

Specifications for the Independent Evaluation of Florida's IV-E Demonstration Waiver

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Table of Contents

Introduction	1
Evaluation Design	2
Outcome Analysis	3
Cost Analysis	7
Process Analysis.....	9
Implementation Analysis	9
Performance Analysis	12

Tables & Figures

<i>Table 1:</i> Key Questions for the Outcome Analysis	5
<i>Table 2:</i> Cost Analysis: Key Questions and Data Source	7
<i>Table 3.</i> Implementation Analysis Phase One: Key Questions & Data Source	10
<i>Table 4.</i> Implementation Analysis Phase Two: Key Questions & Data Source	11
<i>Table 5:</i> Service Performance: Key Questions & Data Source.....	14
<i>Table 6.</i> IV-E Waiver Proposed Report Deadlines.....	16
<i>Figure 1.</i> Seven-Year Schedule for Data Collection and Analysis.....	4
<i>Figure 2.</i> Practice as a mediator for change in outcomes.	13

Introduction

An evaluation team from the Louis de la Parte Florida Mental Health Institute at the University of South Florida has worked with the Florida Department of Children and Families and the Community-Based Care lead agencies to develop the specifications for the evaluation of the IV-E Waiver demonstration project. Upon approval of these specifications, the Florida Department of Children and Families intends to contract with the University of South Florida (USF) for the development of the evaluation plan and completion of the evaluation.

The department currently contracts with USF to complete an annual evaluation of the Community-Based Care initiative. Community-Based Care (CBC) is Florida's effort to improve the safety, permanency and well-being of at-risk children by developing a locally driven child welfare system. Florida's implementation of the IV-E Waiver for funding flexibility will be operationalized through the contracts with the CBC lead agencies. Having completed the CBC evaluation for the last 3 years, USF is uniquely qualified to complete the evaluation of Florida's IV-E Waiver. USF has a detailed understanding of Florida's child welfare system, both historically and in current form. In addition, USF's evaluation team is familiar with the various community-based systems of care, they have developed relationships with state, local and community stakeholders, and they are familiar with and already have access to statewide child welfare data systems.

The CBC evaluation, required by ss. 409.1671(4) (a), F.S., was competitively procured in accordance with the requirements of Florida Statutes, and runs through June 30, 2009, with the option for a 3 year renewal. As the requirements of the IV-E Waiver evaluation so closely mirror the requirements of the CBC evaluation, and the procurement that originally solicited the evaluation, the department intends to amend this contract to include the requirements of the Title IV-E Waiver evaluation.

The purpose of the evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation will test the hypotheses that an expanded array of Community-Based Care services available through the flexible use of title IV-E funds will:

- Expedite the achievement of permanency through either reunification or adoption;
- Maintain child safety;
- Increase child well-being; and
- Reduce administrative costs associated with providing community-based child welfare services.

Evaluation Design

The demonstration project is expected to impart significant benefits to families and improve administrative cost effectiveness. Thus, the evaluation design and outcome variables have been selected for the purpose of testing these hypotheses.

The evaluation will be comprised of three related components:

- outcome analysis;
- cost analysis; and
- process analysis (implementation & performance analysis).

Each component will be described in detail in the following three sections of the evaluation plan. In order to provide the most accurate reflection of the status of the demonstration project at each milestone reporting point, data will be triangulated from various information sources, such as the federal and Florida Child and Family Services Review data, the annual evaluations of Community-Based Care (s. 409.1671, F.S), ongoing Department quality management and monitoring activities, and other data sources as they become available. In addition, findings will be integrated both across components and over time in order to track the evolutionary process expected throughout the life of the demonstration project.

The evaluation plan is intended to maximize the strengths of using a longitudinal research design while minimizing intrusiveness for the Community-Based Care lead agencies. Whenever feasible, existing data sources will be utilized to minimize participant requests. For example, evaluation cohorts will be defined and identified using data available in the State's Automated Child Welfare Information System (SACWIS), which in Florida is known as HomeSafenet (HSn). Longitudinal changes in child welfare outcomes will then be analyzed by measuring the progress of successive "cohorts" of children entering the State's child welfare system toward

achievement of the demonstration project's primary goals. These cohort analyses can be conducted without requests for new data from the CBC lead agencies.

