



Quality Improvement Center on the Privatization of Child Welfare Resource List

Albowicz, K. (2004, April). *Florida's Experiment with Privatizing Child Welfare Services*. Washington, DC: American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO. Retrieved February 16, 2006, from <http://www.afscme.org/pol-leg/flchild.pdf>

This report describes Florida's plan to privatize child welfare services in the state, despite the lack of evidence to support the strategy. The legislature intended to mandate the transfer of state foster care and child welfare services to a single community-based provider in each county. However, only one of five pilot programs to test privatization was successful, and that county had more resources than other areas of the state. Policy studies conducted by the state government also noted weaknesses in the privatization approach as implemented in Illinois and Kansas. The demonstration programs in Florida revealed problems with the discrepancy between funding and caseload increases, staff turnover, case management, and exceeding foster home capacities. Instead of focusing on privatization, the state should consider alternative strategies to improve the child welfare system, such as interagency coordination, community needs assessments, and funding increases.

American Humane Association. (1999). Fourth National Roundtable on Managed Care in Child Welfare: Keeping the Focus on Kids While Managing Care Under the Adoption and Safe Families Act of 1997. *Proceedings of the Fourth National Roundtable on Managed Care in Child Welfare*. Englewood, CO: Author.

The Fourth National Roundtable on Managed Care in Child Welfare, sponsored by the American Humane Association, focused on the application of child welfare principles in the implementation of the Adoption and Safe Families Act of 1997. The proceedings book contains papers presented during the conference about implementing managed care in the public child welfare system, case rates and risk sharing, management information systems, outcomes, public-private partnerships, IV-E waivers, privatization, and the achievement of goals specified by the Adoption and Safe Families Act. Findings from small group discussions conducted during the meeting are also summarized. Numerous figures and tables.

Arizona Office of the Auditor General. (2000). *Evaluation: Family Builders Pilot Program Report* (No. 00-4). Phoenix: Author.

Armstrong, M.I. (2003). *Accountability and Quality Assurance in Managed Care Systems: Part of the Promising Approaches of the Health Care Reform Tracking Project for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute. Retrieved April 15, 2006, from http://rtckids.fmhi.usf.edu/rctcpubs/hctrking/pubs/promising_approaches/toc_07.html.

Barrett, B. A., Dollard, N., Brown, E. C., & Leokadia, L. (1999). *Hillsborough County Child Protection Study: March, 1999*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute. Retrieved from <http://www.childrensboard.org/downloads/PDF/cps.pdf>

The Hillsborough County Privatization Planning Group conducted an assessment of the strengths and weaknesses of the current child welfare system as part of their program development process. The evaluation reviewed recent state and local privatization initiatives and examined the child protective service system's response to child abuse and neglect allegations, in-home intervention programs, out-of-home care, and adoption and related services. The report summarizes findings regarding the demographics of children in the system, types of maltreatment, court involvement, crisis counseling services, length of service and outcomes related to the family preservation program, length of time in foster care, emergency shelter, residential group care, characteristics of children waiting for adoption, time in care, and demographics of adoptive families. Strengths of the current system included

accurate methods for assessing and documenting maltreatment; involvement of relatives in placement and support; availability of in-home services; and recruitment of foster and adoptive families. The following limitations were identified: size of the system; inadequate court involvement; budget limitations; and lack of efficient clinical services. Further research should investigate factors that influence outcomes, outcomes for high-risk families who refuse service, barriers to permanency within the judicial system, and preparation of adolescents before they leave the foster care system. 22 tables.

Barrett, B. A., Parsons, J. R., & Gilbertson, R. B. (2000). *Building a Better Child Welfare System: A Community Plan for Hillsborough County, Tampa, Florida, The Child Welfare Institute, Hillsborough Kids, Inc., Tampa Metro YMCA, and the Children's Board of Hillsborough County*. Retrieved from <http://www.childrensboard.org/downloads/PDF/betterchildwelfare.pdf>

This plan was undertaken in response to House Bill 3217, an act providing for the privatization of foster care and related services. Five work groups were formed to examine 1) prevention services, 2) early intervention, 3) out-of-home care, 4) specialized therapeutic services, and 5) connecting families to community support. In each case, the groups were asked to identify local and best practice programs; list the barriers to effective service delivery; identify priorities for service expansion and new services; identify next steps for improving services to children and families; seek opportunities to improve service collaboration; and develop creative ideas for funding. Attachments include a description of the Hillsborough Kids, Inc. conceptual system of care, a system of care flow chart, a list of models of specialized foster care, a process map for the child protection system, and a child welfare financial model. (Author abstract modified)

Bechamps, M., Bialek, R., & Chaulk, C.P. (1999). *Privatization and Public Health: A Report of Initiatives and Early Lessons Learned*. Retrieved April 15, 2006, from <http://www.phf.org/Reports/Privatization1/PrivatizationReport2000.pdf>.

Blackstone, E. A., Buck, A. J., & Hakim, S. (2004). Privatizing Adoption and Foster Care: Applying Auction and Market Solutions. *Children and Youth Services Review*.

Hard to adopt children remain in foster care for a long time and are often shifted from one temporary arrangement to another. In this paper, we present and evaluate the privatization of the administrative aspects of adoption and foster care in Kansas, Michigan, and Illinois. The Illinois model which permitted the most competition among private and public providers achieved the best results in increasing adoptions and eliminating inefficient providers. A national adoption market with ubiquitous information is recommended. Then, we apply a modern economic theory of auctions to the adoptive process. This will help solve the problem of children languishing in foster care and provide additional resources to assist adoption of hard to place children. (Author abstract)

Blackstone, E. A., & Hakim, S. (2002). *A Market Alternative to Child Adoption and Foster Care*. Philadelphia, PA: Temple University, Center for Competitive Government. Retrieved from <http://www.sbm.temple.edu/ccg/child%20welfare2.doc>

This paper examines the success of privatization initiatives implemented in Kansas and Michigan to improve foster care and adoption services. In Kansas, three contractors were selected to provide regional management for foster care placement and medical services. One private agency was contracted to provide all adoption services throughout the state. Positive outcomes include an increase in the number of adoptions and a decrease in repeat placements and administrative costs. However, comparisons have not been made to outcome performance before privatization. The system can be improved with a more competitive bidding process, such as the Dutch auction in which bidding decreases from the amount spent by the government to deliver the service. Michigan licenses private adoption agencies to place children who are in state custody. Reimbursement rates depend on the speed of the placement and the level of difficulty. Although the number of adoptions increased after the initiation of the incentive program, placements have not kept pace with the number of children waiting to be adopted. An Activity Based Costing (ABS) accounting system is recommended for both states to calculate true cost savings. 10 notes.

Bouchery, E., & Harwood, H. (2003). The Nebraska Medicaid Managed Behavioral Health Care Initiative: Impacts on Utilization, Expenditures, and Quality of Care for Mental Health. *Journal of Behavioral Health Services & Research*, 301 (1), 93-108.

- Bruner, C. (2000). *Child Welfare, Medicaid, and Managed Care: Lessons Learned in Iowa*. Des Moines: Child and Family Policy Center.
This paper explains Iowa's efforts to incorporate child welfare services within a Medicaid 1915(b) waiver that is publicly managed and describes the child welfare system and its use of Medicaid financing.
- Center for Public Policy Priorities. (2005). *Privatization of Child Protective Services*. Texas: Author.
The Texas Legislature is considering whether "case management" by Child Protective Services (CPS) within the Department of Family and Protective Services (DFPS) should be "privatized," meaning performed by private companies rather than by a public agency. Some oppose privatization on the principle that discretionary government functions such as deciding whether parental rights should be terminated ought to be performed by public employees. Others support privatization to bring market forces into public administration. Beyond these basic positions, however, are a host of practical questions and concerns. This policy brief analyzes privatizing case management. The brief recommends that before Texas privatizes case management, it pilot the concept, perhaps seeking a federal Title IV-E waiver to use federal funds in a demonstration project. (Author abstract)
- Child Welfare Partnership. (2003). *Oregon's Child Welfare Project: Final Report*.
This final report evaluated Oregon's Title IV-E waiver to evaluate the extent to which flexible funding impacted children within the waiver and system of care, waiver and non-system of care, non-waiver and system of care, and non-waiver and non-system of care branch groups.
- Collins, J. (2004). *Highlights from 2000-2001 CWLA Management, Finance, and Contracting Survey: Implications for Policy and Practice*. Washington, DC: Child Welfare League of America, Inc., Health Care Reform Tracking Project. Retrieved from <http://www.cwla.org/programs/bhd/mhpubhighlights.htm>
This monograph distills findings from CWLA surveys and from the activities of CWLA's partners into technical assistance resources for states and communities as they develop child welfare initiatives or Medicaid managed care reforms to better serve children and families. It compares the 1998 data from the CWLA Managed Care and Privatization Child Welfare Survey project with the main findings of the CWLA 2000-2001 Management, Finance, and Contracting Survey Final Report. It also highlights similarities and differences between CWLA's 2000-2001 survey and the Health Care Tracking Project 2000 State Survey on the effect of managed behavioral health care on children and families in the child welfare system. (Author abstract)
- Collins-Camargo, C. (2005). Administering Research and Demonstration Projects Aimed at Promoting Evidence-Based Practice in Child Welfare: Challenges and Rewards. *Journal of Evidence-Based Social Work*.
- Collins-Camargo, C., & Groeber, C. (2003). Adventures in Partnership: Using Learning Laboratories to Enhance Frontline Supervision in Child Welfare. *Professional Development: The International Journal of Continuing Social Work Education*, 6(1, 2), 17-31.
- Colorado Department of Human Services, Division of Child Welfare Services. (n.d.). *Managed Care Report*. Retrieved March 29, 2006, from http://www.google.com/search?q=cache:vEqCrcTosawJ:www.cdhs.state.co.us/cyf/cwelfare/mc_rprt.htm+Arapahoe+County+Colorado+%22IV-E+Waiver%22+Mercer.&hl=en&gl=us&ct=clnk&cd=1
- Cook, J.A., Heflinger, C.A., Hoven, C.W., Kelleher, K.J., Mulkern, V., Paulson, R.I., Stein-Seroussi, A., Fitzgibbon, G., Burke-Miller, J., Williams, M., & Kim, J. (2004). A Multi-Site Study of Medicaid-Funded Managed Care versus Fee-for-Service Plans' Effects on Mental Health Service Utilization of Children with Severe Emotional Disturbance. *Journal of Behavioral Health Services & Research*, 28(2), 155-163.
- Cornerstone Consulting Group, Inc. (1999). *Child Welfare Waivers*. Houston, TX: Author.
This report is the first independent analysis of child welfare waivers which have potential to test innovative financing and program reforms in the child welfare system.

Demaree, L. A. S. (2001). "Tiny Little Shoes": The Privatization of Child Welfare Services in Kansas. *UMKC Law Review*, 69643-673.

Privatization of foster care and child welfare services in Kansas has failed and a new approach is needed, starting with the elimination of barriers to communication between system participants at all levels, according to this article. Drawing from personal experience with children who have suffered under the privatized system, the author argues the state needs to establish guidelines of care and create programs for inexperienced caseworkers and a decision-making framework for courts. Accountability based on outcomes must begin with the governor and state legislature, and include both state social services and contractual service organizations. Of greatest importance is safeguarding child victims of abuse and neglect from delays and poor decisions inherent in the current system, where money, politics, and bureaucracy prevent their best interests from being protected, the author says. Problems caused by the rapid shift to privatize child welfare services in Kansas are examined and legal and legislative solutions are recommended, including features of effective programs that might ease the transition from public to private programs while providing for the best interests of the children and families served. 214 footnotes.

Donohue, J.M., & Frank, R.G. (2000). Medicaid Behavioral Health Carve-outs: A New Generation of Privatization Decisions. *Harvard Review of Psychiatry*, 8 (5), 231-241.

