidized Guardianship program may be eligible to receive payment under the Kinship Care program after the case is closed.