In addition, the evaluation is designed to be participatory, with input from the Florida Department of Children & Families (DCF) and CBC lead agencies welcomed and requested at all phases of the evaluation. To that end, the development and implementation of the evaluation plan will parallel statewide implementation of the IV-E Waiver Demonstration Project. In addition, since child and family-level variables are the primary outcomes of interest, the evaluation team will include at least one parent with a history of child welfare system involvement in a consultant role.

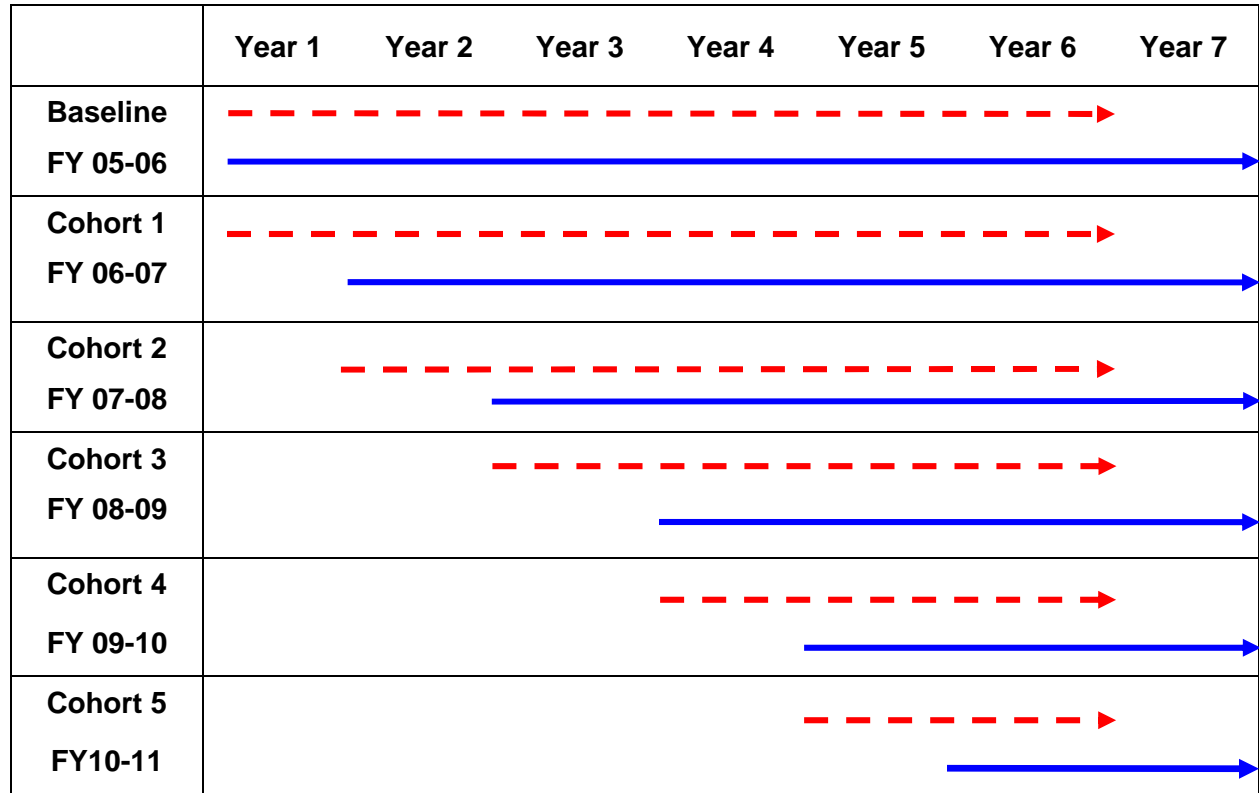
Outcome Analysis

The Outcome Analysis will focus on examining the child-level outcomes expected to result from implementation of the IV-E Waiver demonstration project. The analysis seeks to track changes in outcomes over the five-year implementation period and the longitudinal nature of this endeavor is reflected in the proposed research design. Specifically, five successive cohorts of children whose first contact with the child welfare system occurs during each year of the waiver implementation will be followed from the time of first child welfare contact (regardless of placement status) until the end of the project. The five cohorts will be comprised of children whose first contact with the child welfare system occurs during FY 06-07, 07-08, 08-09, 09-10, and 10-11 respectively. In addition, one cohort of children whose first contact with the child welfare system occurred during FY 05-06 will serve as baseline data against which to compare the outcomes of the five target cohorts.