Drissel, A. (n.d.). *Managed Care and Children and Family Services: A Guide for State and Local Officials*. In C. Branch (Ed.). Retrieved January 30, 2006, from <http://www.aecf.org/publications/children/>

Embry, R. A., Buddenhagen, P., & Bolles, S. (2000). Managed Care and Child Welfare Challenges to Implementation. *Children and Youth Services Review*, 22, 93-116.

Emenhiser, D., Barker, R., & DeWoody, M. (1995). *Managed Care: An Agency Guide to Surviving and Thriving*. Washington, DC: Child Welfare League of America, Inc.

Englewood: The Casey Outcomes and Decision-Making Project. (1998). *Assessing Outcomes in Child Welfare Services: Principles, Concepts, and a Framework of Core Indicators*.

This is a publication to assess outcomes in child welfare services and suggests a philosophical vision on which to base the agency's outcome framework.

Ezell, M. (2002). A Case Study of an Agency's Three Family Preservation Contracts. *Family Preservation Journal*, 6(1), 31-50.

This article presents a case study of a nonprofit child welfare agency that delivered family preservation services under three different purchase-of-service (POS) contracts. The research specifically examines how certain POS contract provisions and reimbursement rates influenced the delivery of family preservation services. The three contracts differed on criteria, such as reimbursement mechanism, service volume, definition of clientele, and reimbursement rate. The old intensive family preservation service contract was similar to grants-in-aid with consistent monthly payments, while the new intensive family preservation service contract provided a flat case rate with fees paid at case closure. The third contract paid a variable hourly rate, billed monthly per family. Reimbursements decreased over time for the old and new intensive family preservation contracts. As reimbursement rates declined and administrative costs increased, the service provider struggled with case flow, staffing, fundraising, and service provision, among other issues. The author concludes that contract-related resources, policies, and procedures impact provider agencies in multiple, significant ways that are critical to the provision of services and the accomplishment of positive client outcomes. (Author abstract modified) 17 references and 1 table.

Figgs, J., & Ashlock, S. (2001). Family Preservation/Foster Care/Adoption: Kansas Public/Private Partnership Initiative. *2001 Better Government Competition*. Retrieved from http://www.pioneerinstitute.org/pdf/bgc01_kansas.pdf

The Better Government Competition (BGC) is an annual contest that seeks innovative, concrete ideas to improve the quality and cost-effectiveness of governmental services in Massachusetts and to provide a public forum for these ideas. In the 2001 competition, the Kansas Department of Social and Rehabilitation Services (KDSRS) won an honorable mention, and this paper describes their program. KDSRS launched an initiative to privatize three of its service areas--family preservation, foster care/re-integration, and adoption and

focus internal staff and resources on child protection. The initiative relies on partnerships with public and private agencies, is flexible with respect to program design and financing, and holds providers accountable for program outcomes. Benefits include increased availability of family preservation services and higher rates of adoption. Outcomes related to child safety, keeping siblings together, and minimizing placement moves before a child achieves permanency have been met or exceeded. (Author abstract modified)

Florida Legislature: Office of Program Policy Analysis and Government Accountability. (2006). *Additional Improvements are Needed as DCF Redesigns its Lead Agency Oversight Systems*. (Report No. 06-05). Retrieved March 2, 2006, from <http://www.oppaga.state.fl.us/reports/pdf/0605rpt.pdf>

Florida Legislature Office of Program Policy Analysis and Government Accountability. (2005). *Child Welfare Transition Nearly Complete; Budget Allocation and Oversight Systems Need Strengthening*. (Report No. 05-12). Retrieved March 6, 2006, from: <http://www.oppaga.state.fl.us/reports/pdf/0512rpt.pdf>

Florida State Department of Children and Families. (1999). *Community-Based Care Implementation Plan*. Retrieved from <http://www.dcf.state.fl.us/publications/docs/cbcfinal.pdf>

This report outlines the components of the child protection system in Florida and the process for transition to a privatized, community-based care initiative. It reviews the guiding principles for developing community-based care and describes the functional responsibilities of lead agencies, the responsibilities of the department, the method for selecting lead agencies, and the method for transfer of resources. The plan was developed through statewide forums of stakeholders in the child protection system. It emphasizes the importance of cooperation between foster parents, the school system, the courts, law enforcement, the faith community, other community organizations, and the state. The system of care is designed to be family-centered and focused on child safety, with flexible and responsive services. Child protection funds will be equitably distributed to communities, with incentives for permanency and other performance outcomes.

Florida Taxwatch. (2006, March). *Ensuring the Long-Term Success of Florida's Community-Based Child Welfare System*. Tallahassee: Author.

Flynn, R. (2001). *External Influences on Workplace Competence: Improving Services to Children and Families*. New York, NY: Palgrave.

Efforts to improve child protective services in Great Britain have included the professionalization of workers, standards for child welfare work, privatization of services, and requirements for planning. In addition, three specific initiatives were created to enhance competency: Investors in People; the Macpherson Report; and the Audit Commission. Investors in People focuses on staff training and development. Participating organizations are assessed on specific indicators of quality care and receive a certificate upon the achievement of their customized action plan. The Macpherson Report identified institutional racism within the child protection system and highlighted the effects of discrimination in the workplace. The findings of the report revealed a need for a diverse workforce that is representative of the target population, as well as activities that are inclusive. The Audit Commission reviewed the effectiveness of local child protection services and outlined recommendations for improved service coordination and efficiency. These initiatives demonstrate the types of external activities that can influence action by encouraging standards, values, and goals for child protection agencies.

Forquer, S.L., & Sabin, J.E. (2002). *Medicaid Behavioral Managed Care: What Lies Ahead*. Working paper. Retrieved April 11, 2006, from http://www.chcs.org/usr_doc/bhforecasting.pdf

Freeman, M. B. (2003). Privatization of Child Protective Services: Getting the Lion Back in the Cage? *Family Court Review*.

Fossett, J.W., Goggins, M., Hall, J.S., Johnston, J., Plein, L.C., Roper, R. & Weissert, C. (2000). Managing Medicaid Managed Care: Are States Becoming Prudent Purchasers? *Health Affairs*, 19(4), 36-49.

Freundlich, M., & Gerstenzang, S. (2005). An Assessment of the Privatization of Child Welfare Services. *APSAC Advisor*, 16-17(4), 15-18.

Through a variety of contractual and financing arrangements, public children services agencies are increasingly delegating child welfare responsibilities to private agencies. Although the benefits and problems of privatization continue to be debated, public perception and pressures to improve efficiency keep privatization on the national child welfare agenda. This article discusses findings from a survey of six states that have implemented various levels of privatization of child welfare services. The authors discuss common misassumptions regarding the benefits of privatization, and they make recommendations to agencies considering privatization as a solution to improve services to maltreated children and their families. This article is a synopsis of the authors' award-winning book, "An assessment of the privatization of child welfare services." (Author abstract)

Freundlich, M., & Gerstenzang, S. (2003). *An Assessment of the Privatization of Child Welfare Services: Challenges and Successes*. Washington, DC: Child Welfare Leagues of America Press.

Many jurisdictions are considering privatization as a way to improve the cost effectiveness and efficiency of child welfare services. This book explains the concept of privatization and describes the processes used in Kansas; Florida; Missouri; Maine; Hamilton County, Ohio; and Wayne County, Michigan to transfer responsibility for certain functions from public agencies to private organizations. Two of the programs are statewide efforts, while the other initiatives are targeted to specific populations such as foster care and low-risk families. The text highlights 13 themes within the six case studies, including the use of a lead agency model, the lack of substantial cost savings, the need for strong leadership and personal commitment, and the importance of clear definitions of the roles and responsibilities of public and private agencies. Numerous references, 49 tables.

Friesen, L. D. (2001). Privatized Child Welfare Services: Foster Parents' Perspectives. *Child Welfare, 80*(3), 309-324.

This study reports on the impressions of foster parents following the privatization of family foster care services in Kansas. A randomly selected sample of foster parents from one agency was surveyed to assess their current level of satisfaction, their opinions about privatization, and their experiences with newly established community-based treatment teams. Although overall satisfaction has remained high, opinions vary about specific aspects of foster parenting under managed care. Implications for supporting and enhancing the role of foster parents are discussed. (Author abstract)

Geballe, S., & Langer, S. (2005, May). *Moving Away From Crisis? Alternatives in Financing Child Welfare Services in Connecticut*. Retrieved January 30, 2006, from <http://www.ctkidslink.org/publications/welf05moving05.pdf>

Gold, M., Taylor, E. F., Krisski, T., Mittler, J., & White, J., (2004, December). *Evaluation of the Medicaid Managed Care Program of the Center for Health Care Strategies: Overview of Results: Final Report*. Retrieved April 3, 2006, from <http://aspe.hhs.gov/hsp/CW-financing03/report.pdf>

Government Accountability Office. (1998). *Child Welfare: Early Experiences Implementing a Managed Care Approach*. Washington, DC: Author.

A report to the Chairman, Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives describing states' efforts to implement managed care in their child welfare systems. This report determines which public agencies are using managed care to provide child welfare services, financial and service delivery arrangements being used under a managed care approach, and challenges child welfare agencies face as they develop and implement managed care.

Government Accountability Office. (2000). *Child Welfare: New Financing and Service Strategies Hold Promise, but Effects Unknown*. (GAO Publication No. T-HEHS-00-158). Washington, DC: General Accounting Office.

This testimony reports the findings of a Government Accounting Office study of state managed care programs for child welfare services. The analysis was requested by the Subcommittee on Human Resources, Committee on Ways and Means, United States House of Representatives. Twenty-seven state and local initiatives were reviewed. In general, states utilized a managed care approach to control the quality and cost of family preservation, foster care, and adoption services. The systems involved fixed, capitated payments to service providers, as well as financial incentives. Performance measures addressed child safety, permanency, child and family well-being, foster home stability, and consumer satisfaction.

Although administrators reported positive outcomes for children and families, no rigorous evaluations were conducted. In addition, many agencies did not have the information systems necessary to collect and analyze data. The Government Accounting Office predicted that the federal waiver demonstration program would result in detailed studies of effectiveness. 3 tables.

Government Accountability Office. (1999, April). *Social Service Privatization: Ethics and Accountability Challenges in State Contracting*. (GAO Publication No. GAO/HEHS-99-41). Washington, DC: Author. Retrieved from <http://www.gao.gov/archive/1999/he99041.pdf>

Since 1993, 11 of 42 state child support enforcement directors who left their government jobs accepted managerial positions with contractors providing child support enforcement services, and 10 of 41 high-level managers of Temporary Assistance for Needy Family programs who left state service accepted positions with social service contractors. Officials in Arkansas, Maryland, Massachusetts, and Texas, the four states GAO examined, experienced short-term problems training staff to fill managerial vacancies, but ultimately the staff were able to do the work. Of 59 contract proposals in the four states, 34 listed former state employees as key contract personnel and 25 did not; slightly under two-thirds of the proposals in each group resulted in awards. The American Bar Association (ABA) and other organizations have recommended key ethics provisions prohibiting certain post employment activities and conflicts of interest that most states have adopted in policies designed to help ensure open and fair contracting. However, more than one-third of the states lack one or more of these provisions, and enforcement approaches to help ensure compliance differ widely in the four states GAO examined. Model laws prepared by ABA and others and the Medicaid statute offer possible frameworks for strengthening state ethics policies. Although several states assess contractors' progress toward achieving program results, many others rely on basic accountability measures, such as audits, that focus on compliance with program rules. Assessing program results enables states to determine whether they have received the services they paid contractors for. The Government Performance and Results Act and results-oriented initiatives in some states have helped establish frameworks with which they can hold contractors accountable for program results. The states could take additional measures. (Author abstract)

Government Accountability Office (1997, October). *Social Service Privatization: Expansion Poses Challenges in Ensuring Accountability for Program Results*. (GAO Publication No. GAO/HEHS-98-6). Washington, DC: Author. Retrieved March 1, 2006, from <http://www.gao.gov/archive/1998/he98006.pdf>

Government Accountability Office. (2002, April). *Welfare Reform: Interim Report on Potential Ways to Strengthen Federal Oversight of Safe and Local Contracting*. (GAO Publication No. GAO-02-245). Washington, DC: Author. Retrieved January 27, 2006, from <http://www.gao.gov/new.items/d02245.pdf>

Gurwitt, R. (2000). The Lonely Leap. *Governing*, 38-44.

