

The Effect of Subsidized Guardianship on Exits from Kinship Care: Results from Maryland's Guardianship Assistance Demonstration Project

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For decades foster family care had been the primary form of out-of-home care for children removed from their parents' homes and committed to state child welfare systems. Since the mid-1980s, however, relatives have been increasingly relied upon as a resource for children in state custody. Kinship care and kinship foster care are the terms commonly used to distinguish out-of-home care with relatives from foster family care, which usually describes care in state-licensed, non-relative homes.

Kinship care is a rapidly expanding area of care. In the early 1990s increases were particularly apparent in California (Courtney, 1994) and Illinois (Westat, 1999). In Maryland between 1993 and 1998 the number of children served in kinship care increased by 45% (SSA/DHR, 1998). Relatedly, two-thirds of the children placed in care in Baltimore in 1994 resided with kin (Berrick, 1998: 74).

There is great diversity among the states in philosophy and policy regarding kinship care (Boots and Geen, 1999). Indeed, kinship care is not even consistently used within states. Kinship care is overwhelmingly African-American. Some 89% of Kinship Care Program children in Baltimore City are African-American; in New York City 90% of kinship families are African American; and in Philadelphia 88% (SSA/DHR, 1998). Related to its importance for the African-American community, growth of care by relatives within child welfare has been particularly striking in the large urban areas. In 1998 92.6% of the children served in Maryland's Kinship Care Program were served by the Baltimore City Department of Social Services (BCDSS).

Several factors account for the increase in the uses of relatives as caregivers (U.S. DHHS, 2000). For one, the number of children in foster care has outstripped the number of non-kin foster parents. In addition, there has been a shift in the attitude of child welfare agencies regarding relative foster care. Finally, several court rulings have encouraged the use of relatives as foster parents.

The increase in numbers of children in kinship care is not only due to increased use of this option for entries into out-of-home care. Lack of exits also contributes to growing caseloads. Nationwide, children are not being discharged from state custody, particularly children in formal kinship care (Gleeson, 1999). Several recent studies have indicated that children placed with kin remain in care longer than children placed with non-kin (Berrick, 1997; U.S. General Accounting Office, 1999; U.S. DHHS, 2000).

“Permanence” is identified in the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) as a central goal of the child welfare system. Permanence is typically defined as leaving state care through reunification with a biological parent, adoption, or legal guardianship. For the first fifteen years after Public Law 96-272 the emphasis was on reunification and adoption. Family preservation and adoption subsidy are examples of policy initiatives undergirding this emphasis. However, these traditional routes to permanency are not necessarily appropriate for children who are placed with relative caregivers. Many relative caregivers as well as child welfare workers perceive adoption as unnecessary. In addition, adoption requires termination of parental rights, which is often problematic in light of the close ties of relative caregivers to the child’s birth family. Finally, in many cases in which children are placed with relatives, there are

financial disincentives associated both with reunification and adoption (Berrick, 1998; U.S. DHHS, 2000).

The desire to increase exits from out-of-home care for children where neither adoption nor reunification has been viable has focused attention on guardianship as an exit strategy. Guardianship means that the relative caregiver has been appointed by the court as the permanent legal guardian of the child, which authorizes the caregiver to make important decisions that affect the child. Guardianship has the presumed advantage over adoption for relative caregivers because it, unlike adoption, does not require termination of parental rights. Thus, in the last five years state and federal attention has turned to increasing the potential of guardianship as a pathway to permanence, particularly for children in the care of relatives.

One of the biggest identified barriers to guardianship has been the lack of on-going financial support (Berrick, 1998). When kin or any caregiver assume legal guardianship they lose the federal/state financial support—the foster care board payment or the TANF basic child-only grant—they had been receiving as foster care providers. They are also, obviously, not eligible for an adoption subsidy. Consequently, the federal Department of Health and Human Services (DHHS) has, through the waiver-authority given it under section 1130 of the Social Security Act, encouraged states to experiment with subsidies for guardianship for kinship caregivers. The goals of these projects include reducing the length of time children spend in foster care, improving the general well-being of children and families, and reducing re-entry to foster care. As of October 2000, seven states had been authorized to develop subsidized guardianship programs for kinship caregivers. The first waiver granted was to Illinois in 1996. In 1997 Maryland

received its waiver authorization to conduct the “Guardianship Assistance Demonstration Project”, a subsidized guardianship demonstration project for kinship caregivers. As part of the terms and conditions of the waiver received by Maryland, a research team from the University of Maryland, Baltimore (UMB) and the University of Maryland Baltimore County (UMBC) was hired to conduct an independent evaluation of the Guardianship Assistance Demonstration Project. This paper reports findings from this evaluation concerning the impact of Maryland’s Guardianship Assistance Demonstration Project on exits from kinship care in Baltimore City.

