Summary of the Title IV-E Child Welfare Waiver Demonstrations

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Introduction

Section 1130 of the Social Security Act (SSA) gives the Secretary of Health and Human Services (HHS) the authority to approve demonstration projects involving the waiver of certain provisions of titles IV-E and IV-B of the SSA. These provisions govern federal programs relating to foster care and other child welfare services. Conceived as a strategy for generating new knowledge about innovative and effective child welfare practices, waivers grant flexibility in the use of federal funds (particularly funds for title IV-E foster care) for alternative services and supports that promote safety, permanency, and well-being for children in the child protection and foster care systems. The authority to approve waiver demonstrations was first authorized in 1994, extended and expanded by the Adoption and Safe Families Act (ASFA) of 1997, and then continued with some brief lapses until March 31, 2006.

The authority to approve new demonstrations was reinstated through enactment of the Child and Family Services Improvement and Innovation Act (Public Law 112–34), signed into law on September 30, 2011. This law reauthorized HHS to approve up to 10 new waiver demonstrations in each of federal fiscal years (FFY) 2012 through 2014. Many of the waiver requirements in effect under the original authorizing legislation apply to waivers approved under the new law, including the requirement for federal cost neutrality (i.e., title IV-E agencies cannot receive more in federal title IV-E reimbursement than they would have received in the absence of a waiver) and a 5-year time limit that may be extended for additional years at the discretion of the HHS Secretary. However, the new law includes a provision specifying all waiver demonstrations must terminate operations by September 30, 2019. One significant change to the waiver authority introduced by the new legislation includes a provision allowing any Indian tribe, tribal organization, or consortium approved to directly operate a title IV-E program in accordance with section 479B of the SSA to apply directly for a title IV-E waiver.

In inviting proposals for new waiver demonstrations, HHS also announced it would give priority consideration to projects explicitly seeking to improve child and family well-being outcomes (with an emphasis on addressing trauma experienced by maltreated children) and that test or implement evidence-based or evidence-informed assessment tools and interventions.

Findings from the Original Waiver Demonstrations

A total of 23 states implemented one or more demonstrations under the original child welfare waiver authority that expired in 2006; these involved a variety of service strategies including—

- Subsidized guardianship/kinship permanence
- Flexible funding and capped title IV-E allocations to local child welfare agencies
- Managed care payment systems
- Services for caregivers with substance use disorders
- Intensive service options, including expedited reunification services
- Enhanced training for child welfare staff
- Adoption and post-permanency services
- Tribal administration of title IV-E funds

The first rounds of demonstrations implemented in the 1990s and 2000s documented several successes in improving safety, permanency, and some well-being outcomes for children and families in the child welfare system. Highlights from three major categories of these original demonstrations—subsidized
guardianship, flexible funding, and services for caregivers with substance use disorders—include the following:

- Eleven states completed subsidized guardianship waiver demonstrations. Under the terms of their waivers, these states could use title IV-E dollars to subsidize placements with relative and/or non-relative caregivers who served as the legal guardians of children previously placed in foster care. The promising results of these demonstrations contributed, in part, to the enactment of a legislative change to the SSA through the Fostering Connections to Success and Increasing Adoptions Act of 2008, which allowed all title IV-E agencies the option to operate kinship Guardianship Assistance Programs to support legal guardianships for eligible children.

- Six states received title IV-E waivers to implement what were referred to broadly as “flexible funding” waiver demonstrations. While varying widely in terms of scope, service array, organizational structure, and payment mechanisms, these demonstrations shared the core concept of allocating fixed amounts of title IV-E dollars to local public and private child welfare agencies to provide new or expanded services that prevent out-of-home placement and/or facilitate permanency. Evidence from several states suggests that the availability of flexible IV-E funds increased access to a wider array of child welfare programs and services for children and families.

