file: child welfare

Prevent Child Abuse America

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312.663.3520 *tel*
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mailbox@preventchildabuse.org
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Ann Olsen

May 30, 2000

Ruby Shamin
Assoc. Director for Domestic Policy
The White House
1600 Pennsylvania Avenue, SW
Washington, DC 20500

Dear Ruby,

I hope this finds you well. I am writing to tell you about an initiative that Prevent Child Abuse America has launched with the support of the National Call to Action*: **One Percent to Prevent.** This initiative calls for using one percent of the projected federal budget surplus in 2001 — totaling at least $14 billion — to prevent child abuse. This small, additional commitment would triple the current national funding of child abuse prevention by:

- Fully funding the Child Abuse Prevention and Treatment Act (CAPTA); and
- Providing initial funds for the Centers for Disease Control and Prevention (CDC) to support research on child abuse and neglect.

One Percent to Prevent is an initiative that should receive broad bipartisan support because it can significantly reduce the number of children who are subjected to the horror of child abuse and neglect for very modest additional funding.

Increasing CAPTA funding would significantly expand prevention efforts. Funding the CDC to conduct and fund research on child abuse would bring much needed rigorous scientific credibility to our field.

We have known for many years how little federal funding is available to support child abuse prevention efforts. But beginning in 2001, for the first time in my career, significant resources will be available to be tapped for these purposes.

Consider the following facts:

- For every $1.00 the federal government spends on helping children after they are abused (and this should not be reduced), it invests only $.01 on preventing child abuse.
- This year the federal government will invest the approximately $4,500 in research for every American with cancer or HIV/AIDS (this should not be reduced), but only $5.00 in prevention research for every reported case of child abuse or neglect.
- Yet, for the first time in almost 40 years the federal government is projecting a surplus -- a $14 billion or more surplus.

- It would take only .007 percent of the $14 billion surplus to fully fund CAPTA (an increase from $68 million to $166 million), and another .003 percent to give CDC $42 million to research child abuse and neglect for the first time.

Overall, this prevention funding initiative totals $140 million or just one percent of the federal government's surplus.

While increasing appropriations in any amount can be a challenge, this initiative amounts to only loose change in Washington terms. Our slogan will be **"One Percent to Prevent**."

PCA America is working with its chapters and state leaders in those states and districts represented by relevant Senate and House appropriations committees members; identifying Board members and PCA America supporters who can open these doors for us; and developing collaborative efforts with other children's organizations.

I am writing you today to not only tell you about this exciting initiative, but also to ask you if there is any way you could help us in this effort. One way would be if you – either as an individual or with your organization – could help us present this initiative to the key decision-makers in Washington.

Toward that end, I am enclosing a list of the members of the House and Senate subcommittees with jurisdiction over CAPTA and CDC. Please let me know if you could give me any help or advice in reaching these policy-makers or their staffs. We need to identify and maximize any access we have to the key congressional decision-makers, and then to all members of Congress.

Thank you, in advance, for any help you can provide on this initiative.

Best regards,

A. Sidney Johnson III
President & CEO

Ruben,
Sorry for the delay in getting this to you. I'd love any help you could give us. Art

*NCA, a collaboration of national organizations working to end child abuse and neglect has voted **One Percent to Prevent** as its number one priority for action this year. Members of NCA include: American Academy of Pediatrics; American Humane Association; American Medical Association; American Professional Society on the Abuse of Children; American Public Human Services Association; Child Welfare League of America; CIVITAS Initiative; National Alliance of Children's Trust and Prevention Funds; National Association of Children's Hospitals and Related Institutions; National Association of Social Workers; National Children's Alliance; National Court Appointed Special Advocate Association; National Exchange Club Foundation for Prevention of Child Abuse; National Indian Child Welfare Association; and Parent's Anonymous.

RE: Chillicothe
Nicole-
Amy Memphis?
or Miss?

FAX TRANSMISSION

R.E. HICKS & CO.
217 WEST MAIN ST.
COLLINSVILLE, IL 62234
800-732-0178
FAX: 618-345-0404

To: MELANIE VERNEER **Date:** January 19, 2000

Fax #: 1-202-456-6244 **Pages:** 3, including this cover sheet.

From: R.E. HICKS & CO.

Subject: MISSOURI RELOCATION LAW

COMMENTS:

Ann-
I don't. Will you review & return to MV?

N

Jane Hicks

Pacific, Missouri

Ms. Hillary Rodham Clinton
<address>

14 January 2000

Dear Ms. Hillary Rodham Clinton,

In Missouri, and across the nation, divorced mothers are being denied the freedom to provide the best opportunities for their children. The current trend of the courts to refuse relocation for these mothers appears to be based upon the notion that it is in the best interest of the child. This trend seems to heavily favor the desire of the non-relocating father, without taking into consideration critical factors regarding the child's health, education and well-being. Therefore, we are writing to ask for your help to put our children first.

According to *The Family Advocate*, published by the American Bar Association, *"Visitation or access schedules should be structured to enhance the parent-child relationship, and to reflect what is best for the child in light of his or her age, developmental status (bonding, attachment, cognitive development), gender, intelligence, temperament, psychological adjustment and special educational or medical needs. Also important are the psychological adjustment of parents; the health of parents; and parenting skills, practices and knowledge."* Taking this into consideration, we must question the decision of the courts when they deny mothers the freedom to enhance their children's lives through custody modification. When the court decides against relocation only because the father refuses to agree, it neglects other factors that might improve the quality of life for the child. As a result, mothers and their children are held hostage in the state where their custody agreement was filed.

In the aftermath of these decisions, children become victims of psychological damage in an environment of ever-increasing parental conflict. This is especially tragic when the courts have neglected to consider that relocation might provide the opportunity for a better life. Often, the denial of the mother's request also puts a huge financial burden on her family -- a situation which the "indignant" father often exploits by bringing forward a retributive motion for sole custody.

In today's business environment, employment is no longer guaranteed as a reward for service. In fact, most people change jobs three to four times in their career. In an increasingly mobile society, those jobs often require relocation. Against this trend, many states, including Missouri, have passed laws that restrict a divorced parent from moving (even across the street) without the approval of the opposite party. Since divorce generally creates animosity between parents, this situation creates an opportunity for revenge. By saying NO, a father can stop a mother from taking the children to an environment with perhaps a better climate, better schools, and a higher standard of living. Surely the actions of state governments in this regard are out of touch with the real-world environment in which their constituents must raise their families and make a living.

How can we fulfill our obligation as mothers if our hands are tied, unable to open the doors to our children's future? As an advocate for children and the Family, we need your help to bring this injustice to the attention of lawmakers. Please help us to put our children first.

Sincerely,

Jane Hicks

Judge orders woman to let children visit former husband

■ Both sides erupt in anger in a Franklin County court. The woman already had lost her bid to move her two children to Illinois with her new husband.

BY CAROLYN TUFT
Of the Post-Dispatch

Emotions erupted in a Franklin County courtroom in Union Friday when a divorced woman who already had lost her bid to move her two children to Illinois was instructed to require them to see their father.

Jane Hicks of Pacific had faced the possibility of jail time for contempt of court because her children have refused to visit their father, Alan Pokrzywinski, since he blocked their move to Steeleville, Ill., in late 1997. Hicks' new husband has a home there.

Last month, the Missouri Court of Appeals upheld Franklin County senior Judge Randolph Puchta's decision to prevent Hicks from moving the children to Illinois. It was the first such decision since Missouri in 1998 began requiring divorced parents to seek permission before they move. Pokrzywinski had objected to the move.

Puchta listened Friday as the father testified about how he loved and needed to see his children, whom he had visited once last year. But Kathleen Geekey of St. Louis, a court-appointed family counselor, testified that the children were too traumatized to visit their father. The children are Alexandra, 14, and Andrew, 6.

Questions then arose about the father's residency. Pokrzywinski insisted he splits his time between a home in Overland that he had rented and a mobile home in Villa Ridge.

When Hicks' lawyer asked to call Alexandra to the stand, the father's lawyer objected. The judge called the group to his chambers and refused to hear the girl, and urged instead that both sides agree to regular weekend visits for the father.

When Hicks told her daughter the news in the courtroom, the girl burst into tears.

While the judge was still away, the girl told her mother she would not go to the visits. The girl said she didn't even know where her father lived or his home phone number.

Hicks then asked Charles Hurth III, lawyer for her ex-husband, for a home phone number for Pokrzywinski so that she could contact him at home when the children visit. Hurth and his client refused, saying that a cellular phone number would suffice.

"You can't get whatever you want, Jane," Hurth said loudly.

"I'm entitled to a home telephone number," Hicks retorted.

The two began bickering about each other's attitude during the ongoing five-year court battle.

Hurth then said, "We win. We win every time. And we'll win again." Hicks responded, "It's not over."

Three members of the National Organization for Women who attended the hearing angrily told Hurth he shouldn't talk to her that way. Hurth stormed out of the courtroom.

When he returned, Alexandra ran up to the lawyers' table and, ignoring her father, demanded to know where she would stay during her weekend visits with her father.

"Where exactly will I be?" she asked, her voice trembling.

Hurth ignored the girl. Her father stared angrily.

JOHN D. ROCKEFELLER IV
WEST VIRGINIA

file: AIFA

United States Senate

WASHINGTON, DC 20510–4802

FAX COVER SHEET

Office of Senator John D. Rockefeller IV
531 Hart Senate Office Building
Washington DC, 20510-4802

http://rockefeller.senate.gov

Phone: 202-224-6472
Fax: 202-224-7665

TO: Ann O'Leary

OFFICE:

FROM: Barbara

DATE:

OF PAGES:
(INCLUDING COVER)

MESSAGE:

1 more piece — just Senate though.