Two point-in-time descriptions, one pre and one post waiver implementation, will be generated in order to contrast Florida's child welfare system prior to waiver implementation with five years' post implementation. All data used in the outcome evaluation analyses, including baseline data, will be abstracted from the HomeSafenet database. In addition, comparison data from national databases will be incorporated as much as possible in the outcomes analysis. Since data for each fiscal year's cohort may not be available for analysis until the following fiscal year, analyses during the first year of the project will focus on examination of baseline data. A visual presentation of the data collection and analysis trajectories for each of the five implementation

years is presented in Figure 1 below. Dashed lines indicate data collection, while solid lines indicate data analysis.

Figure 1. Seven-Year Schedule for Data Collection and Analysis



Updated yearly reports will be generated and furnished to the federal and state government entities underwriting the evaluation of the IV-E Waiver demonstration project. The focus and complexity of these reports will evolve as new cohorts enter the child welfare system. For example, the first year’s report will present analysis of the baseline data, the second year’s report will present analysis of the first year of Cohort 1’s experience in comparison to the baseline data, and by the fifth year, the inclusion of outcome data from five cohorts of children (including the baseline cohort) will enable more complex analyses.

Statewide implementation of the IV-E Waiver is expected to lead to changes in practice, which in turn may impact outcomes on each of the measured indicators. For example, the increase in resources and flexibility may enhance current practice through reductions in caseload size and turnover. As a result of the increased allocation of resources toward in-home service prevention and “front door” services enabled by the waiver, both the number of children who enter out-of-

home-care and the average length of stay for children who do enter care may decrease for each successive cohort. Due to increased in-home service provision for less serious family situations, the well being and clinical profiles of those children for whom permanency remains elusive despite these system changes may deteriorate with each successive cohort. The increased flexibility may also expand the scope and types of services that are offered to children in out-of-home care. These hypotheses have guided development of the key questions presented in Table 1 below. However, the issues to be addressed and the questions will continue to be refined, particularly following the first year of the evaluation, when data from focus groups and other participatory activities regarding the theory of change underlying these outcomes will be collected.

Table 1: Outcome Analysis: Key Questions

Key Questions
Following implementation of the IV-E Waiver, do children in out-of-home care achieve permanency more quickly?
Has child safety been maintained following implementation of the waiver?
Has child well-being increased following implementation of the waiver?

Do children in out-of-home care achieve permanency more quickly following implementation of the IV-E Waiver?

Child permanency outcomes will be examined for all cohorts with permanency defined as either reunification or an alternate permanent plan. Findings for the baseline and implementation cohorts will be compared in order to describe changes in permanency outcomes that emerge throughout the life of the demonstration project.

The following calculations are examples of specific permanency outcomes that will be examined for each cohort. The influence of demographic characteristics, such as age, race, and gender, on these permanency outcomes will also be examined.

1. The proportion of children who received in-home services without entering out-of-home care and the median length of time that they received these services;
2. The proportion of children who entered out-of-home care and were discharged and achieved permanency within 12 months after entry into out-of-home care;

3. The proportion of children remaining in out-of-home care 12 months after entry;
4. The median length of stay for children in out-of-home care;
5. The proportion of children with finalized adoptions within 24 months of the initial entry into out-of-home care.

Has child safety been maintained following implementation of the IV-E Waiver?

The following child safety outcomes will be calculated for each cohort: (a) recurrence of maltreatment (in the home or in out-of-home care and (b) re-entry into out-of-home care.

Recurrence of maltreatment will be defined as a second episode of maltreatment within six months that has been determined to be founded or with some indicators. Recurrence of maltreatment will be calculated for all children in each cohort. Re-entry into out-of-home care will be examined for children from each cohort who were discharged from out-of-home care and re-entered. The proportion of children reentering out-of-home care will be consistent with examination of the other outcomes, reentry into out-of-home care will be examined in relation to age, gender, ethnicity, and living arrangement following discharge (e.g., reunification, placement with relatives, adoption, and other permanency options).

Has child well-being increased following implementation of the IV-E Waiver?