- Four states implemented waiver demonstrations focusing on providing services to families in which parental substance abuse places children at risk of maltreatment or out-of-home placement. While findings from most states were mixed or inconclusive, Illinois documented statistically significant findings from both its original AODA demonstration and the current extension, including higher reunification rates and reduced time in foster care.

Overview of Current Waiver Demonstrations

Results from the original waiver demonstrations implemented in previous decades helped shape HHS priorities for demonstrations implemented under the new waiver authority enacted in 2011. For example, as highlighted in the HHS Information Memorandum from May 2012 to state and tribal title IV-E agencies (ACYF-CB-IM-12-05), many past demonstrations emphasized the role of waivers as a fiscal mechanism that gives greater flexibility to child welfare agencies in providing resources and services that prevent foster care and improve other outcomes for children. However, the Memorandum notes that providing greater funding flexibility alone may not be sufficient to improve outcomes for children and families. This recognition has contributed to the greater emphasis placed under the new waiver authority on the implementation of established or emerging evidence-based programs and practices (EBPs).

Nine jurisdictions received approval to implement new waiver demonstrations in FFY 2012, 8 received approval in FFY 2013, and 10 were approved in FFY 2014. To date, four of these jurisdictions have chosen to terminate their waiver demonstrations early (Montana in March 2015, Idaho in March 2016, Texas in July 2016, and Rhode Island intends to terminate at the end of June 2017) due to fiscal issues or a decision to direct child welfare resources toward other service and policy priorities. In addition, 5

1 Alcohol and Other Drug Abuse.
2 Rhode Island has requested to terminate its waiver demonstration on June 30, 2017.
jurisdictions (California, Florida, Illinois, Indiana, and Ohio) have active title IV-E waiver agreements that were established under the original waiver authority and are operating under long-term extensions. As shown in table 1, all jurisdictions are now implementing their waiver demonstrations.

**TABLE 1. IMPLEMENTATION STATUS OF WAIVER DEMONSTRATIONS**

<table>
<thead>
<tr>
<th>Implementation Status</th>
<th>Jurisdictions</th>
</tr>
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<tbody>
<tr>
<td>Under Long-Term Extension</td>
<td>California, Florida, Illinois AODA, Indiana, Ohio</td>
</tr>
<tr>
<td>Terminated Early</td>
<td>Idaho, Montana, Rhode Island, Texas</td>
</tr>
</tbody>
</table>

Both new and ongoing demonstrations address a wide range of programmatic goals depending on their primary target populations of interest (see table 2). Of the 28 active waiver demonstrations, 20 have identified increased permanency for children in out-of-home placement as a primary goal while 14 are placing special emphasis on foster care prevention. Preventing foster care reentry is a primary focus for 17 jurisdictions, while reducing maltreatment recurrence is a key goal for 16. Several jurisdictions have also identified more specialized goals for specific target populations. For example, Arkansas, Colorado, and Hawaii have an interest in reducing the entry of children into foster care for short periods (“short stayers”) by providing intensive, up-front services and supports to mitigate safety issues that may necessitate short-term placements. Arizona, Colorado, Massachusetts, Rhode Island, and West Virginia are emphasizing the prevention of or step-down from congregate care placement settings, while Illinois (AODA), Kentucky, Maine, and Oklahoma are targeting caregivers with substance use disorders as a means for improving children’s permanency and safety outcomes. Increasing placement stability is of interest to Arkansas and the Port Gamble S’Klallam Tribe, which reflects in part an interest in improving foster and kinship care recruitment and support systems. Addressing the behavioral health needs of children is of interest to Colorado, Illinois (IB3), Maryland, Massachusetts, Michigan, Pennsylvania, and West Virginia.

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1 In addition to its existing AODA demonstration, Illinois is one of the nine states that received approval to implement a new demonstration in FFY 2012 called Illinois Birth to Three (IB3). In January 2017, Illinois received approval to merge its two existing demonstrations (AODA and IB3) along with a new “immersion site” demonstration component into one title IV-E waiver agreement.