Maryland’s Guardianship Assistance Demonstration Project

The principal feature of Maryland’s Guardianship Assistance Demonstration Project is the provision of a \$300 monthly subsidy to relative providers who assume guardianship of the child in their care. The subsidy continues until the child reaches age 18 or 21 if enrolled in a formal educational program.

In order to understand Maryland’s out-of-home care Guardianship Assistance Demonstration Project, it is important to note that in Maryland there are two groups of relative caregivers. The first, titled Kinship Care (KC) refers to relative caregivers who are not licensed foster parents. These caregivers receive TANF basic child-only grants, which provide \$188 per month for the first child and decrease in amount for each additional child. Thus, a kinship care provider stands to gain \$112 or more by assuming guardianship of the child. A second group of relative caregivers is referred to as Restricted Foster Care (RFC) and has a different project code in the State’s child welfare data system (FACTS) than those in the KC Program. These caregivers are licensed as a

foster home for the child and receive the foster care board payment, which averages \$600 per month per child¹. Thus, an average RFC caregiver would lose \$300 by assuming guardianship of the child.

Children under age 17 were deemed eligible for inclusion in this project if, at the time of eligibility screening, they:

- were committed to state care,
- had been in Kinship Care or Restricted Foster Care,
- had been with the caregiver at least six months, and
- were adjusting well to the caregiver's home.

In addition, adoption and reunification must not have been likely or anticipated. Finally, the caregiver must have been able to provide a stable, healthy, and safe home for the child and had a means of financial support independent of the guardianship subsidy. In screening children for eligibility in the study, the BCDSS case manager responsible for each case made the final decision on eligibility for that case. This screening process occurred prior to random assignment of children to experimental and control groups.

While Maryland's Guardianship Assistance Demonstration Project is a statewide project, more than 90% of all out-of-home care placements with relatives are in Baltimore. Hence, the analysis reported here is restricted to Maryland cases served by the BCDSS.

¹ The discrepancy in Maryland between the foster care board payment and the TANF basic child-only grant is one of the largest in the nation.

Methods

The evaluation of the Guardianship Assistance Demonstration Project has been conducted as a true experiment with random assignment. Random assignment occurred in two “waves”. First, during the period from September 1998 through January 1999, a total of 772 children from Baltimore City were randomly assigned to the treatment or control group. We refer to these 772 children as “cohort 1”. Of the 772 children in cohort 1, 295 were in RFC at the time of random assignment, 442 were in kinship care, and 35 were of unknown status. Of the cohort 1 children in RFC at the time of random assignment, 188 (64%) were assigned to the treatment group, i.e., eligible for the guardianship subsidy, and the remainder was assigned to the control group². Of the cohort 1 children in KC at the time of random assignment, 228 (52%) were assigned to the treatment group and the remainder to the control group.

The second wave of random assignment occurred in March 2000. In this wave, a total of 983 children from Baltimore City were randomly assigned to the treatment or control group. Of the 983 children in cohort 2, 435 were in RFC at the time of random assignment, 510 were in kinship care, and 38 were of unknown status. Of the cohort 2 children in RFC at the time of random assignment, 284 (65%) were assigned to the treatment group, i.e., eligible for the guardianship subsidy, and the remainder was assigned to the control group. Of the cohort 2 children in KC at the time of random assignment, 252 (49%) were assigned to the treatment group and the remainder to the control group.

² The targeted balance between the experimental and control groups for children in restricted foster care at the time of random assignment was 65%/35% due to the anticipation (subsequently borne out) that the “take-up” rate for this category would be low.

Eligibility screening occurred prior to random assignment. The random assignment of children to the treatment and control groups was performed by the university evaluation team. Prior to random assignment, a series of training sessions were held for BCDSS staff. These training sessions addressed, among other things, the nature of the guardianship subsidy, who is eligible, and ways of presenting the project to experimental and control group caregivers. Following random assignment, the names and other identifying information of children in the treatment group, i.e., those eligible for a guardianship subsidy, were provided to BCDSS. BCDSS case managers were expected to discuss the availability of the guardianship subsidy with each member of the treatment group.