JOHN D. ROCKEFELLER IV
WEST VIRGINIA

United States Senate

WASHINGTON, DC 20510-4802

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Safe & Stable
3 years — $875 million (part of baseline
$65 million increase

Medicaid coverage too - $5 million

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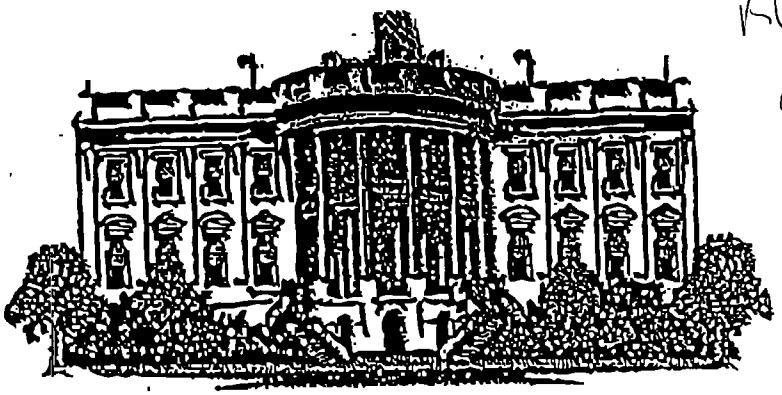
file in binder on child care welfare rule



THE WHITE HOUSE

Domestic Policy Council

DATE: 7.14.00

FACSIMILE FOR: Ann O'Leary

FAX: 62878
PHONE:

FACSIMILE FROM: Margy Waller

FAX: 202-456-7431
PHONE: 202-456-5586

NUMBER OF PAGES (INCLUDING COVER): 3

COMMENTS:

FROM MADDY.

fax to: Ann O'Leary

Market Rate Survey (as reported)
Child Care and Development Fund State Plans
(for the period 10/01/99 – 9/30/01)

State	Date of the Local Market Rate Survey*
Alabama	Concluded April, 1999
Alaska	January 1998
Arizona	December 1998
Arkansas	June 1998
California	March 1999
Colorado	1999
Connecticut	Not available
Delaware	December 1998
District of Columbia	July 1998
Florida	The last market rate sample/survey was conducted between May and September of 1998 and was implemented October 1, 1998.
Georgia	July 1998
Hawaii	May 1999
Idaho	November 1998
Illinois	July 1, 1998
Indiana	Survey completed April 1998
Iowa	December 1998
Kansas	August 1998
Kentucky	October / November 1998
Louisiana	November 1999
Maine	September 1997
Maryland	January 1999
Massachusetts	1994 (new survey conducted after Plans were submitted)
Michigan	March 1999
Minnesota	September 1998
Mississippi	April 1999
Missouri	April / May 1999
Montana	August 13, 1998
Nebraska	Spring, 1999
Nevada	May 1998
New Hampshire	Not available
New Jersey	December 1997
New Mexico	November 1999
New York	May 1999
North Carolina	October 1997 (This is the date of the survey for the rates that are awaiting approval for implementation.)

North Dakota	A Market Rate Survey was completed April 1, 1999. New rates and updated sliding fee schedule will be developed for implementation October 1, 1999.
Ohio	January 1998
Oklahoma	9-1-98 through 6-30-99
Oregon	March 1999
Pennsylvania	June-July 1998
Puerto Rico	June 1998
Rhode Island	July 1998
South Carolina	May 1998
South Dakota	February and March 1999
Tennessee	August 15, 1998
Texas	February 1999
Utah	September 1998
Vermont	1995, 1996, 1998
Virginia	December 31, 1999
Washington	Spring 1998
West Virginia	June 1999
Wisconsin	Summer 1998
Wyoming	Survey was completed 4/1/99

* *This compilation does not reflect any amendments to the State Plans.*

FIRST LADY HILLARY RODHAM CLINTON
TALKING POINTS FOR CHILD CARE CONFERENCE CALL
January 27, 1999

- Thank you all for joining this call. I wanted to take a few minutes to run through with you the pieces of the President's budget on child care, which he will unveil formally in the State of the Union address tonight.

- I believe that thanks to the hard work that we have done together and that all of you continue to do with such dedication and persistence, we have a real fighting chance to make more progress on child care this year. The ground work has been laid – from the additional funds we secured in welfare reform to the powerful White House Conference on Child Care, from the strong leadership of our friends in the Congress to the commitment of all of you to putting and then keeping this issue on the front burner where it belongs.

- We will share documents with you that detail the child care pieces of the President's Fiscal Year 2001 budget, but here are the highlights:

  1. We are proposing to increase Head Start by $1 billion – the largest funding increase in history for the program. This funding level will enable the program to serve nearly 950,000 children with Head Start services, and get us well on the way to meeting the President's goal of serving 1 million low-income children with Head Start in 2002.

  2. We are proposing $817 million more dollars in discretionary funding for child care subsidies for FY 2001, bringing the discretional title to $2 billion. We moved our budget request to the discretionary side – at your collective urging – to hold Senator Specter to his word to add this amount to the budget.

  3. We are proposing to make the Child and Dependent Care Tax Credit refundable to assist low-income working families who don't have enough tax liability to claim the maximum credit. This proposal, which we estimate will help nearly two million low-income families, will provide an average tax cut of $902 to help offset the costs of child care. For example, a single mother who has one child, earns an annual salary of $15,000, and spends about $2,400 per year on child care, will receive a tax credit of $1,200, an increase of $817 over current law. The President will also re-propose his CDCTC expansion from last year to provide greater tax relief to 4.4 million working families paying for child care and assist nearly 2 million parents who stay at home with their young children.

  4. On after-school, we are proposing a $1 billion for the 21st Century Community Learning Center program, more than doubling this year's funding level. With this increase, we can nearly triple the number of children served. And, we can enable every child in every failing school to participate in quality extending learning programs.

January 26, 2000

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: **NICOLE RABNER**

SUBJECT: **CONFERENCE CALL ON CHILD CARE**

Tomorrow morning at 8:30 AM, you are scheduled to hold a brief conference call with the key child care advocates to unveil the President's budget request on child care. The advocates will be very pleased with the funding levels in the budget, particularly on Head Start, after-school care, and the Early Learning Fund. They will be pleased that we are including a $817 million increase on the discretionary side of the budget for child care subsidies – they see this as the most important and achievable goal this year (you'll remember that in the context of the FY 2000 budget negotiations, Senator Specter promised Senator Dodd that he would include this mark in next year's budget). Finally, they will be surprised and ecstatic that the Administration is newly proposing to make the Child and Dependent Care Tax Credit refundable to assist low-income working families with child care costs – this has long been on the advocates' agenda.

Attached please find a list of conference call participants, talking points, and an overview of the Fiscal Year 2001 budget request on child care.

file: child welfare Reports

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
Wednesday, Aug. 9, 2000

Contact: Michael Kharfen
(202) 401-9215

HHS RELEASES FIRST CHILD WELFARE OUTCOMES REPORT

HHS Secretary Donna E. Shalala today released a new report that compiles state and national data on children who are abused and neglected, in foster care, adopted, or waiting to be adopted. The report was required by the Adoption and Safe Families Act signed into law by President Clinton in 1997, and the data it contains, together with child welfare monitoring reviews, will be used to hold states accountable for services to at-risk children.

"This new report will help states see how they are performing on the key child welfare measures from year to year, and allow federal policy makers to chart progress in meeting the needs of children and families served by the child welfare system," Secretary Shalala said. "Because of the Adoption and Safe Families Act, we're now seeing the first increases in adoptions in the history of the child welfare program. This report will help each state build on this encouraging achievement and give more children safe and permanent homes. It will help us implement a new, results-oriented approach to federal monitoring of these state programs."

The report contains data on each state's population, the number of children in poverty, the number of children reported to child protective services, the number of children in foster care, the number of children waiting to be adopted, and the number of children adopted. There are also partial summary numbers derived from 30 states that provided the most comprehensive data. The data covers 1997 for child abuse and neglect and 1998 for foster care and adoption. Some states report on some of the measures differently, and states have been working vigorously to improve their outcomes for children.

The report confirms that incidence of child abuse and neglect has declined in recent years, while the number of adoptions has increased. In 1998, 36,000 children were adopted, a significant increase from 28,000 in 1996. Still, more than 100,000 children remain in foster care waiting for a secure and permanent adoptive home.

Under new regulations issued on January 25, 2000, the state data in this report will be used to improve outcomes for abused and neglected children, children in foster care, and children awaiting adoption. The regulations set up a new federal review process which will measure states for the first time on the quality of services provided to, and outcome results for, at-risk children. States will also be subject to tough new penalties if they fail to protect children adequately as well as being given the opportunity to undertake corrective action plans.

Today's report includes data on state performance on six of the measures in the new monitoring process. The six measures are: recurrence of child abuse and neglect, incidence of child abuse and neglect in foster care, time to reunification, re-entries into foster care, time in foster care to adoption, and stability of foster care placements.

Later this year, HHS will develop national standards on those six measures to which individual state numbers will be compared, as one part of the review process, to determine how well states are performing. Other review features include an assessment of additional state data and intensive on-site interviews with children, families and stakeholders. HHS undertook an extensive consultation process with states, local agencies, tribes, courts, unions, child advocacy organizations and other interested parties to develop the measures in the report.

The first round of states to be reviewed for the fiscal year 2001, starting this fall, are: Arizona, Arkansas, Delaware, District of Columbia, Florida, Georgia, Indiana, Kansas, Massachusetts, Minnesota, New Mexico, New York, North Carolina, North Dakota, Oregon, South Dakota and Vermont.

"Never before has there been the range of statistics on child welfare as there is in the Child Welfare Outcomes Report," said Olivia A. Golden, HHS assistant secretary for children and families. "As we undertake the unprecedented reviews in partnership with the states, these numbers will be critical to assess how well each state is protecting children, keeping them safe and well and finding them permanent homes quickly. We want to encourage states to utilize this data as a vital part of managing their programs to improve results for children and their families."

The Adoption and Safe Families Act made the most sweeping changes to the child welfare program in this country in its history. This landmark bipartisan legislation was based in large part on the recommendations of the Clinton Administration's Adoption 2002 report to meet the president's goals of doubling adoptions and permanent placements by the year 2002 and moving children more quickly from foster care to permanent homes. The law made it clear that the safety and well being of children must be the paramount concerns of state child welfare services. The act created bonuses to states for increasing adoptions and tightened time frames for making permanent placement decisions for children. Also, it ensured health insurance coverage for all special needs children in subsidized adoptions, and continued funding for services to keep families together when it is appropriate and safe.