4 For the purposes of this document, the Illinois waiver demonstration is counted as one demonstration in all counts of demonstrations or jurisdictions. The tables include specific information regarding each of the three Illinois demonstration components—IB3, AODA, and Immersion Site. In addition, because the Rhode Island project runs through June 30, 2017, it is counted among the 28 active projects in this document.
TABLE 2. PROGRAMMATIC GOALS OF WAIVER DEMONSTRATIONS

<table>
<thead>
<tr>
<th>Goal</th>
<th>Jurisdictions</th>
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<tbody>
<tr>
<td>Prevent Foster Care Entry</td>
<td>Arkansas, District of Columbia, Florida, Hawaii, Indiana, Maryland, Maine, Nebraska, Nevada, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Utah</td>
</tr>
<tr>
<td>Prevent Short Stays in Placement (“Short Stayers”)</td>
<td>Arkansas, Colorado, Hawaii</td>
</tr>
<tr>
<td>Reduce/Prevent Placement Reentry</td>
<td>Arizona, California, Colorado, District of Columbia, Hawaii, Maryland, Maine, Nebraska, New York, Ohio, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, Rhode Island, Tennessee, Wisconsin, West Virginia</td>
</tr>
<tr>
<td>Address Behavioral Health Needs of Children</td>
<td>Colorado, Illinois IB3, Maryland, Massachusetts, Michigan, Pennsylvania, West Virginia</td>
</tr>
<tr>
<td>Improve Placement Stability</td>
<td>Arkansas, Port Gamble S’Klallam Tribe, Tennessee</td>
</tr>
<tr>
<td>Prevent/Reduce Congregate Care Placements</td>
<td>Arizona, Colorado, Illinois Immersion Site, Massachusetts, Rhode Island, West Virginia</td>
</tr>
<tr>
<td>Address Needs of Caregivers with Substance Use Disorders</td>
<td>District of Columbia, Illinois AODA, Kentucky, Maine, Oklahoma</td>
</tr>
</tbody>
</table>

Programmatic Elements of Current Waiver Demonstrations

The diversity of waiver goals is reflected in the wide variety of services, programs, and organizational initiatives being implemented using title IV-E funds. As shown in table 3, the most common programmatic initiative is the establishment or expansion of clinical or functional assessment protocols for children and/or caregivers in the child welfare system. One widely used or adapted example is the Child and Adolescent Needs and Strengths (CANS) assessment instrument originally developed by John Lyons (1999). Accompanying this increase in the use of standardized assessment processes, at least 10 jurisdictions are introducing new or expanding existing trauma-informed and therapeutic services. Other common interventions include parent education or mentoring programs; family-centered case management models (such as Wraparound and Family Team Meetings); intensive family preservation and stabilization programs (such as Homebuilders); enhanced or intensive case management services; and initiatives to find, recruit, and support foster and relative/kin caregivers (Family Finding and Kinship

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5This summary of primary programmatic goals/foci is based on a review of the jurisdictions Terms and Conditions and Initial Design and Implementation Reports (where available), supplemented by additional information (e.g., conference calls, site visit notes, and progress reports) where appropriate.
In addition to the Child and Adolescent Needs and Strengths (CANS) assessment, other examples of assessment tools include the Ages and Stages Questionnaire, and the Child Behavior Checklist (CBCL).

7 Examples include Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Multi-Systemic Therapy.

Commensurate with the priorities articulated by HHS for new waiver demonstrations, many jurisdictions are emphasizing the implementation of evidence-based and trauma-informed programs and practices, particularly in the areas of developmental and behavioral health. Examples include Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Multi-Systemic Therapy. In addition to programmatic interventions, several jurisdictions are using or plan to use title IV-E dollars to pay for time-limited, case-specific concrete goods and services promoting family stability, such as assistance with transportation, child care, and rent or utility payments.
Although the focus of most demonstrations is on the implementation of specific programs and services, several jurisdictions are also using their waivers to undertake or scale up broader organizational or systemic child welfare reform efforts. As shown in table 4, California, Illinois (immersion site demonstration component), Maryland, New York, and Utah are using title IV-E funds to expand training and professional education programs for child welfare caseworkers and supervisors. The planning and implementation of the Massachusetts demonstration rests on a formal partnership between the Departments of Children and Families and Mental Health in that state, while counties participating in the California waiver have expanded case planning and service coordination in their respective child welfare and probation departments. Some jurisdictions—including Indiana, Massachusetts, Michigan, and Nebraska—plan to use the flexibility afforded by their waivers to pilot new fiscal or contract procurement models that tie payments or the award of future family service contracts to the achievement of specific outcomes for children and families.