Political pressure forced the Kansas child welfare system to privatize family preservation, foster care, and adoption services on a broad scale without adequate research or pilot programs. The experience of that state can provide valuable lessons to other jurisdictions considering outsourcing some or all of their child welfare services. Under the privatization plan, Kansas was divided into five regions headed by private lead agencies that were under contract with the state to deliver family preservation, foster care, and adoption services to citizens within those areas. The state agency retained responsibility for child protective services and administration of contracts. The contracts specified that agencies would receive a pre-determined amount of funds for each child served and that the agencies would meet standards for child safety, frequency of changes in foster care placements, and timelines for reunification and adoption. Agencies were given four months to prepare for the transfer of cases, during which time they were expected to hire and train staff, plan service delivery strategies, and select subcontractors. The agencies were forced to hire inexperienced, recent social work graduates when public agency workers elected to change careers rather than seek employment in the private sector. The inadequate planning period and lack of qualified workers created a system with a reputation for inefficiency. Judges often mandated that services continue beyond the time upon which the fee rate was based and providers lost money. In addition, state reimbursement practices were inaccurate. The state learned from

these mis-steps and increased funding for foster care and adoption services as it realized the amount that was required to adequately serve families. It also revised its contract negotiation process to be more realistic. The state agency clarified its role in the service continuum and became more confident in guiding the private agencies. 1 table.

- Hansine, F., Pecora, P., Fluke, J., Hardin, M., & Field, T. (1999). *Improving the Quality of Children's Services: A Working Paper on Outcomes-Based Models of Service Delivery and Managed Care*. Englewood, CO: The Casey Outcomes and Decision-Making Project.
Explains the privatization of child welfare and the differences between the current context in which child welfare services are delivered and a model that manages care at the local level.
- Hepburn, K., & McCarthy, J. (2003). *Making Interagency Initiatives Work for Children and Families in the Child Welfare System: Part of the Promising Approaches of the Health Care Reform Tracking Project for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems*. Retrieved February 23, 2006, from http://rtckids.fmhi.usf.edu/rtpubs/hctrking/pubs/promising_approaches/toc_03.html.
- Holahan, J., & Suzuki, S. (2003). *Medicaid Managed Care Payment Methods and Capitation Rates in 2001*. Retrieved April 12, 2006, from <http://www.urban.org/url.cfm?ID=410660>.
- Human Services Research Institute. (2003). *Final Comprehensive Report: Evaluation of Ohio's Title IV-E Waiver Demonstration Project "ProtectOhio"*. Massachusetts: Author.
An executive summary to evaluate the ProtectOhio project which adopts a managed care approach to increase the efficiency and effectiveness of the child welfare system, focusing on reducing use of out-of-home placement, increasing reunification and permanency, and improving family functioning while also maintaining a cost-neutral budget.
- Humphrey, K. R. (2002). The Impact of Service Access on Out-Of-Home Placement For Youth With Emotional Disabilities and Their Families. *Dissertation Abstracts International*, 63 (10), 3728A. (UMI No. 3069055)
In 1997, Kansas became the first state to transfer all foster care, adoption, and family preservation services to private contractors. That same year, congress enacted the Adoption and Safe Families Act (ASFA). This collective case study examined the experience of 6 children with emotional disabilities (ED) who were in out-of-home placements, the experience of their biological parents and foster care providers, and the experience of their service providers and judges. Participants shared their perspectives on (a) the effect of ASFA and privatization on children with ED and their families; (b) how access to services affected the family's pathway into the foster care system; (c) what were the facilitators and barriers to access to services that, if available, may have prevented entry into the foster care system or increased successful reunification or adoption, when appropriate; and (d) what changes in policies and services youth and their families, service providers, and judges believe are necessary to benefit children with emotional disabilities. Implications for child welfare policies and practices, training and education, and future research are discussed. (Author abstract)
- Hurley, R. E. (1998). Have We Overdosed on a Panacea?: Reflections on the Evolution of Medicaid Managed Care. In S. M. Davidson and S. Somers (Eds.), *Remaking Medicaid: Managed care for the public good* (pp.20-40). San Francisco, CA: Jossey-Bass.
- James Bell Associates, Inc. (2001). *External Evaluation of the Kansas Child Welfare System: July 2000-June 2001*. (FY 2001 Final Report). Unpublished.
- James Bell Associates, Inc. (2002, September). *Analyzing Costs Associated with Community Partnerships for Protecting Children*. (Final Report). Arlington, VA: Author.
- James Bell Associates, Inc. (2004). *Analysis of Funding Resources and Strategies Among American Indian Tribes: Findings from the Study of Implementation of the Promoting Safe and Stable Families (PSSF) Program by American Indian Tribes: Issue paper #1*. Unpublished report.
- James Bell Associates, Inc. (2004). *Implementation of Promoting Safe and Stable Families by American Indian Tribes: Final Report-Volume I*. Unpublished report.

James Bell Associates, Inc. (2005). *Lessons Learned from Year 3 of the Children's Bureau's Quality Improvement Center Initiative*. (Draft). Unpublished manuscript.

Johnson, R. A., & Walzer, N. (2000). *Local Government Innovation: Issues and Trends in Privatization and Managed Competition*. Westport, CT: Greenwood Publishing Group.

Nationally recognized scholars and practitioners examine opportunities in which services traditionally provided by local governments are offered by the private sector through a contract or are transferred to a private business completely. Many large U.S. cities have contracted services for many years. With the movement to rightsize governments in recent years there has been renewed interest by local governments in similar ventures. Privatization, in its many forms, is now seen as a viable alternative to traditional ways of providing public services and can bring substantial benefits to residents. With greater accountability being demanded and pressures on local officials to hold the line on or reduce taxes, efforts to find innovative service delivery methods will probably increase. Cities, such as Atlanta, Indianapolis, and Charlotte, are examples showing that contracts with private businesses can work to benefit all parties. Local officials must move ahead cautiously, and not all attempts at privatization or contracting have succeeded. Some cities, after an evaluation, have decided to provide services with municipal employees. The main issues underlying privatization decisions are addressed conceptually so that practitioners and academics benefit from a review of the current thinking on the issues. At the same time, exemplary practices and case studies are included so that readers can understand how privatization and managed competition have been implemented in local governments. Special attention is paid to administrative questions that may arise during the implementation process. For example, ways in which cities have worked with employees who fear displacement because of the privatization process are described. The book breaks new ground by including references to recent innovations in public-private partnerships and describing how privatization may evolve in the future. (Author abstract)

Kahn, A. J., & Kamerman, S. B. (1999). *Contracting for Child and Family Services: A Mission-Sensitive Guide*. New York, NY: Columbia University, School of Social Work, Cross National Studies Research Program. Retrieved from http://www.caseyfoundation.org/publications/Child_Family.pdf

State and local child welfare agencies are considering privatization of services as one strategy for improving outcomes for children and their families. A wide variety of approaches are being implemented, from traditional purchase-of-service agreements to total managed care. This guide explains the political and social context in which contracts are written and provides recommendations for designing a system based on a specific mission. Throughout the process, program planners are advised to focus on the goal for the initiative and intentions to protect children. Considerations for making the decision between purchase of service and managed care are discussed. Other topics include the role of service networks, management information systems, and staffing arrangements. The guide provides suggestions for contracting agencies about developing the request for proposal, as well as for service providers who are developing a proposal. Techniques for testing the delivery design, rating proposals, and writing the agreement are addressed. Numerous notes.

Kammerman, S., & Kahn, A. (1998, June). *Privatization, Contracting, and Reform of Child and Family Social Services*. Retrieved January 27, 2006, from <http://www.financeproject.org/Publications/private.htm>

Kansas Action for Children. (2003). *A Case for Contract Reform: The Development of a Single Regional Contract for Foster Care and Adoption Services in Kansas*. Topeka: Author.

Since 1996, Kansas has chosen to contractually separate the provision of adoption services and foster care services. Adoption services are provided under contract by a single statewide agency, while foster care services are provided under five regional contracts. This paper discusses the Kansas Action for Children's proposal that a Single Regional Provider system be implemented for the delivery of foster care and adoption services. The unintended consequences to children under the present separate system are discussed, including the disruption of services and decreased continuity of care, increased length of stay in out of home care, and confusing and complicated system for all participants. The increased costs of the separate contract system are also explained. The paper then describes the following benefits of a Single Regional Provider system: improvement of performance and decrease in administrative costs and additional funds for system innovations and incentives. It is also

proposed that monetary savings could be used to augment the Community Service Allocation to purchase services and provide grants to non-profit organizations for programs to reduce the number of children in foster care, and for incentives for adoption of hard-to-place children.

- Kimmich, M. (1999). Overview of Managed Care Concepts for Children's Services: How to Thrive in the New Environment. *Fourth National Roundtable on Managed Care in Child Welfare: Keeping the Focus on Kids While Managing Care Under the Adoption and Safe Families Act of 1997*. Englewood, CO: American Humane Association.

This paper provides an overview of the benefits of managed care for child welfare services and considerations for program administration. The primary components of managed care arrangements are described, including mission and goals; eligible population; capitation; risk; care criteria; money flow; network management; care coordination; utilization review; service substitution; and quality assurance. Emphasis is placed on the interaction between the components and the importance of specifying the details of each element in the managed care contract. States are advised to identify a vision and principles for their managed care system, coordinate the technical aspects of implementation, and obtain the input of all stakeholders.

- Kinnevy, S. C. (2002). Restructuring Child Welfare Services: An Analysis of Four Child Welfare Models in Florida. *Dissertation Abstracts International*, 63 (02), 756A. (UMI No. 3043897)

The rapid growth of the child protective services (CPS) over the last 30 years has limited the child welfare system's ability to focus on prevention and service provision. Consequently, state legislatures continually try to reform both investigations and service delivery. In May 1998, the Florida legislature mandated the transfer of responsibility for child protective investigations in Manatee, Pinellas, and Pasco Counties from the Department of Children and Families (DCF) to the Sheriff's Offices in those counties. The same piece of legislation mandated statewide privatization of foster care and related services by 2003. These reforms resulted in the implementation of different child welfare models in small and contiguous geographic areas. The models were mediated by changes in family court judgeships in each county. This study used administrative data provided by the Florida Department of Children and Families to evaluate both process and outcomes for the four child welfare models operating from 1995 through 2000 in Manatee, Lee and Sarasota counties in the state of Florida. In Model 1, DCF conducts investigations and delivers services. In Model 2, DCF conducts investigations and a private agency delivers services. In Model 3, the Sheriff's Office conducts investigations and DCF delivers services. In Model 4, the Sheriff's Office conducts investigations and a private agency delivers services. Process variables included model structure, case flow, and stakeholder perceptions. Outcome variables included child safety, investigative findings, dependency dispositions, and length of time to permanency. The relative success of each model was determined by the average effect size of changes in investigation, services delivery, and changes in judgeship on outcome variables. Results indicate that all changes had a negative impact and that Model 1 was most successful. Findings from the study will be important to the national child welfare community, as well as to anyone interested in systems analysis and the impact of systems reform. The study will also contribute to the literature on privatization of social services and criminalization of child abuse.

- Kinnevy, S. C., & Schwartz, I. M. (Eds.). (2000). *Privatization in the Social Services: Conference Proceedings*. Philadelphia: University of Pennsylvania, School of Social Work. Retrieved from <http://caster.ssw.upenn.edu/crysp/reports/privatization/>

- Koehn, C. E., Thompson, R. W., Authier, K. J., & Bosco, M. (2001). Palm Beach County Child Abuse and Neglect System Redesign: Initial Process Evaluation. *Journal of Child and Family Studies*, 10(2), 245-254.