Placement stability will be examined for each cohort as the primary measure of child well-being. This indicator will be quantified as the number of changes in placement settings per out-of-home care episode. Specifically, the proportion of children in each cohort who experience more than two placements per foster care episode will be examined in relation to age, gender, minority status, and physical or behavioral/emotional problems. In addition, HSN will be explored for other potential indicators of child well-being. Upon data availability the attempt will be made to examine child outcomes related to educational progress. Specifically, an improvement of child's academic performance (e.g., GPA) and the number of days absent from school may be tracked.

Cost Analysis

Table 2: Cost Analysis: Key Questions & Data Source

Key Questions
Was the waiver implementation associated with a relative reduction in IV-E administrative costs per child served or per capita?
Was the waiver implementation associated with a substitution from out-of-home expenditures to in-home prevention/early intervention expenditures within IV-E funding?
How has the waiver implementation impacted the use of other child welfare funding such as TANF and State funds?

There are several potential fiscal implications associated with the IV-E waiver demonstration project. Another of the waiver's key attributes is that it will allow lead agencies to spend Title IV-E funds on a broader array of services, including in-home prevention and early intervention services, which were not permissible prior to the waiver. A hypothesis, therefore, that will be tested is whether the waiver simultaneously leads to (1) increased expenditures per child served for in-home prevention and early intervention services, and (2) decreased expenditures per child served for out-of-home services. In addition, a related, hypothesis is that the waiver may also lead to changes in how lead agencies use TANF and State dollars, which are the other major child welfare funding sources in Florida.

One potential benefit of the waiver is a reduction in the administrative burden associated with acquiring and using IV-E funds. Therefore, a third hypothesis that will be tested is whether the waiver is associated with a relative reduction in IV-E administrative costs per child served or per capita.

There are other potential financial benefits of the IV-E Waiver that may be worth exploring. Because the waiver allows for more flexible and appropriate services, the waiver might lead to shorter lengths of stay, increased permanency rates, and shorter time to permanency (as included in the outcome analysis), all of which could lead to an overall savings in child welfare expenditures. Furthermore, it may be useful to examine how the State and Florida's lead agencies invest these costs savings back into the child welfare system. Another implication of the waiver is that Medicaid service utilization and costs for children in the child welfare system may change over time.

There are several study design issues pertaining to the fiscal evaluation of the IV-E Waiver demonstration project. Because the demonstration project will be implemented statewide, it will be important to compare expenditure data from the five year demonstration period to the five years prior to the implementation of the demonstration project. All comparisons over time will be made at the Community-Based Care lead agency level and at the state level. If there are systematic differences in how lead agencies implement the IV-E waiver, it would be appropriate to conduct subgroup analyses that analyze the Cost Analysis Key Questions (Table 2) across subgroups of lead agencies. The purpose of the subgroup analysis will be to compare the costs of the demonstration project with those of services traditionally provided to children and their families.

The fiscal analysis will use a combination of administrative data and relevant stakeholder documents. Using Community-Based Care lead agency invoices and the Florida Accounting Information Resource (FLAIR) data, the analysis will include an examination of the use of key funding sources, including all relevant Federal sources such as titles IV-A, IV-B, IV-E and XIX of the Social Security Act, as well as State and local funds. For example, the analysis will review changes over time in the utilization of Florida's Medicaid funded out-of-home care programs, including State Inpatient Psychiatric Programs (SIPP), Therapeutic Group Homes, and Specialized Therapeutic Foster Care.

In conjunction with our implementation analysis, described in detail below, we also propose a participatory design component for the fiscal analysis. It will be beneficial for the evaluators to participate in the implementation and training around fiscal issues in order to better understand the fiscal challenges faced by lead agencies and the Department.

Where feasible, a cost-effectiveness analysis will be conducted by examining the relationship between the demonstration project's costs and outcomes.

Process Analysis

The process portion of the evaluation will be a synthesis of implementation analysis and performance analysis, including both community engagement and service delivery. In order for the waiver to achieve successful outcomes, these major aspects will need to be addressed simultaneously. As such, the evaluation will need to track environmental, political, and/or cultural changes that form the backdrop for new service delivery model implementation. Too often, the path to reform is left out of system evaluation. This will assist both the State of Florida and other states/sites as they consider making policy level changes that alter practice. The Process Evaluation will be divided into two components; the Implementation Analysis and the Performance Analysis.