**TABLE 4. ORGANIZATIONAL/SYSTEMIC INTERVENTIONS OF WAIVER DEMONSTRATIONS**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Training/Education</td>
<td>California, Illinois Immersion Site, Maryland, New York, Utah</td>
</tr>
<tr>
<td>Inter-agency Planning/Collaboration</td>
<td>California, District of Columbia, Maine, Massachusetts, New York, West Virginia</td>
</tr>
<tr>
<td>New Contracting/Fiscal Models</td>
<td>Florida, Indiana, Massachusetts, Michigan, Nebraska</td>
</tr>
<tr>
<td>Trauma-Informed System of Care</td>
<td>Colorado, Maryland</td>
</tr>
<tr>
<td>Community-Based Service Expansion</td>
<td>Arizona, Florida, Illinois Immersion Site, Maryland, Nevada, Pennsylvania, Utah</td>
</tr>
</tbody>
</table>

**Evaluation Designs**

As part of their waiver agreements, all jurisdictions are required to conduct rigorous evaluations of their demonstrations that include process, outcome, and cost analysis components. Table 5 provides an overview of the primary evaluation designs that have been proposed or implemented by the jurisdictions. Several jurisdictions are utilizing random assignment designs, including Michigan and Illinois for its IB3 and AODA demonstration components. Nebraska is evaluating the Alternative Response component of its waiver demonstration using a random assignment design while Oklahoma is implementing randomized multi-level design with stepped-wedge assignment. In addition, Kentucky will use a random assignment design in one implementation site and a matched case design in its other implementation sites. Most jurisdictions are using variations of longitudinal research designs in which historical changes in child welfare outcomes are tracked and analyzed over time. In some cases, the statewide or systemic nature of a demonstration makes random assignment designs methodologically or practically infeasible. However, several jurisdictions are implementing other rigorous design alternatives, including variations of matched case comparison designs using statistical techniques such as propensity score matching. In addition, some jurisdictions are implementing substudies of certain demonstration components, such as the Indiana evaluation of the Family Case Manager model, the Utah evaluation of the Decision-Making Ecology framework, and the Florida study of the impact of expanded family support services under its most recent waiver extension. Some evaluations, such as the one

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8 In a stepped-wedge design, more subjects are exposed to the intervention towards the end of the study than in its early stages until all subjects have been exposed to the intervention.
implemented by the Port Gamble S’Klallam Tribe, include significant qualitative components that collect rich, in-depth information using interviews, focus groups, and document reviews.

**TABLE 5. PRIMARY RESEARCH DESIGNS OF WAIVER DEMONSTRATION EVALUATIONS**

<table>
<thead>
<tr>
<th>Research Design</th>
<th>Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Random Assignment</strong></td>
<td>Illinois AODA, Illinois IB3, Kentucky, Michigan, Nebraska, Oklahoma</td>
</tr>
<tr>
<td><strong>Matched Case (including PSM)</strong></td>
<td>Arkansas, Arizona, Colorado, District of Columbia, Florida, Hawaii, Kentucky, Maine, Maryland, Massachusetts, Ohio, Oregon, Rhode Island, Tennessee, Washington, Wisconsin, West Virginia</td>
</tr>
<tr>
<td><strong>Comparison Group/Site</strong></td>
<td>Arkansas, Arizona, District of Columbia, Illinois Immersion Site, Indiana, Kentucky, Nevada, New York, Ohio, Utah</td>
</tr>
<tr>
<td><strong>Longitudinal/Time Series</strong></td>
<td>California, Colorado, District of Columbia, Florida, Hawaii, Illinois Immersion Site, Indiana, Maryland, Nebraska, New York, Oklahoma, Pennsylvania, Port Gamble S’Klallam Tribe, Utah</td>
</tr>
</tbody>
</table>