For the families in Palm Beach County who entered the child abuse and neglect system as a result of having a child placed into emergency shelter, their experience was that the system was frequently intimidating, confusing, and fragmented. The reaction of the children and their families to this system was often defensiveness and resistance. To increase the system's effectiveness, it was redesigned and privatized. The redesigned system included centralized shelter placement, a comprehensive assessment, independent service coordination, and treatment service provision within a managed care model. By emphasizing family involvement and quality service provision, the goal was to increase voluntary participation

and improve family outcomes. Based on initial data, it appears that the redesigned system has been successfully implemented and has made notable progress toward meeting its system flow timeframes. The initial data also indicate that high percentages of families are participating in and are satisfied with the system; that children are spending less time in shelter placements; and that only one family has reentered the system. (Author abstract) Numerous references.

Kretman, K. P. (2003). *The Privatization of Child Welfare in Florida: Lessons for the Field*. Washington, DC: Georgetown University, Center for Public & Nonprofit Leadership.

Kutzler, P., Kuna, J., & Nowak, E. (1999). A History of Outcomes Development in Philadelphia. *Protecting Children, 15*(3-4), 10-14.

The county-run Children and Youth Division in Philadelphia implemented an outcome-based system to improve service to children and families through a network of private service providers. The only direct services provided by the public agency are investigations of abuse and neglect and case management. The outcomes project was developed by a partnership between the public agency, private provider agencies, the Philadelphia community, and the outcomes project staff, with the involvement of families, children, and staff. Services were categorized into three domains: Services to Children in their Own Homes (SCOH); foster family care; and congregate care. The SCOH services were the first to be converted to the outcomes-based management process. In addition to an existing risk assessment model and family service plans, several tools were developed for SCOH services, including a family assessment form, a family resource scale, data analysis, and regular tracking systems. The new system changed intake and referral procedures, case assignment timing, initiation of services, the timing of provider agency reports, and monitoring of service providers. The Children and Youth Division found that the process of developing and implementing outcomes helped to focus attention on the tasks and responsibilities of social workers, their training and supervision, and the degree of coordination between service systems. Improvements have helped to expedite services and to create common timelines and reports. However, the increased demands of staff for monitoring and supervision have significantly increased turnover in the private service providers. Systemic changes and technical assistance to supervisors and providers are expected to overall decrease the length of time in service and reduce recidivism of child maltreatment.

Lawrence, M. L. (2004). Performance-Based Contracting for Human Service: Does it Work? *Administration in Social Work, 20*(1).

Lawrence-Webb, C., Field, T., & Harrington, D. (2006). Permanency for Children: An Organizational Analysis of First Year Start-up Issues in a Child Welfare Managed Care Organization. *Children and Youth Services Review, 28*, 292-305.

Lewandowski, C. A., & GlenMaye, L. F. (2002). Teams in Child Welfare Settings: Interprofessional and Collaborative Processes. *Families in Society, 83*(3), 245-256. Retrieved from http://www.findarticles.com/p/articles/mi_qa3625/is_200205/ai_n9028943

This study explored the dynamics of collaborative team-based efforts to provide child welfare services in the context of a public/private partnership model of service delivery. Surveys completed by a purposive sample of 165 members of interprofessional child welfare teams in a Midwest urban county addressed team processes, factors that contribute to team effectiveness, perceptions of family participation, and attitudes toward privatization in child welfare. Approximately three-fourths of the respondents reported that their teams met on a regular schedule. Chairpersons usually were appointed by the sponsoring agency or another external influence. Teams included representatives from child welfare agencies, mental health agencies, education, legal agencies, the courts, medical providers, substance abuse providers, law enforcement, and religious organizations. Although the majority of team members indicated that family involvement was important, only 35 percent of teams included family members on a regular basis. Respect and unity of purpose predicted team satisfaction, and agency type predicted attitudes toward public/private partnership and some aspects of family participation. Barriers to effectiveness were related to inadequate levels of communication, resources, and professional respect. Teams should clarify the roles of professionals and family members, enhance mutual respect for other professions, and promote communication between team members and agencies. Members also should receive training in team structure and

processes. (Author abstract modified) 49 references, 1 figure, 2 tables.

Louis de la Parte Florida Mental Health Institute. (2003, August). Evaluation of the Florida Department of Children and Families Community-Based Care Initiative. *Policy Brief, 2*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute. Retrieved from <http://www.fmhi.usf.edu/institute/pubs/newsletters/policybriefs/issue020.pdf>

The state of Florida privatized child welfare services in 1996 in response to concerns about fragmentation, cost, accountability, and trends in the demand for service. The lead agency design was intended to promote service coordination and flexibility at the community level. This issue brief highlights findings from an evaluation of implementation in two sites during the 2001-02 fiscal year. One jurisdiction privatized all services except for case management, which was assigned to the lead agency. The lead agency in the other site was only responsible for administrative tasks. Challenges to implementation included conflicts between the emphasis on flexibility and the need for standards. An analysis of outcomes found that community-based care counties were comparable to traditional services on measures of exit from foster care and placement with relatives. Children in the test counties were less likely to experience repeat incidents of maltreatment. Average expenditures per child also were lower for community-based care sites. Both pilot programs developed systems to monitor the quality of care. More information about coordination and service quality is needed to determine the effectiveness of the community-based care model. 2 figures.

Ludowise, C. G. (1999). Accountability in Public Agency Contracting: The Case of Child Protective Services in East Tennessee. *Dissertation Abstracts International, 61(02)*, 761A. (UMI No. AAT 9962280)
In the United States, units of local, state, and federal governments have contracted out for goods and services for decades. However, in recent years there has been a growth in the provision of social services by private, not-for-profit vendors. The development of privatized public services has led to questions about the nature of accountability in public-private partnerships. Contracting out is often government's solution to political and social pressures to cut costs and to improve services and efficiency. Not many would argue that government should buy goods and services for cheaper than it can produce them. Contracts between government and service vendors seem appropriate when the goods purchased are inanimate objects, such as bricks, cars, and bombs. However, far more questions are raised when the services purchased directly influence human lives. Indeed, despite the growing reliance upon contracting, there seems to be some reluctance to acknowledge the use of cost-benefit analysis in social services spending. The purpose of this study is to address some of the issues of accountability inherent in public-private contract relationships. This research questions how the contractual transfer of social service provision from a public organization to a private agency impacts both citizen rights and citizen access to service. Through the use of a single-case study of a child protective services agency in East Tennessee, the methods by which the public agency fulfills its obligations to service recipients, as well as its legal, political, and constitutional mandates, are examined. The end result is a discussion of the effect that contracting has on the accountability of public agencies. Finally, the goals of this research are to introduce accountability into the literature on contracting out and to provide a foundation for future comparative research and analysis. (Author abstract)

Mahoney, M. (2000). Privatization in Kansas: Where We Were and What is Our Future? *Privatization in the Social Services: Conference Proceedings: Chapter 4*. Philadelphia: University of Pennsylvania, School of Social Work. Retrieved from <http://www.ssw.upenn.edu/crysp/reports/privatization/Chapter4.pdf>

Malm, K., Bess, R., Leos-Urbel, J., & Geen, R. (2001). *Running to Keep in Place: The Continuing Evolution of Our Nation's Child Welfare System*. Washington, DC: The Urban Institute.
This study discusses the impact of welfare reform on child welfare and how federal and state governments are seeking to improve the child welfare system by increasing oversight and making agencies more accountable for outcomes.

Mangold, S. V. (1999). Protection, Privatization, and Profit in the Foster Care System. *Ohio State Law Journal, 60*1295.
This article considers the implications of allowing for-profit corporations to compete with nonprofit groups under an amendment to the Social Security Act included in the 1996 Personal Responsibility and Work Opportunity Reconciliation Act. Better oversight and

stricter contract provisions are needed over all parties receiving federal funds, the author states, but special attention should be directed toward for-profit subcontractors who provide foster care services for abused and neglected children. Such for-profit companies must be closely monitored to prevent abuse of children and misuse of funds because of the dynamics and profit making structure of such corporations. Other concerns include the size and location of placements. The article presents a review of the historical involvement of for-profit providers in the foster care system. Specific issues of modern for-profit foster care include discussion of corporate structure, oversight needs, the role of nationally based for-profits and the size of facilities. The author states that the federal government, as a condition of reimbursement, should amend reimbursement laws and regulations to require establishment of local review and oversight boards. Also, courts should be required to approve all institutional and distant placements within one month of placement, not as part of semi-annual case reviews, and they should be evaluated for quality and appropriateness in monthly court dispositional reviews. Finally, the author recommends that the public agency in the area where an out-of-area child has been placed should be required to visit each child at least on a monthly basis to evaluate their care and welfare. 113 references

Mannes, M. (1993). Seeking the Balance Between Child Protection and Family Preservation in Indian Child Welfare. *Child Welfare Journal*, 72(2).

Martin, L. L. (2000). Performance Contracting in the Human Services: An Analysis of Selected State Practices. *Administration in Social Work*, 24(2), 29-44.

The author addresses performance contracting, currently a major topic within the human services. Performance contracting is defined and distinguished from incentive contracting. A taxonomy of performance measures/standards used in human services performance contracting is introduced. Performance contracting is placed in the context of historical, as well as contemporary, forces promoting accountability in human services contracting. The performance contracting activities of three state human service agencies (Florida, Maine, and Kansas) are reviewed, compared, and contrasted. Some observations and speculations are offered about the experiences of the three states reviewed, about where performance contracting may be headed, and potential implications for human services administration, social work education, and clients themselves. (Author Abstract.)

Master, R. J. (1998). Medicaid Managed Care and Disabled Populations. In S. M. Davidson & S. Somers (Eds.), *Remaking Medicaid: Managed care for the public good* (pp. 100-117). San Francisco, CA: Jossey-Bass.

Mauery, D. R., Collins, J., McCarthy, J., McCullough, C., & Pires, S. (2003). *Contracting for Coordination of Behavioral Health Services in Privatized Child Welfare and Medicaid Managed Care*. Retrieved February 23, 2005, from

http://www.chcs.org/publications3960/publications_show.htm?doc_id=211318

The study discussed in this Resource Paper analyzed the content of Medicaid managed care and privatized child welfare contracts that specify requirements for care coordination and interagency collaboration. The study included interviews with key stakeholders to explore how these "paper" requirements were playing out in "practice." Medicaid managed care and privatized child welfare contracts were analyzed and site visits were conducted in El Paso County, Colorado; Franklin County, Ohio; Massachusetts; and Missouri.

McCarthy, J., & McCullough, C. (2003). *A View from the Child Welfare System: Part of the Promising Approaches of the Health Care Reform Tracking Project for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care Systems*. Retrieved February 23, 2006, from http://rtckids.fmhi.usf.edu/rctcpubs/hctrking/pubs/promising_approaches/toc_02.html.

McCarty, D., Dilonardo, J., & Argeriou, M. (2003). State Substance Abuse and Mental Health Managed Care Evaluation Program. *Journal of Behavioral Health Services & Research*, 30(1), 7-17.

McCullough, C. (2003). *Better Results for Kids Issue Paper: Financing & Contracting Options & Considerations*. Retrieved March 7, 2006, from <http://basis.caliber.com/cwig/ws/chdocs/docs/canweb/ResultSet?upp=0&rpp=->

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McCullough & Associates, Inc. (2005). *Child Welfare Privatization*. Retrieved February 24, 2006, from <http://www.azdes.gov/dcyf/cmdps/cps/pdf/Final%20Report.pdf>

McCullough & Associates, Inc. (2005). *Child Welfare Privatization Summary of National Trends: A Synthesis of Research and Framework for Decision*. Retrieved January 27, 2006, from http://www.cfsa.dc.gov/cfsa/lib/cfsa/frames/pdf/Privatization_Framework.pdf

McCullough, C. (2004). *Financing and Contracting Practices in Child Welfare Initiatives and Medicaid Managed Care: Similarities and Differences*. Washington, DC: Child Welfare League of America, Inc. Retrieved March 7, 2006, from <http://www.cwla.org/programs/bhd/mhpubfinancing.htm>

McCullough, C., & Schmitt, B. (2003). *2000-2001 Management, Finance, and Contracting Survey Final Report*. Washington, DC: Child Welfare League of America, Inc., Systems Integration Management Institute.