Implementation Analysis

The implementation analysis will track both the planning process for waiver implementation (Phase One) and the impact of waiver implementation on the Florida Department of Children and Families, Community-Based Care lead agencies, provider networks, and local communities (Phase Two), while addressing continual systemic change within Florida's child welfare system as Community-Based Care matures across the state. This section outlines overall implementation analysis design, research questions, and data collection methods.

The key questions and methods for Phase One of the waiver implementation analysis can be seen in Table 3. To support activities to be conducted in Phase Two of the implementation analysis, an assessment of lead agency structure and capacity prior to the waiver implementation pre-waiver assessment will occur via review of previous Community-Based Care evaluation reports from sources such as USF and the Office of Program Policy Analysis and Government Accountability (OPPAGA). A concurrent synthesis of information with the ongoing Community-Based Care evaluation conducted by USF will provide a comprehensive understanding of the impact of waiver implementation on lead agencies and their capacity to direct service system reform.

In order to collect baseline information, members of the evaluation team will be involved in discussion and planning with the Florida Department of Children & Families and CBC lead agencies regarding waiver implementation. This will allow evaluation team members to hear the

dialogue around prioritization of goals and lead agency selection of practice models. At a more formal level, the evaluation team will be involved in guiding the group of key stakeholders in a logic modeling exercise designed to define the desired framework of change.

Table 3. Implementation Analysis Phase One: Key Questions & Data Source

Key Questions Phase One	Data Source
What is the state of the child welfare system and lead agency structure prior to waiver implementation?	Review of previous CBC evaluation reports from FMHI, DCF and OPPAGA
What are the models of implementation that lead agencies develop to support programmatic changes?	Focus groups and phone interviews with key stakeholders
What are the facilitators and barriers to the implementation process?	Focus groups and phone interviews with key stakeholders
What are the external factors influencing program implementation?	Focus groups and phone interviews with key stakeholders
How will the waiver impact the larger community's service infrastructure and dynamics?	Focus groups and phone interviews with key stakeholders

Another important piece related to the understanding of the waiver implementation process will be an understanding of the time that lead agencies will need to reduce their use of out of home services and then subsequently create an array of prevention and intervention in-home options. A preliminary round of focus groups is proposed during the first year of the evaluation in order to solicit expectations and key concerns. This will include discussion around the barriers encountered during implementation, the steps taken to address these barriers, and any lessons learned during implementation. The most logical selection for participants is Community-Based Care lead agency leadership (e.g., Executive Directors and/or Directors of Operations). Other groups may include investigations staff, prevention contractors, and court personnel. The focus groups will address the role of the courts in the waiver demonstration project and the relationship between the child welfare agency and court system, including any efforts to jointly plan and implement the waiver demonstration project.

Phase One of the Process Analysis will be addressed via a staged approach over the course of the first two and a half years. Phase Two of the Process Analysis will address the remaining two and a half years. Yearly status reports will be submitted to DCF regarding implementation

analysis activities and findings, as well as suggestion for mid-course corrections to the waiver implementation process.

Phase One will also address external factors that may impact waiver implementation. Contextual factors, such as the social, economic and political forces that may have a bearing on the replicability of the intervention or influence the implementation or effectiveness of the IV-E Waiver demonstration project are critical to understanding the process of change in local communities. This discussion will address any possible confounding effects from any other demonstrations or reforms that were implemented during the title IV-E waiver demonstration project, such as the new Prepaid Mental Health Plan for children in Florida’s child welfare system.

In addition, the implementation analysis will describe how implementation of the IV-E Waiver evolves over the course of five years, impacting both state and local levels. The key questions and methods for Phase Two of the implementation analysis can be seen in Table 4.