The report is available on the World Wide Web at *http://www.acf.dhhs.gov/news*.

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Note: For other HHS Press Releases and Fact Sheets pertaining to the subject of this announcement, please visit our Press Release and Fact Sheet search engine at: http://www.hhs.gov/news/.

2 Babies, 1 Heart, 90 Minutes for a Miracle

A1

By DENISE GRADY

When Sandra and Ramon Soto, a couple in their 20's from Puerto Rico called Children's Hospital in Boston last year, it was to seek help for a desperate accident of nature. Mrs. Soto, a special-education teacher, was pregnant with twins. But the two tiny girls were fused at the chest and abdomen, locked in the classic embrace of Siamese twins. And only one had a heart.

Doctors in Puerto Rico and even the Sotos' own families had urged Mrs. Soto to end the pregnancy, but the couple, deeply religious and eager to have children, rejected that advice.

"We decided to fight for our babies," Mr. Soto said. It was the beginning of a medical odyssey, part adventure and part ordeal, for the determined couple and teams of doctors who helped them, from two Boston hospitals and half a dozen medical specialties.

It soon became clear that one of the infants was doomed and that it would take complex surgery — meticulously planned and perfectly performed immediately after the babies' birth — to save the other. Over the next few months, the doctors planned for an operation that would require eight hours.

But the plan nearly became useless when Mrs. Soto suddenly developed life-threatening high blood pressure, requiring an emergency Caesarean section, which left the pediatric team only 90 minutes to assemble.

In the end, the gamble worked. Today the surviving twin is a healthy 14-month old, with huge brown eyes and an impish grin, living with her parents in Paterson, N.J. Her name is Darielis Milagro — Milagro for "miracle."

Her birth and treatment cost more than $500,000, partly paid by Medicaid programs in Massachusetts and New Jersey and the rest absorbed by the hospitals.

The operation, performed in May of 1999, was not disclosed publicly at the time but is being described today in The New England Journal of Medicine by Dr. Steven Fishman and a team of eight pediatric heart specialists, obstetricians and radiologists from Children's Hospital and Brigham and Women's Hospital, where the babies were delivered.

Mr. and Mrs. Soto decided to talk publicly about their experiences because, Mr. Soto said, "We want other parents with this problem to try to save their kids." In an interview this week at the couple's apartment, Mr. Soto spoke with a reporter in both English and Spanish and translated for his wife when necessary.

Soon after learning that their daughters were conjoined and sharing one heart, the Sotos decided to seek help outside Puerto Rico, because they became convinced that doctors there had nothing to offer but abortion. Mr. Soto, who had seen a television program about Children's Hospital, called the hospital from the couple's home in Manatí, near San Juan.

A Spanish-speaking translator at the hospital referred them to Dr. Fishman, a pediatric surgeon, who said he would try to help them.

On the Sotos' first visit to Boston, a fetal echocardiogram disclosed an abnormality that had never before been reported in conjoined twins: a circulatory condition in which the twin with the heart pumped blood to the other through the umbilical cord. The condition meant that cutting the cord, normally a happy event in the delivery room, would kill both babies.

"One would die, and that would result in the death of the other, since they're essentially a single organism," said Dr. Mary van der Velde, director of fetal echocardiography at Children's Hospital, who diagnosed the circulatory condition.

Doctors realized that the only hope would be surgery to separate the twins as soon as they were born. But they knew that at best they would be able to save only the baby with the heart.

"It would be either zero or one," said Dr. Fishman. "There was no way that they could stay attached and live, or be separated and both live. And we knew that we would have very little time to separate them once the cord was cut."

Conjoined twins are rare, occurring in 1 in 30,000 to 1 in 100,000 births. Many have serious defects in addition to being conjoined, some die as fetuses, some at birth and in some cases parents choose abortion.

Conjoined twins with a single heart have been born before, but often the hearts have been abnormal, and few babies have survived. There have been no reported cases of conjoined twins with the Sotos' circulatory pattern, Dr. Fishman said, though cases may have occurred but gone undiagnosed, with the fetuses dying at birth or in the womb, or being aborted. So the operation separating the Soto twins was a first.

Most conjoined twins are separated weeks or months after they are born, to give them a chance to grow and become strong enough to survive surgery and to let doctors study their anatomy and plan the operation.

In the Sotos' case, doctors began planning while the twins were still in the womb. To find out what internal organs were present and whether any were joined, two radiologists, Dr. Clare Tempany and Dr. Lennox Hoyte, performed magnetic resonance imaging, or M.R.I. examinations, and used software to assemble the images into a three-dimensional model showing the babies' organs.

The software, normally used to study brain tumors in adults, had never been applied to the tiny structures inside fetuses before, and it took 70 to 80 hours of work to interpret the images and create the models, Dr. Tempany estimated.

Eventually, they determined that the vital organs were normal except for the livers, which were fused. Surgeons would be able to divide them.

Additional studies also confirmed that not even a heart transplant would save the second twin, because she was missing major blood vessels.

"There was nothing to hook a heart into," Dr. Fishman said, adding that in any case, newborn donor hearts are virtually impossible to find.

Given that the second twin could not survive, Dr. Fishman planned to make his incisions as much as possible to her side of the bridge linking her to her sister, to spare the twin who would live and also to provide the ribs, skin and tissue needed to cover the large opening that would be left in her chest and abdomen.

Mr. Soto said that although the couple had been told that only one baby would survive, reality did not sink in until Dr. Fishman gathered them and other family members together in a conference room at the hospital and drew a detailed diagram of the proposed surgery on a blackboard. He finished by marking a large X over the outline of the twin who would die.

"We cried," Mr. Soto said. "I guess until then we thought God was going to put a little heart in there."

Only when he saw the family in tears, Dr. Fishman said later, did he feel sure that they understood that only one of their daughters could survive.

The couple chose names for both babies and made plans to bury one, who would be called Sandra Ivellise, in a family plot in Puerto Rico.

But the doctors and the family worried that both babies might die before they were born. Their circulatory condition, called a TRAP sequence, for "twin-reversed arterial perfusion," sometimes occurs in twins who are not conjoined but in which only one has a heart, with the blood circulating to the second through the umbilical cord.

In those cases, the twin with the heart, referred to as the "pump twin," can die from heart failure induced by the strain of pumping blood to its sibling. When the TRAP condition is diagnosed in non-conjoined twins, doctors can operate on the fetuses to cut off the blood supply to the second twin, which is usually not fully developed anyway. The second twin dies, but the twin with the heart is saved.

But that procedure cannot be done in twins who are conjoined, so the sole babies were because the death of one would kill the other as well.

As Mrs. Soto's pregnancy progressed, fluid began to accumulate in one of the twins' chests, a sign of heart failure. Doctors feared the babies would be lost, but somehow the condition resolved. A Caesarean delivery and immediate surgery for the babies were planned for the first week of June.

But at 7 a.m. on May 30, Mrs. Soto's obstetricians called Dr. Fishman with alarming news. She had developed a disorder called preeclampsia, and her blood pressure was so high she was at risk of having a stroke. She needed a Caesarean immediately, the obstetrician said.

"If you do that, the babies will die," Dr. Fishman said. He pleaded for time to assemble his operating-room team, about 20 people. The obstetricians gave him 90 minutes.

The team gathered, and Dr. Fishman stood by in the delivery room at Brigham and Women's Hospital, waiting to rush the babies through the corridors to Children's Hospital, which is next door.

But he was unprepared for the emotional impact of seeing two live babies, and knowing that soon there would be only one, he said, describing his feelings this way, "As much as we spent months planning for this, and it seemed ethically and emotionally simple, nevertheless when I saw them both initially pink and both crying and moving their arms and having the same size bodies, it was heart wrenching."

Mr. Soto saw his daughters in the delivery room, but, he said, he was afraid to touch them. Mrs. Soto, fearing that neither baby would live, said she could not bear to look at them.

As the doctors had predicted, Sandra, who lacked a heart, began to fail almost immediately when the cord was cut.

"We began to see things change before our eyes," said Dr. Errol Norwitz, part of the obstetrical team. "She became cool, and very pale." Her blood pressure was too low to measure, she lacked a pulse and she was not getting enough oxygen. It was urgent that she be separated from her sister.

The babies were given anesthesia, put on ventilators and whisked off to the operating room. The surgery went smoothly. The most wrenching moment occurred about two-thirds of the way through the procedure, Dr. Fishman said, when the twins were physically separated and it was time to take Sandra's body away.

Darielis spent six months in the hospital and required more operations to repair a heart defect and an intestinal obstruction. She also needed physical therapy and a brace to help straighten her spine, which was curved backward from her cramped position in the womb.

And for her first year she had a bulge in her chest the size of an adult's fist, created by a rib cage that Dr. Fishman had constructed from Sandra's tissue and bone to protect Darielis's heart, which at first did not fit into her chest. But recent surgery has smoothed the bulge, and she looks completely normal, with surprisingly faint scarring and a remarkably sunny disposition.

For now, the Sotos are not sure how long they will remain in the United States. They are living near Mr. Soto's mother and brother in Paterson.

Mrs. Soto is expecting another baby, a girl, in November. But the family has not forgotten the daughter they lost. They hope to visit Sandra's grave in Puerto Rico soon.

Asked what they would eventually tell Darielis about her beginnings, Mr. and Mrs. Soto answered simultaneously, "La verdad." The truth.

The New York Times
THURSDAY, AUGUST 10, 2000

Melissa
670-7850

No Rise in Child Abuse Seen in Welfare Shift

By SOMINI SENGUPTA

When Congress abolished welfare as a permanent safety net four years ago, there were alarming predictions about the prospect of an already overwhelmed foster care system's being flooded by a new wave of abused children. But according to the early findings of two studies, the changes do not appear to have had such dire effects across the country.