The Child Welfare League of America, Inc. surveyed state child welfare administrators during 2000-2001 to identify trends in managed care initiatives for child welfare services and behavioral health care. The survey requested information about the finance and management of child welfare services, target populations, service coordination, funding sources, program design, program planning, and performance standards. Comparisons to previous years are highlighted. Twenty-five states reported a total of 39 child welfare initiatives. Many of the initiatives were designed to meet legal requirements or to increase accountability. Although most initiatives covered children in out-of-home care, some states also provided services to other families served by the child welfare system. Many states combined funding streams and restructured their programs to improve service coordination. The majority of states expected to serve more than 125,000 children within the initiative during the 2001-2002 year. Funding sources included child welfare funds, Medicaid, and mental health funds. Forty-one percent used case rates to share risk with private contractors, while 23 percent used performance-based contracts. One-fourth of the initiatives included financial incentives and penalties to encourage private agency performance. Almost two-thirds of the initiatives were conducting an independent evaluation of their program. Common challenges included lack of data collection and analysis systems, unclear definitions of roles between public agencies and private contractors, limited resources and increased responsibilities, and transitions between contracts. The report includes profiles of the 39 initiatives. 7 figures, 53 tables, 1 measure.

McCullough, C., & Schmitt, B. (1999). *Managed Care and Privatization Child Welfare Tracking Project: 1998 State and County Survey Results*. Washington, DC: Child Welfare League of America, Inc. Twenty-nine states reported to the Child Welfare League of America, Inc. that they utilized a managed care or privatization model for the delivery of child welfare services. The states identified a total of 47 initiatives that were designed to improve the effectiveness and efficiency of services through changes in management tools and funding or contract strategies. Most of the initiatives have transferred responsibility for the management and delivery of services to private nonprofit agencies. However, the public agency has a primary role in decision making. Three-fourths of the states indicated that they have a financial risk-sharing arrangement with nonprofit agencies, usually in the form of a case rate with risk adjustment mechanisms to limit losses and profits. Contractors are usually protected from catastrophic loss. The initiatives vary significantly in goals, target populations, services, and structural design. The quality of services delivered by private agencies are usually measured against a set of performance standards established by the public purchaser. The findings of the survey reflect advancements from the previous year in implementation stage and in the knowledge of state officials about the benefits and risks of managed care arrangements. Profiles of each state are included in the report. 3 references and 9 tables.

McCullough, C., & Schmitt, B. (2000). Managed Care and Privatization: Results of a National Survey. *Children and Youth Services Review*, 22(2), 117-130. Washington, DC: Child Welfare League of America, Inc.

The Child Welfare League of America, Inc. Managed Care Institute surveyed all state child welfare administrators or their designees regarding managed care and privatization initiatives

in their state. The survey asked respondents about the management of child welfare services consistent with managed care, the organization of services, and how services are financed. Forty-nine states and the District of Columbia responded, and of these, 29 jurisdictions reported one or more initiatives that were based on managed care or privatization models. This article provides a summary description of 47 initiatives in these 29 jurisdictions. 2 references and 1 table. (Author abstract)

McCullough, C. & Schmitt, B. (1999). Over Half of States Have Child Welfare Managed Care or Privatization Initiatives Underway: Results 1998 CWLA Managed Care Institute Tracking Project. *Children's Vanguard*, 3(1), 4-8. Washington, DC: Child Welfare League of America, Inc.

McConnell, S., Burwick, A., Perez-Johnson, I., & Winston, P. (2003). *Privatization in Practice: Case Studies of Contracting for TANF Case Management*. (Final Report). Retrieved March 8, 2006, from <http://aspe.hhs.gov/hsp/privatization-rpt03/index.htm>

McDonald, J., & McCarthy, B. (2000). *Effective Partnership Models Between the State Agencies, Community, the University and Community Service Providers*. Springfield, IL: State Department of Children and Family Services.

The 1991 B.H. Consent Decree provided the framework necessary to reform the policies and services of the Illinois Department of Children and Family Service, specifically regarding children in care, the image projected in the media, kinship care, residential care, psychiatric hospitalization, permanency, private agency services, and the qualifications of the work force. The reform initiative focused on goals for increased accountability; improved quality through safety, well-being, and permanency; and building community services. Strategies included controlling caseload growth, privatization of foster care and residential and treatment services, supportive state laws, program evaluation, accreditation and licensure, and improvements in the professionalism of staff. The state agency formed partnerships with private agencies, as well with the juvenile court, local area networks, alcohol and drug treatment services, education, physical health, behavior health, and research organizations to expand resources and implement the reforms. A vital component of the reform was the partnership established with universities and schools of social work in the state. The universities agreed to develop curricula for the continuing education of agency staff, such as Masters of Social Work degrees for supervisors and locally based professional training for public and private sector workers. In addition, Illinois is planning to establish a state Child Welfare Academy to promote continuing education for staff.

McDonald, T. P., Berry, M., Patterson, E., & Scott, D. (2000). Adoption Trends in Kansas: Managing Outcomes or Managing Care? *Children and Youth Services Review*, 22(2), 161-174.

Two major reforms have occurred in the child welfare system in Kansas over recent years that were expected to impact the adoption process for children in state custody who are unable to return to their family or origin. In January of 1995, the Kellogg Foundation funded the Kansas Families for Kids (KFFK) initiative to undertake a large scale three year reform process that had as its major goals the reduction in the backlog of children in state custody who were not able to return to their family of origin and the implementation of policies and programs which would keep the backlog from growing again. Approximately one year after the initiation of KFFK, the state began planning a major change in the state's child welfare system involving a privatized managed care system for the delivery of family preservation, foster care, and adoption services. Results of the analysis presented here indicate that significant improvement in adoption placement occurred under the KFFK initiative and that these improvements have been largely maintained under the privatized managed care system. Further analyses explore the role of timely referrals for adoption and reasonable outcome expectations. 3 references, 2 figures, and 2 tables. (Author abstract)

McEwen, E. (2006). *Performance-Based Contracts as a Strategy for Improving Child Welfare: Lessons Learned in Illinois*. Unpublished report.

McGowen, B., & Walsh, E. (2000). Policy Challenges for Child Welfare in the New Century. *Child Welfare*, 79(1), 11-28.

This study examines the extent that equity in a policy delivery system affects the performance of that system during its implementation stage. Equity is operationalized as the degree of decentralization in a service delivery system. Decentralization is defined as the extent of

privatization in the form of purchase of service contracts in a service delivery system and the level of unreimbursed local funds generated by a jurisdiction. Pennsylvania's child welfare system, as it is administered in each of the state's sixty-seven counties, provides the setting for this study. The dependent variable is the performance of the child welfare system. This variable is operationalized by the six indicators developed by the federal Department of Health and Human Services for its use in each state's child and family services program review. The principal question in this study is the extent to which differences in decentralization affect the performance of the child welfare system. The statistical model used to analyze these data is a factorial ANOVA. The study findings are, first, that low and moderate levels of decentralization as reflected by privatization and unreimbursed local revenues are the design combination with the most successful performance. The second group of findings is that, given specific levels of decentralization, counties in class sizes 7 and 8 perform better than their counterparts. The findings challenge the doctrine in recent social legislation, especially in the Personal Responsibility and Work Opportunity Results Act of 1996 and in the Adoption and Safe Families Act of 1997, which favors the privatization of delivery systems in order to achieve results. The better performance in this study emanates from systems that incorporate both privatized and direct forms of delivery. The study's findings contribute toward an understanding of design theory as articulated by Helen Ingram and Anne Schneider in their 1997 work, *Policy Designs for Democracy*. (Author abstract)

McHugh, D. W. (2000). *The Implementation of Managed Care in Child Welfare: The Legal Perspective*.

Retrieved from http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/managed_care_report-all.pdf

The legal implications of implementing managed care for child welfare services must be addressed when designing a system. Federal laws regarding permanency planning and safety; the role of the judiciary (juvenile court and class action litigation); privatization of case management services; categorical funding and allowable costs; and fair competition must be considered. This report reviews these issues and describes how state agencies have ensured that their systems are in compliance with current Federal policy. The roles and responsibilities of the mental health and child welfare systems; funding for continuation of services; pilot programs under the Child Welfare Demonstration Project; and antitrust laws are specifically discussed. The report highlights relevant case and statutory law, including Titles IVB and E, Title XX, and the Adoption and Safe Families Act.

McQuillan, L. J. (2003). *A Brighter Future: Solutions to Policy Issues Affecting America's Children*. Retrieved from the Pacific Research Institute

http://www.pacificresearch.org/pub/sab/entrep/study_brighterfuture.pdf

This report reviews policy changes that are necessary to enhance child well being in a variety of areas, including the environment, Internet privacy, education, family court, and child welfare services. Permanency planning, family preservation services, and home visitation programs specifically are discussed. Each paper highlights the deficits in current systems and proposes alternative practices to strengthen child development and family relationships. Numerous notes.

Meezan, W., & McBeath, B. (2001). Innovations in the Delivery of Foster Care Services: Evaluating the Effects of Managed Care Approaches on Children in Foster Care and the Agencies That Serve Them. *Michigan Child Welfare Law Journal*, 5(2), 3-15.

Child abuse and neglect has forced removal of some 700,000 children from their homes, and an additional 600,000 live in institutions. Congress passed the Adoption and Safe Families Act (ASFA) in 1997 to address the rising number of cases, escalating costs, and system failures. Under the law, states are permitted to examine alternative programs for service delivery, including private-public partnerships. This article discusses incentive-based private managed care services for foster children, a new model currently being investigated by several states. The author addresses changes in the foster care system in light of federal and state welfare reforms, and examines the spread of managed care in the delivery of child welfare services, a total of 47 programs in 29 states. A pilot project in Michigan studying incentive-based managed care services with private firms in the Detroit area is described. To date, 19 organizations have contracted with the state's Family Independence Agency to provide such services. The author details program features and evaluates the effects of managed care on contracting agencies and their clients. Both process evaluation and output evaluations were performed, and the results are discussed. The report also summarizes future directions for assessing the impact of managed care on child welfare policy. 19 references, 3 figures.