As with earlier rounds of waiver demonstrations, the evaluations of current demonstrations examine changes in various aspects of child safety and permanency. For example, as shown in tables 6 and 7, most jurisdictions are assessing whether their waiver demonstrations contribute to decreased first-time entries into foster care, increased permanency (exits to reunification, adoption, and legal guardianship), decreased time in foster care, reduced maltreatment recurrence, and decreased reentries into foster care. Several jurisdictions are also examining whether their demonstrations contribute to improved placement stability, usually defined as the number of changes in placement settings while in out-of-home care. The more explicit focus of demonstrations on improving child and family well-being is also reflected in the evaluations, with 22 demonstrations examining their impact on various aspects of child development and behavioral or social functioning (see table 8). Smaller numbers are evaluating other aspects of well-being, such as changes in caregiver capacity and functioning, the use of residential treatment and other congregate care placement settings, placement with siblings, and successful transitions to adulthood after leaving the foster care system.

In addition to outcomes in the traditional categories of safety, permanency, and well-being, all jurisdictions will examine to varying degrees the impact of their demonstrations on child welfare organizations and service delivery systems. For example, all jurisdictions are assessing the effects of their demonstrations on the quantity and quality of child welfare and other human services as part of their process evaluations (e.g., changes in service access, the appropriateness of services, satisfaction with services). Some plan on evaluating other specific elements of their child welfare service systems, including the supply and quality of foster/adoptive homes (Arkansas and Florida) and the knowledge and skills of child welfare personnel (Utah).

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9Jurisdictions may be included in more than one category if their evaluations involve more than one research design. More than one design may be appropriate for a variety of reasons, e.g., implementation of multiple interventions or implementation in different geographic regions with disparate target populations.
### Table 6. Safety Outcomes of Waiver Demonstrations

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Foster Care Entry</td>
<td>Arkansas, Colorado, District of Columbia, Hawaii, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nebraska, Nevada, Ohio, Oklahoma, Pennsylvania, Tennessee, Utah, Washington, West Virginia</td>
</tr>
</tbody>
</table>

### Table 7. Permanency Outcomes of Waiver Demonstrations

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement Stability</td>
<td>Arkansas, Colorado, Hawaii, Illinois AODA, Illinois IB3, Illinois Immersion Site, Indiana, Maryland, Massachusetts, Nebraska, New York, Ohio, Oregon, Port Gamble S’Klallam Tribe, Rhode Island, Tennessee</td>
</tr>
</tbody>
</table>
### Table 8. Well-Being Outcomes of Waiver Demonstrations

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Jurisdictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitions to Adulthood</td>
<td>Arkansas, California, Port Gamble S’Klallam Tribe</td>
</tr>
<tr>
<td>Use of Congregate Care</td>
<td>Arizona, California, Colorado, Illinois Immersion Site, Indiana, Maryland, Massachusetts, Pennsylvania, Rhode Island, West Virginia</td>
</tr>
<tr>
<td>Caregiver Capacity/Functioning</td>
<td>Colorado, District of Columbia, Florida, Illinois IB3, Kentucky, Maine, Maryland, Michigan, Nevada, Oklahoma, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, Tennessee, West Virginia</td>
</tr>
<tr>
<td>Placement with Siblings</td>
<td>California, Indiana</td>
</tr>
</tbody>
</table>

The cost studies implemented as part of the jurisdictions’ evaluations usually consist of an analysis of changes in spending patterns across various sources of child welfare funding (including title IV-E and other sources of federal, state, and local funding), as well as changes over time in the ratio of spending on up-front maltreatment prevention and family preservation services versus spending on out-of-home placement. Several jurisdictions are also conducting more in-depth cost-effectiveness analyses to estimate the costs of achieving a successful outcome, such as the average cost of preventing one additional placement into foster care.