Confirmed cases of child abuse and neglect have fallen since 1996, the researchers involved in the studies say. Their conclusions are confirmed by federal statistics released yesterday reporting that there were 903,000 cases of child maltreatment in 1998, compared with 969,000 in 1996 and 1,019,000 in the peak year of 1993.

One study notes, too, that while data is limited, the number of children entering foster care has been stable or falling slightly in recent years, continuing the national decline that began slightly more than five years ago, after the worst period of crack cocaine addiction. In 1999, 3.30 children out of every 1,000 entered foster care, according to one study, down from 3.87 in 1994.

Perhaps no other forecast to stem from the 1996 welfare overhaul was as chilling as the predictions regarding foster care. At the time, some advocates for the poor and child welfare officials feared that the stress of losing benefits or the pressures of having to work for a welfare check would lead to a rise in child abuse and neglect.

But the latest findings suggest that since President Clinton signed the 1996 legislation placing strict time limits and work obligations on much of the country's welfare recipients, their children do not seem to have flooded into foster care.

That somewhat heartening picture comes at a time when children's overall well-being has improved slightly. Child poverty, infant mortality and birth rates for teenagers declined noticeably in the 1990's, a study released last month by the Federal Interagency Forum on Child and Family Statistics found.

"I don't think the picture is entirely rosy, but there is little evidence, if any, to suggest that there's a large population negatively affected," said Rob Geen, a senior research associate with the Urban Institute, a research organization based in Washington that is conducting a far-reaching study of the impact of the welfare changes.

Researchers and policy analysts caution, however, that certain states and certain families show signs of trouble that deserve closer attention. There are, after all, many much less blunt ways of measuring possible damage to children other than foster care admissions — from health conditions to juvenile delinquency.

"The concerns come in when you speak to individual workers and hear stories about specific families that have been affected by welfare reform," Mr. Geen said. "There are many of them, but they are not large enough or well documented enough to show up in the aggregate numbers."

The full and lasting impact of welfare changes on children and family well-being will most likely play out over the next several years, because different states are on different schedules for putting the law's changes into effect.

Some states imposed work requirements or time limits on welfare recipients before the 1996 federal laws took effect. In other states, time limits have not kicked in. Officials with the Urban Institute, as well as those with the Chapin Hall Center for Children at the University of Chicago, who have conducted a study of welfare families in Illinois, consequently warn that the snapshot they have so far developed is an early one.

For now, even if the most dire predictions do not appear to have been realized, how much of that can be attributed to the success of an overhaul of welfare remains imprecise. Other trends — chiefly, the general economic health of the country, declining rates of child poverty, and unrelated changes in child welfare policies — could also be responsible. Nor is it clear what would have happened to foster care caseloads in the absence of changes in welfare.

Some children, the researchers contend, may be getting by without welfare because their parents have found work. Some children who are in fact being neglected may now not show up on the radar of child welfare workers because their families are no longer on government assistance. Other at-risk families may be temporarily shielded by relatives and friends.

In raising concerns that foster care systems would be burdened by an influx of vulnerable children, advocates noted that poverty is the greatest single ingredient in the mistreatment or neglect of children. Many experts wondered, then, whether under a welfare overhaul more children would land in foster care and whether more of them would languish there for longer because judges might be reluctant to return children to homes with empty pantries.

"Nearly everyone we spoke with expected to see significant negative effects from welfare reform on child welfare," Mr. Geen said. "There's no evidence to suggest that there has been a substantial impact."

He adds, however, that there is scattered evidence of trouble that merits close examination. In some states, like Michigan, child neglect reports based on lack of supervision have spiked sharply. Mr. Geen said state child welfare workers told him they believed that the increase reflected, in part, new welfare-to-work requirements, with mothers now having to leave their children unattended. But the increase, Mr. Geen said, could be due to other changes.

Mr. Geen's report is based on aggregate data and interviews with 500 policymakers, welfare office workers, child welfare caseworkers, advocates and other experts in 12 states: Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, New Jersey, New York, Texas, Washington and Wisconsin.

State by state figures will not be released until Mr. Geen's report is published later this year.

In Michigan, New Jersey, Texas and Washington, the number of child abuse and neglect investigations increased significantly from 1996 through 1998, the most recent year for which figures are available. Mr. Geen said state officials attributed those increases not to welfare changes, but to other factors in child welfare policies, like changes in screening policies. He said the number of substantiated cases declined in all but one of the 12 states.

In more than half of the 12, welfare workers filed more child neglect reports than in the past. But case workers who investigate those reports noted that many of the referrals were inappropriate, Mr. Geen said.

Meanwhile, the Chapin Hall study similarly concluded that child welfare indicators had not taken a turn for the worse since the welfare law changed. Neither abuse and neglect reports, nor the number of children coming into foster care, has gone up in Illinois since 1996, it found.

"That's not entirely due to the success of welfare reform," said Robert Goerge, associate director of Chapin Hall. "We have a very strong economy and that generally results in fewer reports of abuse and neglect and fewer children going into foster care."

At the same time, Illinois embarked on a major overhaul of its child welfare system, seeking to get more children into permanent homes and trying to prevent children from coming into the formal foster care system.

Therein lies the difficulty of understanding the impact of welfare policy changes on children's lives. The ebb and flow of foster care numbers is driven by everything from widely publicized incidents of child fatalities, like the Elisa Izquierdo case in New York City, which significantly drove up abuse reports, to crack cocaine addiction, which drove up foster care numbers to record levels in the early 1990's.

"We still don't have full information on whether requiring parents to go to work and threatening to cut off their aid actually improves the welfare of their children or prevents abuse and neglect," Mr. Goerge said. "But it is certainly the case that welfare reform hasn't made things worse."

The number of families on welfare has dropped by 50 percent since 1993, to 2,453,000 in September 1999, according to figures released recently by the federal Department of Health and Human Services. So far, many single mothers on welfare have found jobs and have seen some increase in their income, according to a study by the Center on Budget and Policy Priorities, a research organization in Washington. But since the new welfare laws took effect, the incomes of 1.8 million families have declined, to $8,400 a year on average, compared with $8,760 in 1995. The center has not specifically inquired what has happened to their children.

According to federal data, in New York State the welfare caseload has shrunk by one third since 1993, to 279,692 families in September 1999, most of them in New York City. Of those who have left the rolls, city officials cannot say how many have found work. Nor is much known about the general well-being of their families, including their encounters with the city's child welfare agency.

Those who are left on the rolls, some social policy analysts say, may be the ones who are the most ill-prepared to make it on their own. They may be impeded by mental illness or substance abuse, or they may be victims of domestic violence — the same conditions that may also place their children at greater risk of abuse and neglect. Their prospects may not be discerned until a year or two from now.

"People want to know the answers now," Mr. Geen said. "But everyone we spoke to said, 'Please come back in two years and we'll have a different story to tell you.' "

The New York Times

THURSDAY, AUGUST 10, 2000

FAX TRANSMISSION

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ACF said the following is the closest thing to an executive summary that they have on the child welfare report. Let me know if you have any problems reading the fax? I'll ask ACF to refax directly to you. Thanks.

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APPENDICES

A. Additional National Statistics

- Highlights of Findings Excerpted from *Child Maltreatment 1997*
- *The AFCARS Report: Interim Estimates for Fiscal Year 1998, as of April 2000*

B. The Adoption and Safe Families Act of 1997 (Public Law 105-89)

C. Consultation Group Members and Resource Organization Representatives

D. Child Welfare Outcome Measures

E. Data Sources

F. Number of States Reporting

G. Clarification Notes

INTRODUCTION

This report, *Child Welfare Outcomes 1998 Annual Report*, is the first in a series of annual reports from the Department of Health and Human Services required by the Adoption and Safe Families Act of 1997 (ASFA). Its purpose is to present data on State performance in meeting the needs of children and families who come into contact with the child welfare system, focusing specifically on the "outcomes," or results, for these children. The outcomes presented in this report were developed by the Department of Health and Human Services (the Department) in consultation with State officials, advocates, and other experts in the field and reflect widely held performance objectives for child welfare program practice. The outcomes follow:

This report establishes the baseline performance of each State for which data are available on each outcome measure and will be the basis for assessing State progress on the measures in the future.

- Reduce recurrence of child abuse and/or neglect;
- Reduce the incidence of child abuse and/or neglect in foster care;
- Increase permanency for children in foster care;
- Reduce time in foster care to reunification without increasing re-entry;
- Reduce time in foster care to adoption;
- Increase placement stability; and
- Reduce placements of young children in group homes or institutions.

This introductory chapter depicts the child welfare system as seen through the perspective of children in the system. It also describes the current challenges in child welfare, the Congress' and Department's response to these challenges, and the material that is presented in the remaining sections of this report.

The Faces of Children in Need

Many children enter the child welfare system because they have been abused or neglected by their families. Other children come to the attention of the system because their families have not been able to meet their emotional and developmental needs. Still others, mainly older children, enter the child welfare system because their own behavior makes them unable to live with their families.

Each year, almost 3 million children are alleged to have been abused or neglected, and nearly 1 million are found to have been victims of maltreatment. As of September 30, 1998,

Based on 1997 data from 43 States, more than half of all victims of maltreatment suffered neglect, while almost a quarter suffered physical abuse.

an estimated 560,000 children were living in foster care in the United States. The median length of stay for these children was almost 2 years, and more than one-third of these children had been in foster care for 3 or more years. Approximately 122,000 children were unable to return to their parents' homes and were waiting for new permanent families. (See appendix A for additional national statistics.)

As troubling as these statistics are, the real challenges of child welfare are most clearly illustrated by looking at the experience through the eyes of a child.