The primary research question in this study concerns the effect of being eligible to receive the guardianship subsidy on exits from foster care. Because the availability of a guardianship subsidy might result in one type of exit substituting for another (e.g., guardianship rather than adoption), we did not distinguish among different types of exits. In order to address this research question, data regarding placement history of these children through the beginning of September 2001 (i.e., between 30 and 36 months since initial assignment for cohort 1 and 18 months since initial assignment for cohort 2) were obtained from the automated child welfare data system (FACTS) maintained by the State of Maryland.

Due to data inconsistencies that were detected, it was not possible to determine the placement histories of 35 children in the cohort 1 KC group, one child in the cohort 1 RFC group, 44 children in the cohort 2 KC group and 3 children in the cohort 1 RFC

group.³ Of the remaining 407 children in the cohort 1 KC group (experimental and control groups combined), 231 (57%) had exited foster care as of the ending date of our data. Of the remaining 466 children in the cohort 2 KC group (experimental and control groups combined), 193 (41%) had exited foster care by this date. Of the remaining 294 children in the cohort 1 RFC group, only 55 (19%) had exited by this date. Of the remaining 432 children in the cohort 2 RFC group, only 45 (10%) had exited by this date. For both cohorts 1 and 2, the number of children who had exited foster as of the ending date of our data is too small a number from which to obtain reliable statistical estimates. Hence, for each cohort, analysis was limited to children in KC at the time of random assignment.

The two cohorts were analyzed separately. In our analyses, we adopted an “intent-to-treat” approach. That is, members of the experimental group were eligible to receive a guardianship subsidy, while those in the control group were not. Eligibility, as used here, means that the caregiver would receive \$300 per month on behalf of the child *if* the caregiver pursued guardianship of the child. Not all caregivers who were eligible to receive the guardianship subsidy chose to pursue guardianship. Caregivers in the experimental group who chose not to pursue guardianship obviously did not receive the guardianship subsidy. The key independent variable in our analysis is the group (experimental or control) to which the child was *assigned*. Thus, this independent variable represents whether or not the child’s caregiver was eligible to receive the

³ Of the 35 children in the cohort 1 KC group whose placement histories could not be determined, 18 were in the experimental group and 17 were in the control group. The cohort 1 RFC child whose placement history could not be determined was in the experimental group. Of the 44 children in the cohort 2 KC group whose placement histories could not be determined, 25 were in the experimental group and 19 were in the control group. Of the 3 children in the cohort 2 RFC group whose placement histories could not be determined, 2 were in the experimental group and 1 was in the control group.

guardianship subsidy, not whether or not the caregiver actually received the guardianship subsidy.⁴

In addition to the group (experimental or control) to which the child was assigned, control variables for which reliable data were available included gender, race and age at of time of entry into foster care. Data on the length of time spent in foster care (during the current “episode”) prior to enrollment in the study (i.e., random assignment) were also obtained to check the integrity of the random assignment. Of the 407 cohort 1 children in KC at the time of random assignment, all but 20 were African-American; of the cohort 2 children in KC at the time of random assignment, all but 17 were African-American. Because of the very small number of children in the sample who were not African-American, it was necessary to limit the analysis to African-American children.⁵ Table 1 shows descriptive statistics for the final sample included in the analysis. As expected, none of the differences between characteristics of those in the experimental and control groups are statistically significant.

As is common with time-to-exit (“duration”) data, our analysis is based on Cox proportional hazards models. Due to the manner in which the study sample was formed, the data are “left-truncated” (with delayed entry time equal to the length of time between time of entry to the foster care system and time of random assignment). That is, our

⁴ The intent to treat approach is appropriate on both scientific and policy grounds. The scientific argument is that using whether or not the caregiver actually received the guardianship subsidy as the key independent variable would introduce selection bias. The prime rationale for employing an experimental design is precisely to *avoid* selection bias. That is, by virtue of random assignment, we know that on average the experimental group is the same as the control group in terms of both measured and unmeasured characteristics. But the subset of those in the experimental group who accept the subsidy are not on average equivalent to members of the control group. Relatedly, questions relating to “take-up”, i.e., factors affecting whether or not those caregivers who are eligible to receive the guardianship subsidy actually pursue guardianship, are of importance in its own right. The policy argument is that it is hard to imagine a policy that *requires* relative caregivers to accept a subsidy and assume guardianship. That is, it is *eligibility* for the subsidy, not receiving the subsidy per se, that is the intervention of policy interest.