- Meezan, W., & McBeath, B. (2003, February). *Moving to Managed Care in Child Welfare: A Process Evaluation of the Wayne County Foster Care Pilot Initiative*. Retrieved January 27, 2006, from <http://gpy.ssw.umich.edu/projects/foster/publications.htm>
- Mercer, W. M. (2001). *Colorado Child Welfare Evaluation: Second Interim Implementation Status Report*. Retrieved from http://www.cdhs.state.co.us/cyf/cwelfare/2ndpercent20interim_percent20report.pdf
- Moore, T., & Akin, B. (2005, January). *Topeka Shawnee County Child Welfare Pilot Project: Prevention, Protection and Preservation, Final Program Evaluation*. Retrieved February 23, 2005, from <http://www.socwel.ku.edu/occ/TAOFinalReport.pdf>
- Myles, B. W. & Hercik, J. M. (2003). *Washington State Site Visit: Sharing Lessons Learned From TANF and Child Welfare Service Integration in El Paso County, CO*. (Final Report). Retrieved from http://peerta.acf.hhs.gov/pdf/washington_full.pdf
- Ms. Barbara Drake from the El Paso County (Colorado) Department of Human Services met with staff from Washington State as part of the Welfare Peer Technical Assistance service to share information about the integration of child welfare services and the Temporary Assistance for Needy Families program. Officials from Washington State were specifically interested in planning timelines for service integration, the communication of the integration strategy, budget implications, collaboration with state and federal policymakers, and staff management. This report summarizes the presentation made by Ms. Drake about the service integration experience of her agency. Topics include the roles of child welfare and Temporary Assistance for Needy Families, programs and policies, outcomes, and lessons learned. Agency structure, staff training, privatization, a teen self-sufficiency program, fatherhood initiative, family preservation, and permanency custody program were discussed. Ms. Drake emphasized the importance of a vision, community involvement, performance standards, strengths-based responsive services, and staff development.
- National Mental Health Association. (n.d.). *Privatization and Managed Care in the Juvenile Justice System*. Retrieved March 31, 2006, from <http://www.nmha.org/children/justjuv/juvenilejustice-privatization.pdf>
- Nelson, K. E. (2001). Shaping the Future of Family-Centered Services: Competition or Collaboration? In E. Walton, P. Sandau-Beckler, & M. Mannes (Eds.), *Balancing Family-Centered Services and Child Well-Being: Exploring Issues in Policy, Practice, Theory, and Research*. New York, NY: Columbia University Press.
- The future of family-centered services is being threatened by external and internal forces. External factors, such as the privatization and managed care movements, have reduced funding for family preservation and resulted in problems with accessibility and quality of care. Although the Kansas managed care initiative for foster care, adoption and family preservation improved the coordination of services, the system had problems with foster care standards, safety, and court involvement. These problems present challenges to the values of family-centered principles regarding partnership with families, empowerment, and the integration of formal and informal supports. Internal forces contributing to the decline of the family-centered practices are related to the lack of rigorous research and preparation before the widespread replication of family preservation services. Programs have been established without thorough examination of the processes that are effective with specific types of families. Evaluations have had numerous methodological difficulties and opponents of family preservation have used negative findings to shift public opinion toward placement and adoption. Finally, the term family preservation has become meaningless, as it has been used for many purposes, some inappropriate. Family-centered principles can continue to survive by word-of-mouth between workers, collaboration between social service agencies, and continued implementation in community-based services. 57 references.
- Nicholson, J., Young, S.D., Simon, L., Fisher, W., & Bateman, A. (1998). Privatized Medicaid Managed Care in Massachusetts: Disposition in Child and Adolescent Mental Health Emergencies. *Journal of Behavioral Health Services & Research*, 25(3), 279-293.
- O'Brien, M. (2005). *Performance Based Contracting (PBC) in Child Welfare*. (Draft). National Child Welfare Resource Center for Organizational Improvement

Oliver, M.N.I. (2002). Privatizing Medicaid-funded Mental Health Services: Trading Old Political Challenges for New Ones. *American Journal of Orthopsychiatry*, 72(3), 324-331.

Ortega, D. M., & Levy, M. M. (2002). Facing the Challenge of a Changing System: Training Child Welfare Workers in a Privatized Environment. *Journal of Health and Social Policy*, 15(3/4), 177-187.
The state of Kansas' implementation of a privatized child welfare system is arguably an ambitious shift in child welfare service delivery. In an attempt to drastically improve services to vulnerable families, privatization resulted in intended and unintended consequences for the child welfare workforce. Some of these consequences, including the influx of inexperienced new workers, high worker turnover, and managing relationships with multiple partners, are issues that affect training needs of child welfare professionals. The following paper offers one approach to addressing these needs as well as identifying the challenges involved in training in a privatized environment. (Author abstract)

Paulson, R.I., Armstrong, M., Brown, E., Jordan, N., Kershaw, M.A., Vargo, A.C., & Yampolskaya, S. (2002). *Evaluation of the Florida Department of Children and Families Community-Based Care Initiative in Manatee, Sarasota, Pinellas and Pasco Counties: A Final Report on Fiscal Year 2001-2002*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute.

Paulson, R.I., Armstrong, M., Fitzpatrick, J., Jordan, N., Kershaw, M.A., Reyes, F., Vargo, A.C., & Yampolskaya, S. (2003). *Evaluation of the Florida Department of Children and Families Community-Based Care Initiative*. Retrieved March 14, 2006, from http://www.dcf.state.fl.us/publications/docs/cbc_report_091503.pdf

Paulson, R. I., Armstrong, M., Fitzpatrick, J., Jordan, N., & Kershaw, M. A. (2003, June). *Evaluation of the Florida Department of Children and Families Community-Based Care Initiative*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute. Retrieved March 14, 2006, from http://www.dcf.state.fl.us/publications/docs/cbc_report_091503.pdf

Paulson, R. I., Armstrong, M., Brown, E., & Jordan, N. (2002). *Evaluation of the Florida Department of Children and Families Community-Based Care Initiative in Manatee, Sarasota, Pinellas and Pasco Counties: Final Report on Fiscal Year 2001-2002*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute. Retrieved from http://www.fmhi.usf.edu/institute/pubs/pdf/cfs/consortium/cbc_report_081602.pdf

The Florida Community-Based Care Initiative was implemented in four counties to create a more localized and integrated service delivery system. The authority for direct services was transferred from the state to lead agencies in each jurisdiction. Sarasota YMCA Children, Youth and Family Services, Inc. managed services in Sarasota and Manatee Counties, and Family Continuity Programs, Inc. was the lead agency in Pinellas and Pasco Counties. This report presents findings from an evaluation of program quality, outcomes, and expenses. Each lead agency utilized a different approach to service delivery. The Sarasota YMCA was a large organization that focused on leadership, contracting with other agencies to deliver direct services. Family Continuity Programs was a small agency that had to develop its infrastructure before delivering services. Coordination was achieved by retaining responsibility for case management. All four sites established management information and quality assurance systems to address problems. Although these systems were effective, agencies need to dedicate more resources to staff recruitment and retention. Outcomes for the community-based care sites were positive on indicators such as re-abuse and neglect and family reunification. As the program is replicated in other sites, the state should expand the Leadership Forum, a network of stakeholders; simplify data reporting procedures; streamline funding mechanisms; and restructure the role of state, regional, and district staff. 38 figures, 17 tables.

Petr, C. G., & Johnson, I. C. (1999). Privatization of Foster Care in Kansas: A Cautionary Tale. *Social Work*, 44(3), 263-267.

The court records of 56 children placed after privatization of foster care in Douglas County, Kansas were compared with those of 43 children placed one year earlier in public agencies to determine the impact of privatization on length of time in placement, placement outside of the county, placement moves, and reunification. Although both groups spent the same

amount of time in care, children in the nonprivatization group spent more days in their first placement (78) than the privatization group (41). In addition, foster children in the privatization group moved an average of 2.18 times compared to an average of 1.14 times for the nonprivatization group. Private contractors met the standard for three or fewer moves in only 77 percent of the cases, whereas 93 percent of children met the standard before privatization. Privatization was also less successful in placing children within Douglas County: children placed with private contracts spent an average of 44 percent of their placement time in their home county, compared to children in public agencies who spent an average of 69 percent of placement time in the county. Reunification rates were about the same for both groups. Implications for the privatization system are discussed. 6 references and 1 table.

Poole, P. S. (1999). *Privatizing Child Welfare Services: Models for Alabama*. Birmingham: Alabama Family Alliance, Center for Social Policy Studies.

Several states have recently undertaken efforts to privatize part or all of their child welfare programs to increase efficiency, safety, and service. These initiatives—in Kansas, Michigan, and North Dakota—demonstrate the effectiveness of public/private cooperation in assisting children and families, and, could serve as models for Alabama to follow. This report reviews the privatization measures that these three states have taken and offers recommendations for Alabama officials to consider for privatizing the state's child welfare services. The author says that while each profiled state operates differently, all three have drastically improved the delivery of their using private contractors, and each provides examples of innovations that may be successful in Alabama. Benefits of privatization are presented, which emphasize the separation of public and private agencies as a way for the state to aggressively manage contracts. This allows for central management of the system, while creating flexibility for private contractors to use market efficiencies to implement programs that provide better services. Three tables.

Reason Foundation. (2006). *Privatization.org Policy Issue: Local Services: Child Welfare Services*. Retrieved from http://www.privatization.org/database/policyissues/childwelfare_local.html

Research and Training Center for Children's Mental Health at the University of South Florida, the Human Service Collaborative of Washington, DC, and the National Technical Assistance Center for Children's Mental Health at Georgetown University. (n.d.). *Promising Approaches Series of the Health Care Reform Tracking Project on Behavioral Health Services for Children and Adolescents and Their Families: Managed Care Design and Financing, A View from the Child Welfare System Making Interagency Initiatives Work for Children and Families in the Child Welfare System*. Retrieved February 23, 2005, from http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/toc_01.html

Many of the managed care initiatives profiled in these papers involve giving private providers increased responsibility, and the papers identify common challenges and characteristics.

Rosen, J., & Belcher, B. (2002). *Privatized Child Welfare: Kansas Shows How the Use of Data Can Improve Practice*. Los Angeles, CA: Reason Public Policy Institute.

This publication evaluates the privatization of child welfare in Kansas and the public and private partnership by which children receive services.

Rosenau, P., & Vaillancourt, S. (2001). Two Decades of Research Comparing For-Profit and Nonprofit Health Provider Performance in the United States. *Social Science Quarterly*, 84(2), 219-241.

The Utah Division of Child and Family Services restructured residential treatment services in 1998 to support the customization of care for children and families. The new system promotes flexibility in the development of interventions by contracting with providers to meet certain service delivery requirements. Contractors are permitted to adapt clinical services without being penalized, as long as the specified outcomes are achieved. During the first two years of the initiative, providers selected their own outcomes. A common set of outcomes and measures will be developed by the state agency and providers for implementation in 2002. Annual reviews of provider outcomes have found small problems, which were corrected within the designated time period. Three agencies were suspended from participation when they failed to comply with staff training and licensure requirements or because problems were found in billing. More than one-third of the funding for the initiative is from Medicaid, while the remainder is allocated from the child welfare agency. The funding strategy has increased

revenues by 13 percent, while the costs of the program are only 6 percent higher than the traditional system. The article includes sample statements of service delivery requirements for intensive psychiatric residential treatment services and outcomes for family-based residential care.

Rosenbaum, S. (n.d.). *Remaking Medicaid: Managed Care for the Public Good Negotiating the New Health System: A Nationwide Analysis of Medicaid Managed Care Contracts*. In S. M. Davidson & S. Somers (Eds.). San Francisco, CA: Jossey-Bass.

Rosenbaum, S., & Teitelbaum, J.B. (1998). *Coverage Decision-Making in Medicaid Managed Care: Key Issues in Developing Managed Care Contracts: Issue Brief #1. Behavioral Health Issue Brief Series*. Retrieved April 13, 2006, from http://gwhealthpolicy.org/downloads/behavioral_health/bhib-1.pdf.

Rosenthal, M. G. (2000). Public or Private Children's Services? Privatization in Retrospect. *Social Service Review*, 74(2), 281-305.

This article documents the changing relations of the public and private child welfare sectors culminating in the 1960s and 1970s, when Social Security Act amendments greatly changed their relationship. Although the financially strapped voluntary service sector was divided ideologically about seeking increased public funding, it quickly accepted new funds once they became available. This inquiry into the history of privatization questions whether the voluntary sector actively pursued changes in federal legislation in the 1950s and 1960s and illuminates the debates likely to arise if the government increases its reliance on religiously affiliated agencies for providing social services. Controversy exists over the most appropriate relationship between the public and private child welfare sectors and the role of the federal government in financing child welfare services. While some opponents of public funding for private agencies cite the threat to independence enjoyed by private agencies, others favor stronger public programs. Concerns also exist over the separation of church and state and public funding for religious practices. 81 references. (Author abstract modified)

Rutman, I.D., Baron, R.C., & Handley, T.R. (1997). *The Impact of Managed Behavioral Health Care on Rehabilitation Services to Persons with Serious Mental Illness*. Opinion Paper submitted by Matrix Research Institute, Philadelphia, PA.