One day my mother did not come home. I was all alone with my little brother, David. He began to cry and so I carried him around a while. Then we ate something in the kitchen. The next day she still didn't come home. When we had no more food, I went to the neighbors. They called child welfare. We went to foster care, but David went to one family and me to another. I am still waiting for my mother to come get me. ***Amy, age 11***

I have been in foster care for 5 years and been in four foster homes. The last place I lived, I really hated. No one liked me and I didn't like anyone either. I really liked my first family and wish I could go back there. My social worker comes now and then, but she doesn't know what to do with me. I'm going to run away soon. ***William, age 13***

My mom and dad fight a lot. Some days my mother looks real bad. One day a neighbor called the social worker. The social worker came to our apartment and told my parents that all the shouting and yelling wasn't good for us kids. I think that they are going to counseling now. Sometimes the social worker comes to see us to be sure that we are okay. My mom seems happier now. ***Jimmy, age 8***

I was living with my grandmother and my two little brothers. My dad is an addict and I don't know where my mother is. One day a social worker came and took us all away. I am living with a foster family. They treat me real good, even better than my mom did. I miss my brothers and my dad. I am afraid that my brothers will forget me. ***Patrice, age 9***

As the experiences of these children demonstrate, the complexities of meeting the needs of children present major challenges. Service providers must work to assure the continuity

and stability of foster care placements, reduce the time children spend in foster care, assist parents in resolving problems so children can be reunified, and increase the opportunities for adoption for children in foster care who cannot be safely returned to their own families.

The Challenges Faced by the Child Welfare System

No single agency or group in a community can resolve all of the problems children face. Meeting the needs of these children requires the collective work of many professions, community organizations, and Government agencies. However, public child welfare systems are charged with (1) protecting children who have suffered maltreatment or are at risk for maltreatment and (2) securing permanent living arrangements for children who are unable to live at home. These agencies must ensure that children are safe in their homes, removed if they are not safe, returned to their families if their safety can be assured, or adopted by a new family if returning home is not feasible.

As they work to accomplish these objectives, child welfare professionals face many difficult challenges. They must balance respect for family privacy with the need to protect children from abuse and/or neglect; they must balance children's need for a safe environment with children's need to return to their birth families. They must also balance children's need for connection to their birth families with the possible need to find them safer, alternative families.

Over the past 10 years, there have been a number of high-profile child deaths due to maltreatment and an increase in the number of children in foster care. This has led policymakers, legislators, child welfare administrators, and child advocates to become increasingly concerned that the child welfare system has not been able to strike the right balance between safety and permanency and, hence, has fallen short in meeting children's needs. Fortunately, public debate and concern over the fate of children in child welfare has generated a productive climate of reform as people around the country have begun to address new and innovative ways to focus attention on improved results for children.

A trigger for concern—by the public, the Congress, and the media—is the number of high-profile child deaths across the country.

Responding to the Challenges

In reaction to these and similar challenges, on November 19, 1997, the President signed into law the **Adoption and Safe Families Act of 1997 (ASFA)**. This legislation, passed by the Congress with overwhelming bipartisan support, represents an important landmark in

Following the passage of ASFA, the Department held 37 focus group meetings nationwide and convened 10 regional conferences to get early feedback on ASFA implementation issues, including the performance measurement requirements in section 203.

Federal child welfare law. First and foremost, it establishes unequivocally that our national goals for children in the child welfare system are **safety, permanency, and well-being**. It puts into place key provisions to ensure that child safety is the paramount concern in all child welfare decision-making, to shorten the timeframes for making permanency planning decisions, and to promote the adoption of children who cannot safely return to their own homes. Section 203 of ASFA requires, for the first time, the development of a set of outcome measures that can be used to assess the performance of States in achieving the national child welfare system goals. Through ASFA, policymakers and the public have asked for a new level of accountability from public child welfare agencies serving children and families. As a result, States are being asked to demonstrate that their programs have actually made a positive difference in the lives of children.

Section 203 of ASFA also requires the Department to submit two reports to the Congress. *Child Welfare Outcomes 1998: Annual Report* is one of the required reports. The other report, which will be issued later this year, will address performance-based incentive systems for child welfare. (Section 203 can be found in appendix B.)

ASFA's emphasis on outcomes reflects a broader concern with ensuring positive results in the field of child welfare in general. The **Government Performance and Results Act of 1993 (GPRA)**, P.L.103-62, requires all programs in the Federal Government to develop specific goals and outcome measures on which to assess the performance of Federal agencies. In response to the GPRA requirements, the Department has developed annual performance plans and annual performance reports. Within the Department, the Children's Bureau (the Federal agency with oversight responsibility for State child protection and child welfare programs) identified several key outcomes for monitoring the Children's Bureau's performance, which are included in the Department's annual performance plans and reports. In the future, Federal agency budgets may be linked to their performance on the measures.

A focus on results is also at the heart of the new **Child and Family Services (CFS)** reviews the Department is implementing to assess the performance of State child welfare systems. The new CFS review process was published in a final rule in the *Federal Register* (65 FR 4020-4093) on January 25, 2000. The reviews use statewide data indicators and qualitative information, obtained from intensive on-site reviews, to determine State

ievement in two areas: (1) outcomes for children and
ilies in the areas of safety, permanency, and well-being; and
systemic factors that directly impact the State's capacity to
iver services that support improved outcomes. Unlike
vious review systems, which focused exclusively on
)cedural compliance, States now will be required to
monstrate that children and families served by the child
lfare system are experiencing positive results.

All 50 States and the District of Columbia will participate in a Child and Family Services review over the next 4 years.

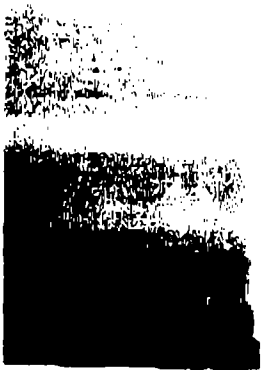
the extent possible, the statewide data indicators used in the CFS reviews have been ordinated with the child welfare outcome measures found in chapter II of this report, ch as the incidence of child abuse and/or neglect in foster care, length of time to achieve option and reunification, and stability of foster care placements. Because a State's rformance in the CFS review is linked to its performance on these outcome measures, ture annual reports will identify State CFS review results.

a number of programs, Federal funding is being tied to
ccessful State performance. For instance, the **Adoption**
centive Program, also authorized by ASFA and first
commended by President Clinton as part of the Adoption
02 initiative to double the annual number of children adopted
)m foster care, provides per-child financial incentives to States
at succeed in increasing the number of children adopted from
ster care.

Thirty-five States qualified for $42,510,000 in adoption bonuses for their FY 1998 performance.

iother important part of current Federal-State efforts to reform child welfare is the **Child elfare Waiver Demonstration Program,** authorized under section 1130 of the Social curity Act (the Act) and expanded and extended to FY 2002 ider ASFA. These demonstrations involve the waiver of certain quirements of titles IV-B and IV-E of the Act that govern ster care, adoption assistance, independent living, child welfare rvices, promoting safe and stable families, and related penses for title IV-E program administration, training, and tomated systems. The program allows States the flexibility to e existing funds to develop creative approaches to achieve rmanency for children. The States can design and demonstrate a wide range of proaches to improve and reform child welfare. The demonstrations have specific ogram goals and outcome measures, which collectively are aimed at improving

As of September 1999, 21 States and the District of Columbia had received approval for 24 child welfare waiver demonstration projects.



permanency outcomes for children. Here too, Federal-State efforts are working to ensure that innovations in financing and service delivery actually result in improved outcomes for children and families.

Through the new CFS reviews and these other efforts, the Department is supporting a shift to an outcomes focus. This report is part of that effort. It is framed by the overriding mission of child welfare to ensure the safety, permanency, and well-being of America's most vulnerable children.

Child Welfare Outcomes 1998: Annual Report

Child Welfare Outcomes 1998: Annual Report is the first of its kind. Although many States have begun to use data to report outcomes, this is the first attempt to report outcomes in child welfare on a national scale. While the Department is excited about the opportunity to improve the lives of children through outcome measurement, it recognizes that outcome measurement in child welfare is still in its infancy. Future reports will incorporate refinements and enhancements—in addition to analysis of trends—to reflect advances in outcome measurement in child welfare.

This report is organized into five chapters. Following this introductory chapter, chapter II presents the seven outcomes, the measures for each outcome, and the rationale for the selection of each of the measures. Chapter III describes the data sources used for measuring State performance on the outcomes. Chapter IV presents key findings resulting from this first year's effort and includes a summary of the best available State data on the outcome measures. Chapter V presents the individual State data pages. The State data pages consist of two pages of context data and three pages of outcome measures. Some States have included an optional page of commentary on their data as well.

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REVISED DRAFT, June 6, 2000

Changes in Child Social Program Participation in the 1990s: Initial Findings from Illinois

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PLEASE DO NOT CITE OR QUOTE. COMMENTS WELCOME.

Introduction

This study is designed to illuminate the effects of social policy changes on low-income children and families by monitoring changes in the utilization of social programs among those children who entered AFDC or TANF during the 1990s. Its primary focus is to use individual-level administrative data to document the service outcomes that children experience as they move through multiple statuses or events within the welfare and human service systems. The study examines variation within Illinois, both in terms of socioeconomic and demographic composition and policy implementation.

By focusing on the interrelations between programs currently experiencing substantial change--namely income assistance (AFDC/TANF), Medicaid, Food Stamps, child protection, and foster care--from the early 1990s through the entire decade, this study intends to provide state and federal policymakers and administrators with information on the effects of welfare reform on service receipt and child and family well-being. Unique to this study is its focus on the child rather than a family's program utilization patterns. Using individual-level administrative data that span the period both before and after welfare reform, we follow children who entered AFDC/TANF for the first time and describe their foster care placement and abuse and neglect report experiences. We also examine their patterns of exit from AFDC/TANF into the Medicaid and Food Stamp programs.

During the 1990s, both federal and state governments dramatically altered social policies affecting children and their families. States and communities have implemented many changes in human services and continue to redesign policies in areas such as health care, social services for abused and neglected children, and services to children with disabilities--to name a few. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of August 1996 also significantly altered the basic safety net programs for poor families with children; its changes are likely to affect the well being of children and families in different ways. This paper rests on the conviction that monitoring trends over time in the pathways that children follow between human services and social benefit programs is critical to understanding the impact of welfare reform on children and their families. By focusing on specific outcomes among the programs undergoing

significant changes (namely, AFDC/TANF, Medicaid, Food Stamps, and child welfare systems), we can contribute to a better understanding of the effects of reform on children's well being.