⁵ Including non-African-American children does not substantially alter the results.

sample consists of children who were in kinship care at the time of random assignment and met the eligibility criteria identified above. Combining the two cohorts, included in sample are children who entered care as early as February and as late as February 1999. But not all children who entered kinship care during this period are included in our sample. In particular, those who entered kinship care during this period and then exited from the foster care system prior to the time of random assignment are not included in our sample. To address this issue, the conditional likelihood approach was employed to estimate our models.

A critical assumption in Cox proportional hazards models is the “proportional hazards” assumption. This assumption requires that the ratio of the hazard functions between two individuals is constant over time. A common means of testing whether this assumption is satisfied is to examine log-log plots of the estimated survival curve (Kleinbaum, 1996: chapter 4). An examination of log-log plots by whether the child was in the experimental or control group indicated that the proportional hazards assumption was satisfied by this variable. Similarly, an examination of log-log plots by gender revealed that the proportional hazards assumption was satisfied by gender.

Results

Table 2A shows the coefficient estimates for the models estimated for cohort 1. Neither gender nor age is a significant determinant of the rate at which cohort 1 children exit from care. In contrast, whether the child was assigned to the experimental or control group does have a statistically significant effect on the rate at which cohort 1 children exit from care. For cohort 1 children, the hazard ratio associated with being in the

experimental group is 1.58. That is, being eligible for the guardianship subsidy is associated with a hazard rate that is 58% higher than the hazard rate experienced by a child not eligible for the guardianship subsidy.

Additional insight into the impact of the Guardianship Assistance Demonstration Project on the length of time spent in care can be obtained from examining the fitted survival curves produced by the model that was estimated. These are presented graphically for cohort 1 in Figure 1 and in tabular form in Table 3A⁶. Table 3A contains the values of the fitted survival functions at specific points in time, i.e., the fraction of children in the experimental and control groups, respectively, who have not exited care by the points in time considered. Table 3A indicates, for example, that for cohort 1 children, eligibility for the subsidy reduces the estimated fraction of females who are still in care after two years by 11 percentage points (64% as compared to 75%) and the estimated fraction of males who are still in care after two years by 12 percentage points (60% as compared to 72%). Eligibility for the subsidy reduces the estimated fraction of both females and males still in care after three years by 17 percentage points, and the estimated fraction still in care after five years by 15 percentage points. Finally, according to our estimates, only 3.6% of females and 2.2% of males in the experimental group are still in care after ten years following entry into foster care, as compared to 12.2% of females and 8.9% of males in the control group.

For cohort 2, while gender is not a significant determinant of the exit rate, age is. As was the case for cohort 1, whether the child was assigned to the experimental or control group has a statistically significant effect on the rate at which cohort 2 children exit from care. But the effect of eligibility for the guardianship subsidy is considerably

⁶ In Figures 1 and 2 as well as Tables 3A and 3B, age of the child is set equal to the sample mean.

larger for cohort 2 than it was for cohort 1. In particular, for cohort 2 children, the hazard ratio associated with being in the experimental group is 3.46. That is, for cohort 2 children, eligibility for the guardianship subsidy is associated with a hazard rate that is more three times the magnitude of the hazard rate experienced by a child not eligible for the guardianship subsidy. Additional insight into the impact of the Guardianship Assistance Demonstration Project on the length of time spent in care can again be obtained from examining the fitted survival curves produced by the model that was estimated. These are presented graphically for cohort 2 in Figure 2 and in tabular form in Table 3B.

Table 3B indicates, for example, that, for cohort 2 children, eligibility for the subsidy reduces the estimated fraction of females who are still in care after two years by 38 percentage points (76% as compared to 38%) and the estimated fraction of males who are still in care after two years by 40 percentage points (73% as compared to 33%). Eligibility for the subsidy reduces the estimated fraction of females and males still in care after three years by 43 percentage points, and the estimated fraction still in care after five years by 39 percentage points and 35 percentage points, respectively. Finally, according to our estimates, only 2.3% of females and 1.3% of males in the experimental group are still in care after ten years following entry into foster care, as compared to 35% of females and 29% of males in the control group.