Savas, E. S. (1999). *Privatization and Public-Private Partnerships*. Baruch College.

Savas provides a complete guide to privatization the background, theory, and practical reality. This book explains what, why, when, and how to privatize. Contracting services, using franchises and vouchers, divesting government-owned businesses, privatizing infrastructure through public-private partnerships, reforming education, privatizing the welfare state, and overcoming opposition to privatization are discussed in detail. In addition, Savas provides hundreds of examples from local, state, and federal government in the U.S. and other countries. (Author abstract)

Scallet, L., Brach, C., & Steel, E. (1997). *Managed Care: Challenges for Children and Family Services*. Baltimore, MD: The Annie E. Casey Foundation.

Scarcella, C. A., Bess, R., Zielewski, E. H., Warner, L., & Green, R. (2004). *The Cost of Protecting Vulnerable Children*. Washington, DC: The Urban Institute.

An analysis of child welfare spending in 2002 to determine the amount states spent on child welfare activities in state fiscal year 2002, the funding sources they used, how funds were used, and how funding has shifted since federal welfare reform and ASFA.

Scott, J. H. (1999). Kansas' Privatization Efforts. *Fourth National Roundtable on Managed Care in Child Welfare: Keeping the Focus on Kids While Managing Care Under the Adoption and Safe Families Act of 1997*. Englewood, CO: American Humane Association.

Kansas privatized several aspects of the state's child welfare services system in order to improve access to services and promote permanency. The privatization initiative emphasized accountability as well as flexibility. Benefits to clients included integrated services and prevention of service drift. Family preservation services were privatized in July 1996, adoption was implemented in October 1996, and reintegration (foster care) was implemented in the Spring of 1997. All of the outcome goals for family preservation were exceeded during

the first two years of privatization. Adoption goals for client satisfaction, minimal placement moves, and joint placement of siblings were met. The timeliness of placements improved from the first to second year of privatization. However, the outcomes were less than expected. The privatization of foster and group care services was also successful, as programs exceeded goals for safety, minimal placement moves, joint placement of siblings, and proximity of placement. Client satisfaction and timeliness of reunification were lower than desired. The effectiveness of the privatization initiative was assessed with an analysis of data collected by the State, as well as quarterly site visits by the Commission on Children and Families and area contract specialists. The Child and Family Services Commission is also developing a decision support system to ensure child safety and consistency in the identification of needs and appropriate interventions. 10 figures.

Sellick, C. (1999). Independent Fostering Agencies: Providing High Quality Services to Children and Carers. *Adoption and Fostering*, 23(4), 7-14.

This article reviews the practice and research literature about independent fostering agencies and their associated services to children and foster carers. It also summarizes some major issues which have emerged from the recent evaluation of one independent fostering agency in Great Britain, including financial costs, recruitment of black carers and social workers, geographical considerations, and working relationships and carer satisfaction. The views of agency foster carers and local authority social workers are highlighted, as well as case material relating to children placed. Findings indicated that foster carers were satisfied with the respect and training provided by the independent agency, which helped them provide quality care to the children. Local authority social workers also rated the agency favorably, despite the strict procedures for using the independent agency. Conclusions are drawn about the future relationship between public and independent fostering agencies. 31 references. (Author abstract modified)

Sellick, C. (2002). The Aims and Principles of Independent Fostering Agencies. *Adoption and Fostering*, 26(1), 56-63.

Local authority senior managers in Great Britain have criticized independent foster care agencies as being expensive, under-regulated entities that draw foster parents away from local authorities. This article examines these attitudes as well as other views that have emerged from the research about the positive impact of independent agencies. Emphasis is placed on the opinions of the staff of the independent foster agencies. Officials from 55 independent agencies completed a questionnaire about staffing, foster parents, characteristics of children in placement, agency fees, and agency services. The agencies also submitted statements about their philosophy regarding the promotion of child welfare and development, the delivery of high-quality services, and the management of a workforce of trained foster parents. Common themes included child rights and child-centered practice, a child rescue orientation, therapeutic environment, civil society, specialist services, agency management, and integrated services. The article also profiles ten agencies to illustrate the breadth of services available to local authorities. The author concludes by suggesting that information about the quality of services provided by independent fostering agencies will lead to a more balanced view and acceptance of this sector. (Author abstract modified) 16 references.

Sells, J. K. (2001). *Child Welfare Privatization Reform Efforts in the States*. Retrieved from <http://www.pacificresearch.org/pub/sab/health/childwelfare/index.html>

Despite reform efforts, the child welfare system is failing to increase the number of children adopted in the United States. The number of children in foster care has almost doubled since the mid-1980s, with many languishing in the system for years. This, in addition to the abuse and neglect of many children, is further testimony to the failure of child welfare services. The federal government is already spending more than \$12 billion per year in taxpayer money on government child welfare programs. But instead of solving the crisis, the growing government child welfare bureaucracy has allowed the problems to worsen. Currently, the child welfare system is receiving government funding without concise performance and outcome standards. Without accountability, there is no incentive for the state to ensure speedy adoption for children in the foster-care system. Several states, including Kansas, made accountability a central focus of their restructuring plans. Accountability can be achieved in a variety of ways, including the establishment of financial incentives and standards for performance and outcomes. Currently, state human resources departments and/or community-based agencies must develop a permanency plan for children in foster care, giving states the

opportunity to emphasize the accountability of local providers. The following recommendations would alleviate many nationwide problems with failing child welfare services: Establishing accountability through financial incentives; Removing onerous state and federal regulations; Allowing states to contract with private agencies; and Allowing full privatization. The child welfare system requires fundamental structural reforms at the state-level, specifically in foster care and adoption services. Community action by non-governmental agencies, in swiftly placing foster children into adoptive homes, would benefit children more than expanding government programs. (Author abstract)

- Siegel, G. L., & Loman, T. (2003). *Evaluation of Indiana's Title IV-E Foster Care Waiver Demonstration Project Final Report*. St. Louis, MO: Institute of Applied Research.
An evaluation of Indiana's IV-E waiver demonstration project and utilization of the waiver and an impact study that focused on outcomes and changes in the lives of children and families as a result of the waiver as well as a study of the cost of effectiveness of the demonstration.
- Smith Nightingale, D., & Pindus, N. M. (1997). *Privatization of Public Social Services: A Background Paper*. Retrieved February 2, 2006, from <http://www.urban.org/publications/407023.html>
- Snell, L. (2000). *Child-Welfare Reform and the Role of Privatization*. Los Angeles, CA: Reason Foundation, Reason Public Policy Institute, Policy Study No. 271.
The privatization of child welfare services will help states to create a system that is accountable for achieving goals for adoption, child safety, and duration of time in foster care. This report describes the key lessons of privatization initiatives developed in Kansas, Florida, Michigan, Arizona, and Arkansas. States can maximize the potential of privatization by contracting for adoption services first, and then reducing the number of foster care placements by prioritizing referrals, providing voluntary services to low-risk families, and prosecuting severe incidents of abuse. Child protective service centers can ensure that the conflicting rights of children and their parents are resolved through oversight by a multidisciplinary team of caseworkers, medical personnel, state attorney's representatives, citizens, and a judge. Finally, child welfare reform must consider the changes needed in the juvenile court system to support goals for child safety and permanency. 1 figure, 7 tables.
- Snell, L. (2002). *Keys to Success in the Florida Child Welfare Privatization Effort*. Los Angeles, CA: Reason Public Policy Institute.
This publication is an analysis of Florida's Department of Children and Families pilot programs to privatize child protection services through contracts with community-based agencies in an effort toward privatizing the entire child welfare system.
- Solomon, B. (2002). Accountability in Public Child Welfare: Linking Program Theory, Program Specification and Program Evaluation. *Children and Youth Services Review*, 24(6/7), 385-407.
- State of Connecticut, Department of Children and Families. (2003). *Connecticut Title IV-E Waiver Demonstration Program: Final Report*. Connecticut: Author.
This final evaluation report found that all children improved on measures of behavioral functioning in the "Continuum of Care" program and recommended the need for improved collaboration and relationships between service providers and state agencies, a more articulated quality management process, and earlier interventions for children with extensive risk histories.
- Stroul, B. A., Pires, S. A., & Armstrong, M. (2003). *2003 State Survey: Tracking State Managed Care Systems as They Affect Children and Adolescents with Behavioral Health Disorders and Their Families*. Retrieved March 29, 2006, from http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/2003_statesurvey/2003%20StateSurvey_Full.pdf
- Stroul, B.A., Pires, S.A., & Armstrong, M.I. (2003). *Health Care Reform Tracking Project: Tracking State Managed Care Systems as They Affect Children and Adolescents with Behavioral Health Disorders and Their Families-2003 State Survey*. Retrieved March 28, 2006, from http://rtckids.fmhi.usf.edu/rtcpubs/hctraking/pubs/2003_statesurvey/2003%20StateSurvey_Full.pdf.
- Sturm, R. (1999). Tracking Changes in Behavioral Health Services: How Have Carve-outs

- Changed Care? *The Journal of Behavioral Health Sciences and Research*, 26(4), 360-371.
- Sullivan, G., Young, A.S., Fortney, S., Tillipman, D., Murata, D., & Koegel, P. (2001). Managed Care in the Public Sector: Lessons Learned from the Los Angeles PARTNERS Program. *Journal of Behavioral Health Services & Research*, 28(2), 155-163.
- Texas Alliance. (2005). *Privatization of Child Welfare Services*. Texas: Author.
- The Pew Commission on Children in Foster Care. (2003). *Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care*. Washington DC: Author.
Report provides suggested recommendations to improve outcomes for children in the foster care system, namely to expedite the movement of children from foster care into safe, permanent, nurturing families, and prevent unnecessary placements in foster care.
- Topp, D., & Templet, L. G. (2000). *Post-Legal Adoption Support in Kansas' Privatized Adoption System*. Topeka, KS: The Villages, Inc.
The Kansas Family Resource agency received an adoption opportunities grant to provide post-legal adoption support services within the privatized child welfare system in Kansas. This final report reviews the objectives of the grant and the activities accomplished during the three-year grant period. The organization focused primarily on information, referral, and support for adoptive families. A toll free phone number was used to answer requests for information about adoption and mental health issues, as well as to provide referrals to advocacy groups. Information workers also acted as informal ombudsmen for adoptive families. A change in the privatization contractor for the state forced the elimination of evening and weekend phone staff during the third year of the grant. Other activities included the development of an information packet about special needs, a mentor program in collaboration with YouthFriends, and training seminars for mental health professionals about the needs of adopted children. Despite these successes, Kansas Family Resource will be unable to continue the program because of the change in state contractors. The transition between contracts has resulted in less support to adoptive families, confusion about the availability of services, and lack of contact with the Kansas Adoption Network.
- Tucker Alan Inc. (2000). *A Primer on Capitation Rate Setting for Medicaid Toolkit. Part of the Informed Purchasing Series*. Retrieved April 15, 2006, from http://www.chcs.org/usr_doc/TAPrimer.pdf.
- Tufts Managed Care Institute (1998). *A Brief History of Managed Care*. Retrieved April 4, 2006 from <http://www.thci.org/downloads/BriefHist.pdf>.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2001). *National Survey of Child and Adolescent Well-Being (NSCAW). State Child Welfare Agency Survey: Report*. Washington, DC: Author.
- U.S. Department of Health and Human Services. (2004). *General Findings From the Federal Child and Family Services Review*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Office of Inspector General. (2004). *States' Monitoring of Sub Grantees in the Foster Care Program: A Description of Six States' Systems*. Report No. OEI-05-03-00061. Retrieved April 11, 2006, from <http://oig.hhs.gov/oei/reports/oei-05-03-00061.pdf>.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Capped IV-E Allocations and Flexibility to Local Agencies*. Washington, DC: Author. Retrieved June 23, 2005, from <http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver/capped.htm>
Provides tables that summarize the interventions, target populations, and evaluation design/findings of states involved in the Child Welfare Demonstration Project.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Chapter V Summary: State Performance on the Seven National Child Welfare Outcomes*. Washington, DC: Author. Retrieved April 21, 2006, from <http://www.acf.hhs.gov/programs/cb/pubs/cwo02/chapters/chapterfive2002.htm>.

- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Child Welfare Waiver Demonstration Projects*. Washington, DC: Author. Retrieved June 23, 2005, from <http://www.acf.hhs.gov/programs/cb/initiatives/cwwaiver.htm>
Provides access to information on the summary of IV-E child welfare waiver demonstrations, profiles of child welfare waiver demonstration projects and project description summaries.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2003). *Colorado: Managed Care Payment System*. Washington, DC: Author. Retrieved June 23, 2005, from http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/2005/colorado.htm
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Connecticut: Managed Care Payment System*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *General Findings from the Federal Child and Family Services Review*. Washington, DC: Author. Retrieved April 21, 2006, from <http://www.acf.hhs.gov/programs/cb/cwmonitoring/results/genfindings04/ch1.htm>
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Indiana: Capped IV-E Allocations and Flexibility to Local Agencies*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Managed Care Payment Systems*. Washington, DC: Author.
Provides tables that summarize the interventions, target populations, and evaluation design/findings of states involved in the Child Welfare Demonstration Project.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Maryland: Managed Care Payment System*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2003). *Michigan: Managed Care Payment System*. Washington DC: Author. Retrieved June 23, 2005, from http://www.acf.hhs.gov/programs/cb/programs_fund/cwwaiver/2005/michigan.htm
- U.S. Department of Health and Human Services, Administration for Children and Families. *North Carolina: Capped IV-E Allocations and Flexibility to Local Agencies/Assisted Guardianship*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Ohio: Capped IV-E Allocations and Flexibility to Local Agencies*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Oregon: Capped IV-E Allocations and Flexibility to Local Agencies*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Administration for Children and Families. (2004). *Summary of Title IV-E Child Welfare Waiver Demonstration Projects: May 2004*. Washington, DC: Author.
This document summarizes common themes, evaluation designs, and the status of the May 2004 Child Welfare Demonstration Projects.
- U.S. Department of Health and Human Services, Administration for Children and Families. (n.d.). *Washington: Managed Care Payment System*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, & the Administration for Children and Families. (2002). *Evaluation of Family Preservation and Reunification Programs Final Report, Volume 1*. Washington, DC: Author.
This report presents an evaluation of family preservation programs by study overview, study methodology and implementation, site description, and family description.
- U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, & the Administration for Children and Families. (2002). *Evaluation of Family Preservation and Reunification Programs Final Report, Volume 2*. Washington, DC: Author.

This report presents an evaluation of family preservation programs by study overview, services, outcomes, new homebuilders study site, attrition analysis, social support, investigating worker data, staff data, and conclusions.

U.S. Department of Health and Human Services, Children's Bureau. (2003). *ProtectOhio Demonstration Counties*. Washington, DC: Author.

Provides financing and budget neutrality for existing demonstration configuration relating to the ProtectOhio demonstration counties.

U.S. Department of Health and Human Services, Children's Bureau Express. (2003). *Experts Disagree About Benefits of Child Welfare Privatization*. Washington, DC: Author.

This article discusses how experts have conflicting opinions on cost savings, efficiency, and improved outcomes concerning child welfare privatization.

Unruh, J. K., & Hodgkin, D. (2004). The Role of Contract Design in Privatization of Child Welfare Services: The Kansas Experience. *Children and Youth Services Review, 26*(8), 771-783.

In recent years, many states have privatized parts of their child welfare systems. This paper examines experience with privatization in Kansas, a pioneer of this approach, and discusses the lessons to be learned about the design of public private contracts in human services. We describe the contracting approach initially taken and evaluate the incentives it created. Crucially, the state decided to contract separately for family preservation, foster care and adoption, and to hold each group strongly accountable for performance via fixed payments per case. These choices proved problematic given that the various contractors performances are somewhat interdependent. While contractor performance with regards to specific measures of child well-being indicates some improvement in Child Welfare services, contractors have experienced significant financial hardships under the new system. Subsequent reforms have reduced contractors exposure to financial risk via the payment rates, but retained the separate contracting approach. Future refinement of this system must protect the ability of contractors to provide quality services to children while ensuring their own financial viability in the long term. (Author abstract)

Usher, C. L., & Wildfire, J. B. (2002). *Evaluation of North Carolina's Title IV-E Waiver Demonstration*. Chapel Hill, NC: Jordan Institute for Families.

This report assesses entries of out-of-home care, lengths of stay among children, and re-entry to out-of-home care among the 19 counties participating in the Title IV-E waiver demonstration.

Vargo, A. C., Armstrong, M., Jordan, N., Kershaw, M. A., Pedraza, J., & Yampolskaya, S. (2006). *Report to the Legislature Evaluation of the Department of Children and Families Community-Based Care Initiative Fiscal Year 2004-2005*. Retrieved March 3, 2006, from http://www.dcf.state.fl.us/publications/docs/cbc_report_feb06_final.pdf

Wattenberg, E. (Ed.). (2001). *A Social Justice Framework for Child Welfare: The Agenda for a New Century*. Minneapolis: Minnesota University, Center for Urban and Regional Affairs.

This is a summary of a conference on the future of child welfare held at the University of Wisconsin in June 2000. Presenters examine the history and social theories of welfare and efforts to develop a more responsive system. Strategies underlying progress in child welfare are discussed in their historical context, together with social policy and racial issues. In a question and answer session, a professor from the University of Wisconsin's School of Social Work addresses privatization issues and concerns in the child welfare system. Performance measures that will soon provide outcomes data to enable close examination of the impact of welfare reform on children and families were also examined. A child protection services official from the Hennepin County, Wisconsin, reported that the county has made significant progress in reducing repeat placements of children over the past five years. A 1995 study found a pattern of frequent and multiple placements of African American children in the county, which includes Milwaukee. A total of 36 percent of these children experienced three or more placements during the course of the six-month study, including 36 percent of infants, and 48 percent of 3-5 year-olds. Six percent of these had been in six or more placements. Abstract not available.

Westat and Chapin Hall Center for Children, University of Chicago. (2002, April). *State Innovations in Child Welfare Financing*. Retrieved from <http://aspe.hhs.gov/hsp/CW-financing03/report.pdf>

This report describes how States are implementing fiscal reforms to contain costs or improve system performance in child welfare systems. It also identifies issues that the implementation of reforms faces and describes how well fiscal reforms appear to be working. Many of these reforms are based on the managed care model that has been used in medicine for the past 30 years, while other reforms use approaches such as the privatization of services, performance contracting, and integrated funding. The report describes 23 initiatives in 22 states. These initiatives focus on altering the financial relationships between public child welfare agencies and private organizations with which they contract for services. Three general findings emerged from the review. First, despite a concern that focusing on fiscal aspects of child welfare system will lessen the focus on children and families, that does not appear to be what happened in the States reviewed. An integral part of the initiatives seems to be a push to do things better for the children and families served. Secondly, available evidence does not support a conclusion that the fiscal reforms have had a major direct impact on outcomes, although impressionistic and anecdotal information points to some efficiencies and improvements in permanency outcomes. However, the fiscal reforms frequently encouraged agencies to develop creative and innovative approaches, which are improved upon over time, and changes in outcomes may not appear until much later. Finally, ongoing problems in child welfare were not necessarily eliminated by changes in fiscal relationships. Instead, these new relationships often highlighted aspects of the system that needed to be more clearly defined. An appendix summarizes the fiscal reform initiatives. 31 references and 4 tables. (Author abstract modified)

Winston, P., Burwick, A., McConnell, S., & Roper, R. (2002). *Privatization of Welfare Services: A Review of the Literature*. Retrieved from <http://aspe.hhs.gov/hsp/privatization02/report.pdf>

Wisconsin Council on Children and Families, Inc. (2000, January). *From the Front Lines: Milwaukee's Child Welfare Community Speaks Out*. Retrieved from <http://www.wccf.org/pdf/fullreport.pdf>

Efforts to improve Milwaukee County's child welfare system are described in this report summarizing the first year it has been under the authority of the state's Department of Health and Family Services. The study highlights system features that are working and those that need to be addressed, based on interviews, hotline calls, focus group discussions, and surveys of child welfare staff members and foster parents. Staff members identified improved computer and network technology and access to services, especially safety services, as advances under the new program. Excessive documentation and paperwork requirements, the turnover rate, system fragmentation and training were among chief concerns. Educators, social workers, health care providers parents and other community representatives were most pleased with changes in the intake, improved safety services, however they too were concerned about turnover rates, worker training, paperwork and caseloads, among other system problems. The survey also details comments by foster parents and Children's Court personnel. The report calls for a special task force to examine ways to improve stability of services by reducing case transfers and worker turnover. It should also consider system fragmentation; the resource needs of children and foster families; improved support for foster parents; and better services for teens and teen parents. 10 references, 10 tables.

Woodhouse, B. B. (2002). *Making Poor Mothers Fungible: The Privatization of Foster Care*. Routledge, New York.

This chapter examines the impact of the Adoption and Safe Families Act (ASFA) on foster parents, specifically foster mothers. The author asserts that the law degrades foster mothers by discouraging long-term foster care in favor of adoption. She proposes that ASFA has the result of privatizing the care of children by transferring responsibility from state supervised foster placements to adoptive parents. However, little consideration is given to supporting families separated because of poverty or temporary family crisis. The law also suggests a preference for unpaid caregiving over professional foster parenthood. The chapter reviews the main provisions of the Adoption and Safe Families Act and identifies the advantages and disadvantages of the law. 7 notes.

Wulczyn, F.W. (2000). Federal Fiscal Reform in Child Welfare Services. *Children and Youth Services Review*, 22(2), 131-159.

An executive summary to evaluate the ProtectOhio project which adopts a managed care approach to increase the efficiency and effectiveness of the child welfare system, focusing on reducing use of out-of-home placement, increasing reunification and permanency, and improving family functioning while also maintaining a cost-neutral budget.

Wulczyn, F., & Orlebeke, B. (1998). *Four State Study of Fiscal Reform*. Chicago, IL: University of Chicago, Chapin Hall, Center for Children. Retrieved February 23, 2006, from http://www.chapinhall.org/article_abstract.aspx?ar=1325&L2=61&L3=129

Yampolskaya, S., Paulson, R. I., Armstrong, M., Jordan, N., & Vargo, A. C. (2004). Child Welfare Privatization: Quantitative Indicators and Policy Issues. *Evaluation Review*.

The purpose of this study was to demonstrate the development of safety, permanency, and child well-being indicators by using administrative data sets as well as by using these indicators as tools for evaluating Florida's Community-Based Care (CBC) initiative. Longitudinal data from 37 counties including 4 counties that implemented community-based care were examined in this study. The results of the study indicated that the overall performance of CBC counties is at least as good as the performance of their comparison run by the state counties. The findings that emerged from this study may provide important lessons for developing a performance measurement system in the child welfare field. (Author abstract)

Zullo, R. (2002). Private Contracting of Out-Of-Home Placements and Child Protection Case Management Outcomes. *Children and Youth Services Review*.

Data from Milwaukee County is used to model child transitions from out-of-home care to a permanent setting as a function of child, parent, and placement factors. The sample was a cohort of 1,397 children that experiences a first time out-of-home placement. Placement factors emerge as robust predictors of transitions to permanency. The rate of a transition to permanency is lower for children that experience private foster care, particularly for foster care homes managed by large, older non-profit agencies. Smaller community-based foster care agencies were associated with a permanent placement rate that was comparable to public foster care. Organizational and institutional factors that may be responsible for these associations are discussed. (Author abstract)