One could hypothesize that welfare reform will result in many positive outcomes. In addition to increased employment and reduced dependency on cash assistance, reform may result in increased self-sufficiency among welfare recipients as reflected in declining use of other programs, such as the Medicaid and Food Stamps programs, child abuse and neglect protection services, and out-of-home placement. As parents' self-esteem builds through success in employment and supporting their families, their relationships with their children will improve and their ability to provide necessary supervision and supports will increase. Their frustration with not being able to be a role model for their children will decrease. We also expect that parents will be less likely to abuse drugs, which is a major factor in the maltreatment of children. As parents' self-sufficiency increases, they will also move from unsafe neighborhoods to those that provide more support for their children.

Although some expect to see positive effects, most of the discussion in public forums has been on the potential negative effects. Reform may also, however, have many unintended consequences for the well being of children and their families and for state finance. Although time limits and work requirements may lead to increased self-sufficiency among certain families, for others, reform may lead to more intensive use of other public assistance and human service programs. Coupled with the new welfare law, which limits families to five years of public assistance over a lifetime, there are rising concerns over whether the child welfare system will become a putative safety net, not unlike in the past when mothers, unable to afford to feed and clothe their children, left them in the care of orphanages. If not quite so dramatic, effects of welfare reform may severely strain an already stretched child welfare system. The impact of ending the longstanding tradition of guaranteed support to poor children and families could further impair the ability of families to care for and nurture their children. If decreased public assistance is not offset by increased earnings from employment or other sources, the number of families unable to provide basic food and shelter for their children may increase, with long-term consequences for children. TANF may also increase the number of children being cared for by relatives and the

number of different living arrangements experienced by a child. Additionally, TANF may create new pressures on kinship care if willing caregivers have themselves reached time limits, and do not have the resources to care for relatives. This could lead to increased placement of children in state-supervised substitute care arrangements involving either non-relative or kinship foster family care placements, group care, specialized foster care, or residential care (Courtney, 1994; Knitzer & Bernard, 1996).

Additional pressures on foster care systems, which are already stretched to the limit in most states, may come from the higher incidence of abuse and neglect that may accompany reform, with obvious implications for the well-being of children. The potential effect of PRWORA reforms on the size and nature of the child welfare populations--and the significant human costs in disrupted family lives--is a major topic of discussion in the nation's capitol as well as in every state capitol (Brady & Snow, 1996). These effects include significant fiscal implications for the federal government and individual states, which may see the fiscal gains from TANF caseload reductions offset by increased expenses for child protection and child welfare (Brady & Snow, 1996).

Our research rests on the premise that individual, family, and community-level socioeconomic and demographic characteristics, along with the policies and practices, will contribute to the outcomes of reform for children. Given the availability of this kind of administrative data for research purposes in more and more states, we hope that our study is a key first step toward building a more nationally representative set of results.

Data and Methods

As indicated above, we are concerned here with the foster care placement and abuse and neglect report experiences of children who receive AFDC/TANF, as well as their patterns of exit from AFDC/TANF into Medicaid and the Food Stamps program. Unlike most other welfare reform evaluations currently being conducted, this study focuses on the child as opposed to the adult or family. It is clear that certain children often experience quite different programs than their parents or other family members. For example, one of the children in a family may enter foster care while other children remain with the parents in an open AFDC/TANF case. Another example

is that a child could be born into a family where children are already in foster care. This study focuses on the experiences of the children—at least initially the focus of welfare policies—and does not rely on the parent's experiences (or AFDC/TANF "cases") as an automatic proxy for the child's experience.

Data

The primary data are drawn from the Illinois Integrated Database on Children and Family Services (IDB). The IDB is a state-level, longitudinal database constructed from administrative data gathered by public agencies that serve children and families in Illinois (Goerge, Van Voorhis, and Lee, 1994). Specifically, we use individual-level longitudinal service records that were constructed from AFDC/TANF, Medicaid, and Food Stamp data from the Illinois Department of Human Services Client Database; child abuse and neglect investigation data from the Illinois Department of Children and Family Services Child Abuse and Neglect Tracking System; and foster care placement data from the Illinois Department of Children and Family Services Child and Youth Centered Information System. The individual-level AFDC/TANF, Medicaid, Food Stamp, foster care placement, and abuse and neglect report records were linked by child in order to develop "spells" that corresponded to the transitions of interest.[1]

Because the original data used for this study come from three different agency information systems that do not share a common ID, linking data records reliably and accurately across different data sources (foster care, abuse/neglect, and public assistance databases) is an important issue. We used a process called probabilistic record matching to link individual service records. Probabilistic record matching is based on the assumption that no single match between variables common to the source databases will identify a client with complete reliability. Instead, probabilistic record matching calculates the probability that two records belong to the same client using multiple pieces of identifying information. These "weights" will vary based on the distribution of values of the identifiers. We used full name, Social Security number, birth date, gender, race and ethnicity, and origin of residence in matching. The method was first developed

by researchers in the fields of demography and epidemiology (Newcombe, 1988; Winkler, 1988; Jaro, 1985, 1989).

The Study Population

The study population is all Illinois children who entered AFDC/TANF for the first time between 1991 and 1998.[2] Although federal welfare reform was implemented July 1, 1997, Illinois had instituted many policy and program changes in both welfare and child welfare programs prior to reform. For example, Illinois instituted the Work Pays program in 1994, which implemented a generous income disregard policy as an efforts to "make work pay." Under the Work Pays program, a client's TANF grant is reduced by $1 for every $3 of gross income earned, and clients continue to be eligible for some cash grant until their gross incomes reach the federal poverty line. In child welfare area, Illinois implemented the Home of Relative reform plan in 1995. Under the reform, the state abandoned the requirement of taking custody of children in informal kinship care even absent a protective need; prior to this policy change, the state took custody of children whose circumstances required relatives to assume temporary guardianship. Because these changes occurred at various points in time during the 1990s, one must examine the long-term trends to detect any "gradual" changes in the patterns of the transitions that might be due to policy and program changes. Thus, our approach is to examine the experiences of children who entered AFDC/TANF from 1991 to 1998 and follow them through the end of 1998.

We also selected a study population that shared similar AFDC/TANF experiences. Such shared experiences, such as entry into AFDC/TANF during the same time period, allow us to control for factors that might affect outcomes. Choosing a point-in-time population, in contrast, would have included children with widely varying durations or histories of AFDC/TANF receipt. A population of children with different AFDC/TANF entry dates, such as that of a point-in-time population, could also fundamentally change the potential distribution of the likelihood of the events occurring. In such cases, interpreting the findings would be difficult. Another possible study population might be an exit cohort. An exit cohort, however, excludes those children who

had not formally left the programs, but who were nevertheless at risk of being placed in foster care or being reported for abuse or neglect.[3]

In an entry cohort study such as the one used here, it is imperative to control for any possible effects of the study population's experiences before they entered the observation period. In studies that use similar longitudinal methods such as ours, it is well documented that experiences of the new-entry cohorts (those who enter a particular state for the first time) are often quite different from those who had previous service experiences (i.e., re-entries). Thus, we limit our analysis to those children who entered AFDC/TANF for the first time during the study period and who had not received AFDC/TANF at least in the previous two years.[4] Our definition of the new-entry cohorts allows us to follow experiences of children from their "initial" entry to AFDC/TANF as they move in and out of cash assistance.[5] This is particularly important for than analysis of foster care placement and abuse/neglect report experiences because we are interested in the interaction between being on cash assistance and having child welfare events in the study (see Study Design section for further discussion of the approach).

Table 1 presents selected characteristics of each AFDC/TANF entry cohort between 1991 and 1998. There has been almost a linear decline in the number of new AFDC/TANF entrants during the study period (Table 1). The number of new entrants during the early 1990s stood at about 100,000. By 1998, the number had declined to about 35,000, representing an approximate 65 percent reduction in the number of new entrants.[6] The biggest decline in the number of new entrants occurred from 1996 to 1997. The majority of children who entered AFDC/TANF for the first time were children birth to age 4. Of the 644,570 entrants during this period, roughly 74 percent were children between the ages of birth and 4. About 43 percent of all children were from Chicago, approximately 45 percent were African American, and one-third lived in communities in which 30 percent or more children lived in poverty.

Study Design

It is important to note that the reliability of the estimated impact of policy reforms depends on whether a researcher has access to data on the characteristics and outcomes of the recipients both prior to and during the new programs. The Integrated Database on Children's Services in Illinois is an ideal database for such a study design because it stores longitudinal data covering a sufficiently long period both prior to the beginning of new programs and during program operation. Longitudinal data date back eight years prior to the implementation of federal welfare reform in Illinois.

The overall effect of policies and programs on the key outcome measures depends on several distinct factors: the characteristics of AFDC/TANF recipients, area and community characteristics, and the relative effectiveness of the new policies and programs. The major challenge of the study is to develop an analytic model that can be used to isolate the effect of new policies and programs on the outcome measures while controlling for the characteristics of recipients and communities.

W employ proportional hazards modeling to examine the effects of time of entry to AFDC/TANF and on the transitions of interest.[7] Entry-cohort variables representing the year of first entrance to AFDC/TANF are defined as a set of 7 dummy variables, using 1991 as the contrast year.

Transitions from AFDC/TANF to Medicaid, Food Stamps, and child welfare services obviously depend on family demographic and socioeconomic characteristics, such as neighborhood residence and race. Controlling for such influences when determining the effect of policies is critical. Therefore, in addition to using entry dates as proxies for policy effects, we also examine the effect of the characteristics of children, families, and communities on the likelihood of making a transition. The covariates describing the individual child's characteristics include age at the time of AFDC/TANF entry, gender, and race/ethnicity. Characteristics of families are largely measured by sociodemographic characteristics of mothers recorded in the AFDC/TANF agency administrative data. They include education, age at the birth of first child, and work experience.

We also examine the effects of neighborhood poverty and living in a major city (Chicago) on the likelihood of making a transition.