Discussion

Our analysis shows that kinship care providers who are eligible for a \$300 per month subsidy if they assume guardianship significantly increases the rate at which

children cared for by such providers exit the foster care system. It should be noted, however, that in the Maryland context, kinship care providers do not receive the foster care board payment. Rather, they receive the TANF basic child-only grant. Thus, a guardianship subsidy of \$300 per month is approximately \$112 more than such caregivers receive on behalf of the child if they choose not to pursue guardianship. For those relative providers who receive the foster care board payment (“Restricted Foster Care” providers), a guardianship subsidy of \$300 per month represents a *decrease* of approximately \$300 per month in payments on behalf of the child. Reliable statistical estimates of the effect of eligibility for a guardianship subsidy of \$300 on permanency for children in restricted foster care could not be obtained. Given that “Restricted Foster Care” providers in Maryland currently receive the foster care board rate of approximately \$600 per month, it is likely that the guardianship subsidy would have to be at least this amount to have a significant effect on the permanency for children in such settings.

The difference in the estimated effect of eligibility for the guardianship subsidy between cohorts 1 and 2 was substantial. One possible explanation for this difference is that implementation of the program, including presentation of the option to caregivers in the experimental group, may have been more complete in cohort 2.

The fact that the data on which this analysis is based are left-truncated has important implications regarding the external validity of the numerical estimates of the effect of subsidized guardianship we have obtained. In particular, they do not apply to a given entry cohort. Rather, they apply to the set of children who were in kinship care at the time the subsidy was made available.

There are, of course, a number of important questions that this study does not address. First, because of its relatively short follow-up period, the issue of re-entry to foster care is not addressed. In addition, the current study does not address the issue of whether eligibility for the guardianship subsidy results in the substitution of one type of permanent placement (guardianship) for another (adoption). That is, it is conceivable that while the exit rate among those eligible for the guardianship subsidy is higher than those who are not eligible for the guardianship subsidy, among those who do exit, a smaller fraction of those eligible for the guardianship subsidy are ultimately adopted relative to those not eligible for the guardianship subsidy.

In addition, issues such as overall exit rates and adoption rates address the formal legal status of children. The formal legal status of children is generally viewed as a surrogate for child and caregiver well-being. It is also important, however, to examine directly the effects of subsidized guardianship on such outcomes as the adjustment of children and caregivers and their level of satisfaction with the placement arrangement. These are important areas for further study that are being addressed in the ongoing collaboration between Maryland's Department of Human Resources and the university research team that is conducting the evaluation of the program.

Conclusions

The lack of on-going financial support has been identified as a major barrier to relative caregivers assuming guardianship. Results from approximately two years of experience of implementation of Maryland's Guardianship Assistance Demonstration Program suggest that providing such financial support accelerates the process of

achieving permanency for eligible children who are placed with kinship care providers (who currently receive the TANF basic child-only grant of \$188 per month). The current subsidy level of \$300 per month, however, does not appear to be large enough to increase the rate at which Restricted Foster Care Providers (who currently receive the foster care board rate of approximately \$600 per month) assume guardianship.

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TABLE 1A: CHARACTERISTICS OF EXPERIMENTAL AND CONTROL GROUPS
IN COHORT 1

Characteristic	Group	
	Experimental	Control
% Female	51.0	48.7
Mean Age at Time of Entry to Foster Care (years)	5.44	5.74
Mean Length of Time in Care Prior to Random Assignment (years)	3.05	2.94
N	198	189

TABLE 1B: CHARACTERISTICS OF EXPERIMENTAL AND CONTROL GROUPS
IN COHORT 2

Characteristic	Group	
	Experimental	Control
% Female	47.5	49.1
Mean Age at Time of Entry to Foster Care (years)	6.51	6.05
Mean Length of Time in Care Prior to Random Assignment (years)	2.97	3.18
N	221	228

TABLE 2A: COEFFICIENT ESTIMATES FOR COHORT 1

Variable	Coefficient Estimate	Standard Error of Coefficient Estimate	z	P> z	Hazard Ratio
In Treatment Group? (1=Yes)	0.458	0.141	3.25	0.001	1.58
Male? (1=Yes)	0.135	0.140	0.96	0.335	1.14
Age of Child at Time of Entry into Foster Care	-0.0223	0.174	-1.28	0.201	0.978

TABLE 2B: COEFFICIENT ESTIMATES FOR COHORT 2

Variable	Coefficient Estimate	Standard Error of Coefficient Estimate	z	P> z	Hazard Ratio
In Treatment Group? (1=Yes)	1.24	0.168	7.37	0.000	3.46
Male? (1=Yes)	0.128	0.151	0.85	0.396	1.14
Age of Child at Time of Entry into Foster Care	-0.0735	0.0194	-3.79	0.000	0.929