### Preliminary Findings

Detailed process, outcome, and cost analysis findings await the continued implementation of the waiver demonstrations. Some initial outcomes in the areas of child safety, placement prevention, permanency, and well-being have been reported. Notable results in these categories are summarized below.

However, caution should be exercised in interpreting these findings given they reflect preliminary outcomes and are associated with a wide range of programs, interventions, and child welfare reform efforts. In addition, interim evaluation reports are still pending from a number of waiver jurisdictions. Therefore, these findings should not be regarded as representative of the eventual outcomes of the demonstrations as a whole.

### Child Safety

Several jurisdictions have reported positive associations between interventions implemented under their waiver demonstrations and reduced maltreatment risk.

- In Arkansas, 20.1 percent of demonstration group cases participating in the Differential Response program had a subsequent maltreatment investigation within 12 months of the initial investigation or case closure, compared with 29.7 percent of comparison group cases.
• In Colorado, children who participated in Family Engagement Meetings were 33 percent less likely to experience a re-report of maltreatment than were children who did not participate in these meetings.

• For the Illinois AODA demonstration, rates of subsequent maltreatment were significantly lower for children in the demonstration group (cases in which parents have access to a recovery coach) than for children in the control group (19.7 percent versus 23.7 percent).

• In Ohio, children in demonstration counties whose families received kinship supports were significantly less likely than children in comparison counties to experience subsequent abuse or neglect within 6 months (1.8 percent versus 3.4 percent), 12 months (3.4 percent versus 5.3 percent), and 18 months (4.2 percent versus 6.3 percent) following exit from foster care. Although rates of subsequent abuse or neglect were low for both groups, the differences were statistically significant for all time points.

• In Washington, families participating in Family Assessment Response (FAR) had a slightly lower rate of removal at 3-months after initial intake than comparison group families (3.0 percent versus 4.4 percent); although small, this difference was statistically significant. This significant difference persisted over longer timeframes (4.4 percent versus 5.9 percent at 6 months and 6.2 percent versus 7.8 percent at 12 months).10 While the evaluation intent-to-treat research design requires that all families initially assigned to FAR be included in the analysis, differences in removal rates based on whether a family completed 12 months of the FAR intervention were also examined. As expected, families who completed FAR had lower rates of removals than did families who either declined participation or were transferred due to concerns regarding child safety.

• In West Virginia, fewer youth in the intervention group had a maltreatment referral or an investigation following referral to wraparound services than did youth in the comparison group ($p < .01$). Specifically, 2 out of 124 youth in the intervention group had a new maltreatment referral or investigation within 12 months of referral to wraparound services compared with 11 out of 124 youth in the comparison group.

**Placement Prevention**

Several jurisdictions have also reported beneficial effects of waiver-funded interventions on foster care entry or reentry.

• In Arkansas, only 7 percent of youth in the intervention group who received Team Decision Meetings (TDMs) were removed from the home within 12 months of the TDM ($n = 1,109$) compared to 22 percent of youth in the comparison group who did not receive a TDM.

• In Colorado, the total number of congregate care placement days decreased by 15 percent in counties receiving waiver funds during the first 2 years of the demonstration compared to a decrease of just 6 percent in counties without waiver funding in either year.

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10 Only the first three cohorts of data were available on removals for the full 12-month window after FAR intake.

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• In Michigan, children in the treatment group whose families received the full dose of Protect MiFamily parenting education and placement prevention services were significantly less likely to be removed from the biological family home (4.6 percent) than were children in the control group (10.8 percent).

• Children in Ohio demonstration counties whose families received Kinship Supports services were significantly less likely to reenter out-of-home care than were similar children in comparison counties.