Child's age at time of AFDC/TANF entry was divided into four categories: age 4 and under, 5-9, 10-14, and 15-17. Race and ethnicity were coded as non-Hispanic white, African American, Hispanic, and other. Child poverty rate was calculated at the zip code level using 1990 census data. The results were divided into four levels of community poverty: fewer than 10 percent of the child population living below the poverty line, 10-20 percent, 20-30 percent, and 30 percent or more living below the poverty line. Once communities were characterized, we assigned a poverty status to all AFDC/TANF entrants in a particular community.[8] Region and gender variables were classified as either Chicago or rest of state and male or female. With the division between Chicago and "rest of state," we capture urban and rural differences generally. Each of mother's characteristic variables, mother's education, work experience, and age at first birth, was coded into two categories; high school graduate and less than high school graduate, some work experience and no work experience, and age 20 or over and less than 20, respectively.

For the transitions to Medicaid and Food Stamps, we use a competing risks hazard model to show how AFDC/TANF entry year, and characteristics of children, their families, and their neighborhoods affect the likelihood of making two different transitions. These transitions are: exit from AFDC/TANF to Medicaid or Food Stamps, and exit to no services. For foster care placement, we compare differences in the likelihood of placement to foster care between the periods of the child being on and off AFDC/TANF. We employ the same method for abuse/neglect reports. The variable "being on AFDC/TANF", is defined as a time-varying covariate, taking the value of 1 for the periods the child is receiving AFDC/TANF and the value of 0 for when the child is not receiving AFDC/TANF. This variable measures the differences in the likelihood of being placed in foster care or having an indicated abuse neglect report between the states of receiving and not receiving AFDC/TANF after the child's first entry to AFDC/TANF.

Findings

Descriptive Analysis

The occurrence of a substantiated abuse/neglect report after initial receipt of AFDC/TANF— An abuse or neglect report is typically made by a teacher, medical professional, law enforcement official, family member, or neighbor when they believe that a child has been maltreated. The public child welfare agency then investigates the report and determines whether to substantiate that report. Subsequent service for a substantiated report could range from placement of the child into foster care to no service if the agency determines that the child is not at risk.

What is most notable about the rate of substantiated reports for children in the income maintenance program is a decrease for the 1997 and 1998 cohorts. For the entire age range of AFDC/TANF entries, the substantiation rates after 6 months and one year upon entering AFDC/TANF are stable for the 1994, 1995, and 1996 cohorts (Table 2).[9] The rates drop by at least 10 percent for the 1997 cohort, and we do not anticipate that the rates for the 1998 entry cohorts will be higher than those for the 1997 cohorts. For all children who entered AFDC or TANF during 1994, the rate of substantiated maltreatment approached nearly 8 of every 100 at five years after their date of entry.

The highest six-month rate of substantiated reports is for children under the age of 5, with around 20/1,000. This rate decreases steadily from just over 24/1,000 for the 1994 entries to just under 20 for the 1997 entries. The one-year rates show a similar pattern. The highest likelihood of substantiated reports occurs in the first year compared with subsequent years. For children ages birth to 4 years who entered AFDC or TANF during 1994, the rate of substantiated maltreatment approaches nearly 1 out of every 10 by five years after their date of entry. We do forecast, however, based on the early experiences of the 1995-1998 cohorts, that this rate will fall with later cohorts.

The occurrence of a foster care placement after initial receipt of AFDC/TANF— Entry into temporary foster care occurs when the court, in consultation with the public child welfare agency, determines that, because of risk of additional abuse or neglect, a child should not live with his or her parents. A placement typically happens after an abuse or neglect report, which we analyze

below. In the late 80's and early 90's in Illinois, there has been an increase in the foster care caseload, which has only begun to decrease in recent years.[10]

In general, there has been a sharp decrease in children entering foster care after their entry into AFDC or TANF since 1994. The rate of children entering foster care within six months of entry into AFDC or TANF was just below 8/1000 between 1991-93, increasing to a high of 10.25/1000 in 1994, before decreasing to 7.95/1000 in 1997 (Table 3). This pattern was driven predominantly by the youngest group (ages birth to 4 years old), who made up nearly three-quarters of child entrants to AFDC/TANF between 1991-98. For this group, the highest six-month entry rate was also seen in 1994 (12/1000); it decreased, to 9.3, by 1997. The other 25 percent of entries show no notable patterns over the time period.

The 1994 cohort and those children who were at risk during 1994 seem to have increased risk of entering foster care. 1994 coincides with the first year of full implementation of the Work Pays program in Illinois, as well as the year before significant reform in how children were placed with relatives in the foster care system (described above). The patterns for the cumulative rates of entry into foster care from 1 to 5 or more years after entering AFDC/TANF are similar to the first six months, but at a quite lower magnitude. While the first-year rate remains above 12/1000, in subsequent years, the incremental percentage of children who enter foster care is lower than 12/1000, with a few exceptions. These exceptions appear to be for those children who were at risk of entry into foster care during 1994.

AFDC/TANF to Medicaid transitions— Table 4 shows the patterns of exits from the first AFDC/TANF spells to either Medicaid or leaving AFDC/TANF without Medicaid. The "all exit" rows in Table 4 show that the majority of children who entered AFDC/TANF during the study period left the program relatively quickly. Throughout the period, more than 30 percent of the children left AFDC/TANF within 6 months. Within a year, about one-half of the children left AFDC/TANF. For those children for whom we can examine exit patterns for at least five years (those who entered AFDC/TANF between 1991 and 1993), and thus avoiding the censored observation problem, we find that about 85 percent left AFDC/TANF within 5 years. These are

shorter durations than found in previous research using survey designs. This difference might be due to differences in how the spells were constructed. Because we use administrative data on monthly AFDC/TANF receipt, our data capture any interruptions in spells that are longer than two months as exit from AFDC/TANF. In contrast, most survey data in previous AFDC duration studies used yearly spells, which might miss exit from AFDC in between yearly observation points.

When duration of initial AFDC/TANF spells is examined across entry cohorts, we find a steady decline in duration among the post-1993 entry cohorts. The proportion of children leaving income assistance within a year increased 45 percent, from 45 percent of the 1993 entry cohort to 65 percent of the 1997 entry cohort. The data also suggest that the largest increase in the proportion of children leaving the program within a year occurred among the1996 and 1997 cohorts. Although about 55 percent of the 1996 entry cohort left the program within a year, approximately 65 percent of the children who entered in 1997 did so.

The exit patterns to Medicaid reveal a steady increase in the likelihood of a transition to Medicaid during the study period. Only 12 percent of the 1991 entry cohort who left AFDC within a year claimed Medicaid on exit, while about 42 percent of the 1997 entry cohort made the transition to Medicaid. The increases in the likelihood among recent cohorts of receiving Medicaid on exit from AFDC/TANF may be due to the state's effort to increase Medicaid coverage for poor children through the Children's Health Insurance Program (CHIP), known as Kidcare in Illinois. The increasing likelihood may also be due to state efforts to extend transitional Medicaid coverage to families that leave income assistance program with earnings.

AFDC/TANF to Food Stamp transitions—Although the findings on transitions to Medicaid clearly point to increases in Medicaid coverage for those who leave income assistance, changes in the transition to Food Stamps are more difficult to interpret. The proportion of those who continue to receive Food Stamps when leaving AFDC within a year stood around 18 percent for 1991 and 1992 entry cohorts (table 5). That proportion reached approximately 13 percent for the 1994 entry cohort, nearly a 5 percent decrease from the earlier cohorts. Since 1994, the proportion has

steadily increased, to approximately 15 percent of the 1997 entry cohort—although still lower than among cohorts in the early part of the decade.

Although there has been increasing attention paid to the importance of health care coverage for poor children, Food Stamps have not seen the same attention. The program is generally regarded and operated somewhat independently from the income maintenance program at the state level. The decline, or at best no change, in the likelihood of children continuing to receive Food Stamps and the relatively low participation in Food Stamps on exit from AFDC/TANF is somewhat difficult to interpret. On the one hand, if children are leaving income assistance because of improved family income, and that income leaves them ineligible for Food Stamps, the findings can be interpreted as "good" outcomes. On the other hand, if family income still leaves them eligible for Food Stamps (income below 130% of the poverty line) and yet they forgo Food Stamps because of either the stigma associated with "welfare" or because of administrative discontinuity at the local welfare office level, the Food Stamp program might be underserving children in need.

Multivariate Analysis

AFDC/TANF to substantiated abuse/neglect report— The entry cohort and age at entry effects found in the descriptive analysis remain when we control for characteristics of the child, being on and off AFDC or TANF, community poverty level, and mother's characteristics. While none of the entry years are significantly different from the baseline 1994 cohort after we control for characteristics of child, family, and community, the direction of the risk change is consistent with the descriptive findings. (Table 6, Model 5). Also, children under age 5 are more likely to experience a substantiated report than are older children.

Model 1, with year of entry, race, gender and age at entry, shows that African-American, Hispanic, and children of "other" races are significantly less like to be substantiated. This may be a result of the fact that the children we are studying are already receiving AFDC or TANF. If one looked at the general population of children, that the findings are somewhat different (Goerge & Lee, 1997).

When we add the region variable (Model 2), we see that children on AFDC/TANF in Chicago are less likely to be substantiated and that this accounts for the lower likelihood of African-American children compared to white children. Model 3 shows that children are more likely to have a substantiated report of abuse or neglect while they are receiving AFDC/TANF. With this addition, African-American children are again less likely to be substantiated. This may be a result of African-American children being on AFDC/TANF longer than children of other races. In Model 4, we add community poverty level and as one would expect children in poorer communities are more likely to be substantiated over and above racial and regional characteristics. This may be a result of significantly more surveillance by mandated reporters of abuse and neglect in poor communities of how parents are caring for their children.

Finally, in model 5, we add mother's education, work experience, and age at first birth to the model.[11] Including the mother's characteristics in the model does not significantly change the effects of the other covariates. While we do not find a significant effect for mother's work experience and age at first birth, children of mothers with high school diploma are significantly less likely to have an indicated abuse/neglect report than those of mothers with less than high school education. While controlling for the other covariates, we find that children with mothers who graduated from high school are about 40 percent less likely to have a substantiated abuse/neglect report than those with mothers having less than high school education.