TABLE 3A: ESTIMATED VALUES OF SURVIVAL FUNCTIONS AT KEY POINTS IN TIME FOR COHORT 1

LENGTH OF TIME (YEARS)	GENDER	ESTIMATED FRACTION OF CHILDREN REMAINING IN FOSTER CARE		
		Experimental Group	Control Group	Difference
2	Female	0.64	0.75	0.11
3	Female	0.32	0.49	0.17
4	Female	0.24	0.41	0.17
5	Female	0.19	0.34	0.15
6	Female	0.15	0.30	0.15
8	Female	0.071	0.187	0.116
10	Female	0.036	0.122	0.086
2	Male	0.60	0.72	0.12
3	Male	0.27	0.44	0.17
4	Male	0.20	0.36	0.16
5	Male	0.14	0.29	0.15
6	Male	0.11	0.25	0.14
8	Male	0.047	0.145	0.098
10	Male	0.022	0.089	0.067

TABLE 3B: ESTIMATED VALUES OF SURVIVAL FUNCTIONS AT KEY POINTS
IN TIME FOR COHORT 2

LENGTH OF TIME (YEARS)	GENDER	ESTIMATED FRACTION OF CHILDREN REMAINING IN FOSTER CARE		
		Experimental Group	Control Group	Difference
2	Female	0.38	0.76	0.38
3	Female	0.17	0.60	0.43
4	Female	0.11	0.54	0.43
5	Female	0.056	0.44	0.39
6	Female	0.051	0.43	0.38
8	Female	0.023	0.35	0.32
10	Female	0.023	0.35	0.32
2	Male	0.33	0.73	0.40
3	Male	0.12	0.55	0.43
4	Male	0.076	0.48	0.41
5	Male	0.035	0.39	0.35
6	Male	0.032	0.38	0.35
8	Male	0.013	0.29	0.28
10	Male	0.013	0.29	0.28

FIGURE 1: FITTED SURVIVAL CURVES--COHORT 1

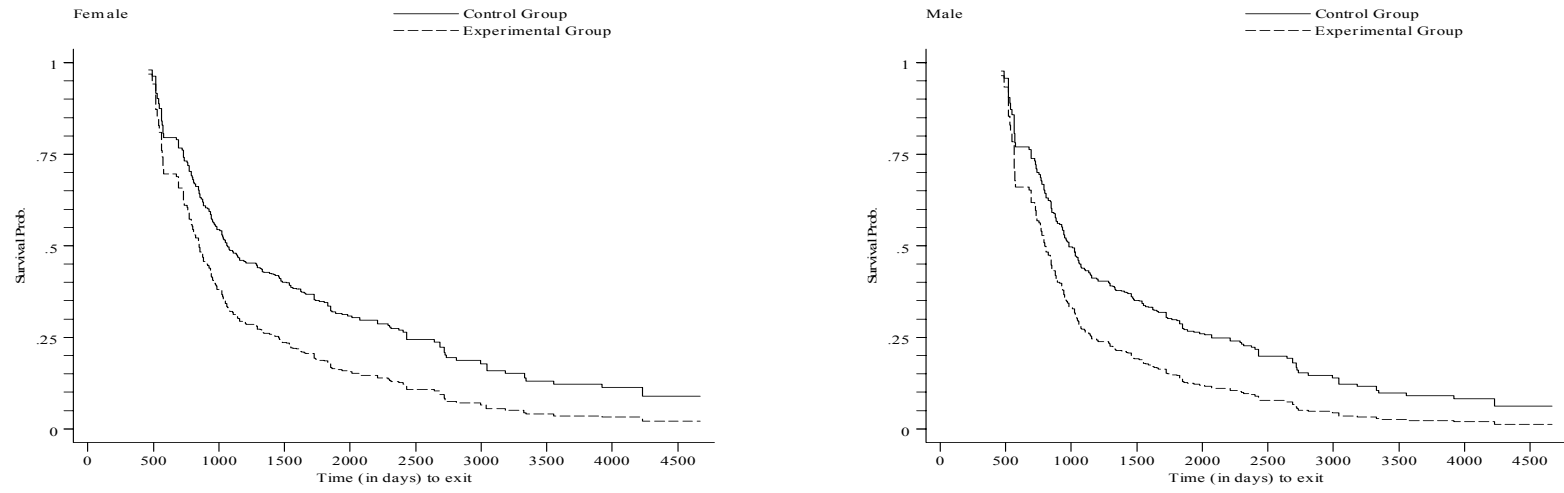


FIGURE 2: FITTED SURVIVAL CURVES--COHORT 2