• In Oklahoma, preliminary findings indicate that Intensive Safety Services (ISS) are associated with fewer numbers of children entering out-of-home care. Specifically, 19 percent of children receiving ISS services were removed from home compared to 63 percent of children receiving services as usual.

Permanency

A few jurisdictions have reported moderately positive effects on exits to permanency and placement duration.

• Children and youth in Colorado who lived with kin caregivers receiving kinship supports, and whose parents participated in Family Engagement Meetings, were 14 percent more likely to reunify with their parents than children and youth who lived with kin caregivers receiving kinship supports but whose parents did not participate in Family Engagement Meetings.

• For the Illinois AODA demonstration, families who were assigned a Recovery Coach were significantly more likely to achieve a stable reunification compared with families who received traditional child welfare services (21 percent of children in the demonstration group versus 16 percent of children in the control group); however, this difference was only observed for families that received early substance abuse screening and access to services.

• Illinois has observed a moderately positive significant association ($p < .10$) between assignment to the intervention group of its IB3 demonstration and reunification rates, with a reunification rate of 9.7 per 100 children compared with a rate in the control group of 6.4 per 100 children, a difference of 3.3 per 100 children. However, adjusting for the imbalance between the groups in the amount of time since removal causes this difference to shrink from 3.3 per 100 children to 2.5 per 100 children ($p = .07$).

• In Ohio, children in demonstration counties whose families received kinship support services spent significantly fewer days in out-of-home care (280 days) than children in comparison counties whose families did not receive kinship supports (350 days).

• In West Virginia, youth in the intervention group who received wraparound services were more likely than youth in the comparison group to return to their home counties at 6 months following referral to the demonstration. Specifically, 45 percent of the youth in the intervention group ($n = 231$) were returned from out-of-county placement to their home county at 6 months following referral to wraparound services compared to 28 percent of youth in the comparison group ($n = 231$), a statistically significant difference ($p < .05$).
Well-Being

A few jurisdictions have reported improvements in child and family well-being.

- Compared to children assigned to the traditional investigative track, children in the Nebraska Alternative Response (AR) initiative exhibited improved well-being at case closure in the domains of hyperactivity and prosocial behavior \( (p < .05) \). Well-being for AR families are collected through the Protective Factors and Well-Being Questionnaire.

- In Illinois, an examination of pre- and posttest differences in scores on the Adult Adolescent Parenting Inventory-2 (AAPI-2) for parents and caregivers who completed the Nurturing Parent Program (NPP) \( (n = 171) \) indicated substantial improvements in parenting competencies. Specifically, there were moderate improvements (defined as an effect size of .5 or greater) in 3 out of 5 parenting domains assessed, including Use of Corporal Punishment, Parent-Child Role Responsibilities, and Children’s Power and Independence. There was a strong improvement (defined as an effect size of .8) in the domain of Empathy toward Children’s Needs. There were no differences in pre- and posttest scores in the domain of Expectations of Children.

- In Maryland, parents who completed the NPP and the AAPI-2 pre- and posttests \( (n = 14) \) showed improvement in parenting attitudes in four out of five domains: Expectations of Children, Empathy toward Children’s Needs, Use of Corporal punishment, and Children’s Power and Independence. Scores for the domain of Parent-Child Role Responsibilities did not change over time.

- Mean scores on several well-being indicators used as part of the Indiana Quality Service Review process improved significantly in subsequent reviews (rounds 2 and 3) compared to the initial review (round 1), including the indicators of a safe and appropriate living arrangement, physical health, emotional health, learning and educational development, and having a path to independence.

Further Reading

For more detailed information regarding all active waiver demonstrations, please see the 2016 compendium available through the Children’s Bureau titled Profiles of the Active Title IV-E Child Welfare Waiver Demonstrations. These profiles and additional information on the waiver demonstrations are available on the Child Welfare Waivers section of the Children’s Bureau Website.
References