Table 4. Implementation Analysis Phase Two: Key Questions & Data Source

Key Questions Phase Two	Data Source
What impact has the IV-E Waiver implementation, in conjunction with ongoing initiatives for increased systemic performance, had on lead agencies?	Concurrent CBC evaluation Organizational Excellence Survey Follow up phone interviews with key stakeholders
What impact has the waiver had on morale, staff turnover and leadership at the lead agency level?	Organizational Excellence Survey Follow up phone interviews with key stakeholders
Was the program implemented as planned?	Interview, document review, observation
What changes has implementation of the waiver generated at the state level?	Stakeholder interviews
How have lead agencies modified their organizational structure and processes to support programmatic changes?	Interview, document review, observation

The Organizational Excellence Survey is proposed for use throughout Phase 2 of the implementation analysis. The Organizational Excellence Survey was standardized in the 1970s on specific scales (e.g., satisfaction, time & stress of job, burnout) and has been in use since

the early 1980s in several state child welfare systems. The survey assesses the promotion of organizational excellence through participation and accountability, and reinforces the vital role all child welfare staff have in advancing organizational change. The survey assessment is a framework that consists of survey items, constructs, and dimensions. Each level of the framework provides insight into the workings of an organization.

The framework, at its highest level, consists of several workplace dimensions. These dimensions capture the total organizational environment. Each dimension consists of several survey constructs. The dimension score ranges from 100 to 500 and is an average of the construct scores belonging to the dimension. One example of the relationship between dimensions and constructs is that within the dimension of organizational capacity there are constructs for employee training and job satisfaction. In addition, staff turnover is addressed via a measure that examines an individual's intent to remain employed in child welfare. Results from questions that ascertain whether staff are actively seeking other employment are used as a proxy measure for staff turnover.

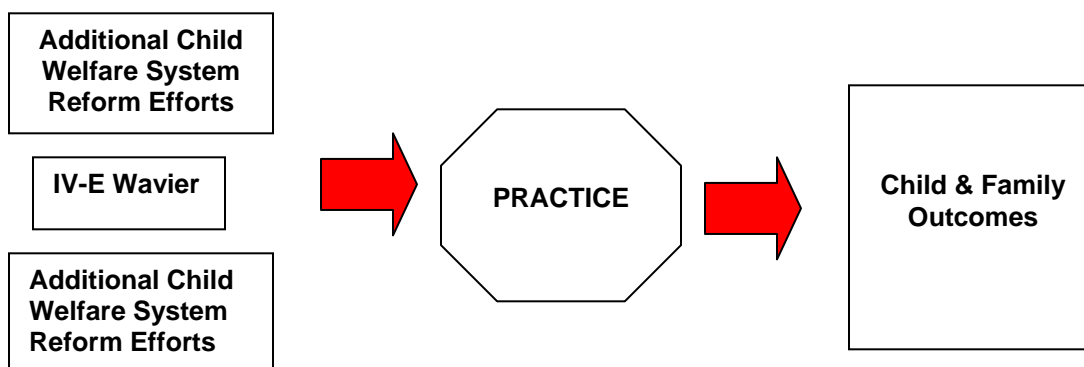
One of the benefits of continuing to survey child welfare staff and administrators as the waiver unfolds and as Florida's Community-Based Care initiative matures across the State is that over time data will show how employees' views have changed as a result of these systemic reform efforts. In addition, benchmarks help to illustrate how lead agencies perform relative to other lead agencies and a statewide average. These data will be compared with results from surveys administered each year subsequent to implementation in order to describe ongoing performance of Florida's child welfare system and systemic reform, of which the IV-E waiver is an important part.

Performance Analysis

The overarching question for the Performance Analysis is, "Is there any indication that the IV-E Waiver is changing practice?" Second, the question is, "Is that change in practice changing outcomes?" The IV-E Waiver will create increased flexibility in terms of how dollars are spent in order to maintain children safely in their homes and in their communities. While it is a key variable in the ongoing reform of Florida's child welfare system, it is not the only variable. Other key variables include the ongoing transition to Community-Based Care (Florida's version of privatization), other key demonstration programs, and changes in Medicaid as it relates to

service provision of primary health and behavioral health services to child welfare children. It is, however, anticipated that the IV-E Waiver, in concert with the other variables, will have an impact on practice which will in turn impact outcomes for children and families (see Figure 2 below).

Figure 2. Practice as a mediator for change in outcomes.



In order to address the two general questions posed above, there are two interrelated evaluation components – the Evaluation of Ongoing Service Performance and the Identification of Innovative Practices. The evaluation of ongoing service performance will rely heavily on existing measures of quality performance, findings from the Child & Family Services Review, and core elements reported as part of the Department’s quality measurement activities. The identification of innovative practices may lead to follow-up studies on specific practices that appear to offer some promise (e.g., prevention/diversion, engagement of families, safely maintaining children in the community and/or in in-home care). In order to conduct those special studies, it may become necessary to include USF colleagues from the National Implementation Research Network (NIRN) or the Child Welfare Training Consortium, or to utilize external consultants.