AFDC/TANF to foster care placement— Like substantiated abuse and neglect reports, the entry cohort and age at entry effects found in the descriptive analysis remain when we control for characteristics of the child, being on and off AFDC or TANF, community poverty level, and mother's characteristics. The fully saturated model (Model 5, Table 7) shows that the risk of entry into foster care decreases with later cohorts. While there is only one entry year that is significantly different from the baseline 1991 cohort, the direction of the risk change is consistent with the descriptive findings. Models 1 and 2, which do not contain variables on whether or not the child is still receiving AFDC/TANF or community poverty level, show a stronger entry year effect.

Model 1, with year of entry, race, gender and age at entry, shows that African-American children are more likely to enter foster care and Hispanic children are less likely to enter foster care than white children. It also shows that children under 5 are much more likely to enter foster care placement than older children. We see no gender effect.

Model 2 adds the region effect of living in Chicago. Given the greater numbers and rates of children being placed in Chicago from the general population, one would expect a significant effect. However, there is no effect. Furthermore, the addition of this covariate changes none of the other risk ratios for the other covariates.

In Model 3, we add the effect of whether or not a child is still receiving AFDC or TANF. Because we continue to track children after they have exited AFDC/TANF, this is an important indicator of whether the possible additional surveillance of AFDC/TANF cases by the welfare or related agencies affects entry to foster care or whether lower income and assets associated with AFDC/TANF affect entry into foster care. We do see a significant effect among children who are in an active AFDC or TANF case; they are two times as likely to enter foster care, as are those children who are not in an active case. This covariate does decrease the magnitude of race effects slightly, but not enough to make it a statistically non-significant. As to which of the two hypotheses—heightened surveillance or lower income--would explain this effect, it is difficult to determine. However, during our study period, if families are off of AFDC or TANF, it is quite likely that this indicates an increase in their economic status. Even during TANF implementation (since time limits have not yet been reached), it is still likely that leaving TANF is a signal of improved economic status of families. Therefore, while families are on cash assistance, it is likely that they are poorer—thereby affecting their ability to keep the child in their home.

Model 4 adds community poverty level. A child who resides in a community with greater than 30 percent of children living in poverty has a 27 percent greater likelihood of entering foster care than a child who lives in a community where fewer than 10 percent of children live in poverty. There is also greater likelihood of placement in communities with between 10 and 30 percent child poverty. Adding these covariates reduces the race effect slightly and makes the effect of region significant, but in the opposite direction one would typically expect. We find that children in

Chicago are less likely to enter foster care than in the balance of the state. However, it is common that community-level poverty and race account for much of the effect of living in Chicago because of the high concentration of child poverty in Chicago as well as the high concentration of African American children.

Finally, model 5 adds mother's characteristics to the model. Like substantiated abuse and neglect reports, mother's education is a significant factor determining the likelihood of a child being placed in foster care. Children of mothers who finished high school are about 50 percent less likely to be placed in foster care than those of mothers who did not finish high school. Again, including mother's characteristics do not change the effects of other covariates in any significant way.

The race effect is always difficult to interpret. Especially when looking at entry into foster care, explaining why African American children are more likely to enter foster care has been a constant challenge for child welfare researchers. As the results in Table 7 show, controlling for factors other than individual child's characteristics such as region, being on AFDC/TANF, community poverty, and mother's characteristics reduce the size of the race effect from the odds ratio of 1.95 (in Model 1) to 1.55 (in Model 5). However, as the results in model 5 indicate, even after controlling for the effect of the other covariates, we find that African American children are about 55 percent more likely to be placed in foster care than while children. One possible explanation is the fact that there are essentially two types of foster children—one that is placed with relatives and another that is placed with strangers. Traditionally, it is more likely that African American children are placed with relatives. When the analysis was done separately for kin and nonkin placements, as shown in Table 8, we find that the race effect is substantially stronger for transitions to kinship placements. Table 8 shows that African American children are 2.13 times as likely to be placed with relatives as white children, while they are only 28 percent more likely than white children to be placed with non-relatives. We believe that the remaining difference in the likelihood of being placed in nonkin foster care placements between African American children and white children is largely due to other characteristics of mothers (such as mother's substance

abuse problem) and characteristics of caseworkers who play a key role in making placement decisions in child welfare.

AFDC/TANF to Medicaid transitions— Table 9 presents the estimated coefficients from Cox regression models that predict exit from AFDC/TANF to Medicaid and to no services, treating the two distinct events as "competing" events.[12] In general, this modeling technique is known as competing risks model (Yamaguchi, 1991; Allison, 1995). We present estimated coefficients for the two competing events and *t*-tests of the differences in the two coefficients. We employ *t*-tests to examine the null hypothesis that the coefficients for a given variable are the same across the two distinct event types.[13]

The findings of the cohort effect confirm the findings in the descriptive analysis. There has been an increase over time in the Medicaid coverage of those leaving AFDC/TANF during the 1990s. The *t*-test results show that the increased likelihood of transition to Medicaid across entry cohorts is statistically significant. We also find that transitions to Medicaid are more common than those transitions to no services across all entry cohorts. The results presented in Table 9 also show that minority children, younger children, those of a mother with no high school diploma and no work experiences, and those living in Chicago and in poor communities are generally less likely to exit from AFDC/TANF compared with their counterparts, a finding consistent with past research. The coefficients for both types of exits generally are negative and statistically significant (positive for older children and mothers with high school diploma and work experiences). When the two events are compared, we find that minority children, older children, those living in Chicago, and those with a mother who had their first child as a teen are less likely to make transitions to Medicaid when they leave AFDC/TANF. The results show that transitions to Medicaid are more common for younger children, those living outside Chicago, those living in relatively high poverty areas, and those with mothers having high school diploma and work experiences compared with older children, those in Chicago, those living in very low poverty areas, and those with mothers without high school diploma or work experiences.

AFDC/TANF to Food Stamp transitions— Table 10 presents the multivariate analysis predicting exit to Food Stamps using the same method we described in the above section.[14] Again, the results on the effect of entry cohort year confirm our findings in the descriptive analysis. Children are more likely to leave AFDC/TANF without Food Stamps. There also appears to be a decline, or at best no change, in the likelihood of children continuing to receive Food Stamps when they leave AFDC/TANF across cohort years.

When the coefficients between the two types of events (exit to Food Stamps and exit to no Food Stamps) are compared, the results on the region and race-ethnicity variables are similar to patterns of exits to Medicaid. We find that minority children and those living in Chicago are less likely to make transitions to Food Stamps. In terms of age, we find that although children ages 5-9 and 10-14 are more likely to make transitions to Food Stamps, the oldest group (those ages 15-17) is less likely to make transitions compared with the 0-4 age group. Areas of high poverty, again, have an effect on the transition rates to Food Stamps, although the effects are noticeably stronger than in transitions to Medicaid. Children who live in high poverty areas are significantly more likely to continue to receive Food Stamps when they leave AFDC/TANF. In terms of mother's characteristics, we find that those with mothers having graduated from high school are more likely to make transitions to Food Stamps when they leave AFDC/TANF than those with mothers who did not graduate high school.

Conclusion

The general finding of this study is that children who have participated in income maintenance programs have not fared worse since the implementation of various reforms in Illinois over the 1990s. What has not yet been factored into our model is the rather dramatic changes in the economy over this period of time. Many have made the argument that much of the success of welfare reform (measured by decline in TANF caseloads) has been a result of the long lasting economic growth in the United States where unemployment is extremely low. However, what one would expect is that as the income maintenance caseload size decreases, the remaining families would be those who are needier and more vulnerable and that the rate of negative outcomes would

increase, even while the numbers may decrease. Because we have not seen an increase in negative outcomes, it is either the case that children entering income maintenance programs are, in the least, not faring worse now than they were in the past or that the programs are operating more effectively than they have in the past. Either explanation is good news.

Also, one might think that welfare reform and child welfare reform might be at odds since child welfare interventions are attempting to protect children and strengthen families, while welfare reform works at making poor families more self-sufficient—a potentially stressful process. However, our findings suggest that "income assistance" welfare reform in Illinois, at least, has not hindered the intent of child welfare reform to reduce children's placement in foster care. It is clear that our findings must continue to be analyzed and our analyses must be expanded in order to better understand the multiple processes underway for poor families in this time of multiple reforms.

Much of the evaluation of the small-scale and focused policy changes implemented by states during the 1980s and 1990s under the waiver system have been experimental in design. Although the new law allows states to continue their welfare demonstrations, initial reports suggest that many will not do so (Wiseman, 1996; Hollister, 1997). Beyond the practical problems of implementation and ensuing contamination that have always been of central concern with experimental designs, states will want to implement programs, previously permitted only under waivers, as widely as possible. If we are to understand the implications of "the veritable explosion in innovation and social policy" (Corbett, 1997), it is imperative that we develop effective monitoring and evaluation strategies that do not depend on experimental methods. Policy is itself in flux, and programs will only gradually be put in place and will continue to evolve with the changing political winds within and across states over the next few years (Moffitt, 1997; Corbett, 1997). Evaluation with a clean "before" and "after" will therefore be difficult, and methods must be developed that allow us to incorporate this evolving policy environment. We hope this study is a contribution toward such a model.

We have attempted to work collaboratively and consistently with policymakers and managers in Illinois and believe that an ongoing participatory collaboration with state leaders will

benefit all parties. The results in this paper have been discussed with state welfare and child welfare agency leaders in order to properly interpret the findings and assure that the data was used correctly.

In addition to answering key research questions around the impacts of welfare reform, the ongoing development and use of administrative data to monitor and evaluate the effects of reform will provide a model for other states and may promote the investment necessary to develop administrative data into a more readily available resource for effective monitoring. Although there is a critical role for surveys, ethnographic studies and other data collection, none allows the quick-turnaround analyses possible with well-designed integrated administrative databases.