The first step in the Performance Analysis will be to create a profile of practice and related performance at the outset of the IV-E Waiver implementation. This baseline will be created by compiling data from various sources including: (1) performance-related indicators included in the ongoing CBC evaluation, (2) existing Department measures of performance, (3) findings from federal and Florida Child & Family Services Reviews, and (4) lead agency quality management plans.

Ongoing Service Performance

The evaluation of ongoing service performance will be closely linked to the existing Community-Based Care evaluation and the Outcome Analysis component of the IV-E evaluation. Ongoing service performance will be further assessed by incorporating findings from the quality performance reviews conducted by lead agencies on a randomly selected sample of children, and on the quality reviews conducted by DCF Quality Management staff into the evaluation. IV-E evaluation staff will, to the fullest extent possible, participate in ongoing quality management activities rather than duplicating the data collection efforts.

Table 5: Service Performance: Key Questions & Data Source

Key Questions	Data Source
Has there been any change in child welfare practice that is attributable to the IV-E Waiver?	Lead agency self-report
What are some of the key variables in practice changes (e.g., staff training, flexible funding, family engagement, etc.)?	Lead agency self-report; possible site visits or requests for documentation
Do the changes in practice lead to improved outcomes for children and families?	Outcome analysis; DCF quality management data; lead agency-generated data

In the spirit of minimizing the burden on lead agencies, existing data will be used whenever possible. Throughout the course of the CBC evaluation, it has become evident that lead agencies and their subcontractors maintain data deemed necessary internally. On an annual basis, the evaluation team will request the sharing of anonymized datasets that are considered pertinent to quality performance (e.g., customer satisfaction data, results from standardized instruments such as the Child Behavior Checklist (CBCL)). This will allow for an expanded discussion of quality performance without placing additional requirements for data collection. Annually, a report will be submitted to the Florida Department of Children & Families summarizing the evaluation of ongoing service performance.

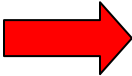

Identification of Innovative Practices

The identification of innovative practices will occur primarily through self-report of lead agencies. At the outset of implementation of the waiver, each of the lead agencies will be asked to complete a survey related to their current array of services, their plans for new program

development, training efforts, and data availability. This will serve as a baseline for innovative practices that will guide the evaluation team throughout the five years of implementation. It may become apparent at the outset that there are innovative practices already in place that are worthy of review.

Throughout the five years of the IV-E waiver implementation, lead agencies will be asked to submit annual reports that reflect the same categories of information included in the baseline survey. These reports will serve as the venue for self-nomination of innovative practices. In addition, other components of the evaluation (e.g., implementation analysis) may reveal innovative practices worthy of review thereby serving as a site nomination for study. An annual report will be prepared for DCF delineating and, when possible, describing innovative practices.

By following frameworks defined by both the National Implementation Research Network (NIRN) and the Kaufmann Best Practices Project (2004) the evaluation should be able to track the implementation of selected practices and assess their impact. In brief, the phases of implementation demonstrate a transition from Behavior Intention to Behavior:

1. Pre-contemplation Phase
 2. Contemplation Phase
 3. Preparation Phase
 4. Action Phase
 5. Maintenance Phase
-  (Phases 1-3 Behavior Intention)
-  (Phases 3-5 Behavior)

The tracking of implementation of innovative practices will use indicators, such as the following:

- *The number and type of staff involved in implementation, including the training they received, as well as their experience, education and characteristics;*
- *The service delivery system, including procedures for determining eligibility, referring subjects for services, the array of services available, the number of children and families served, and the type and duration of services provided;*
- *The availability, accessibility, intensity, and appropriateness of community-based services provided under the IV-E Waiver demonstration project as compared to the intensity and availability of such services prior to implementation of the demonstration project.*

Table 6. IV-E Waiver Proposed Report Deadlines

Report Deadlines						
Report	2006	2007	2008	2009	2010	2011
Evaluation Plan	Aug 2006					
Annual Report		April 2007	April 2008		April 2010	
Interim Evaluation Report				Feb 2009		
Final Report						Dec 2011