

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.

Signed into law on September 30, 2011, the Child and Family Services Improvement and Innovation Act (Public Law 112–34) 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. With the exception of this required termination date, states with waiver demonstrations in effect before the new waiver authority was established are not subject to the requirements of the new law.

Significant changes to the waiver authority introduced by the new legislation include the following:

- Any Indian tribe, tribal organization, or consortium approved to directly operate a title IV-E program in accordance with section 479B of the Act is eligible to apply directly for a title IV-E waiver.
- State and tribal title IV-E agencies must meet additional criteria to be considered for a waiver, including a requirement that they implement at least two child welfare program improvement policies (from a list provided in the statute) within 3 years of the application. One must be a policy that the agency has not implemented prior to the submission of the application. In addition, an applicant must indicate explicit intent to pursue one or more of the following goals:
 - Increase permanency for all infants, children, and youth by reducing time in foster placements when possible, and promote a successful transition to adulthood for older youth.
 - Increase positive outcomes for infants, children, youth, and families in their homes and communities, and improve the safety and well-being of infants, children, and youth.
 - Prevent child abuse and neglect and re-entry of infants, children, and youth into foster care.

The law includes a provision that prevents HHS from giving preference to states or tribes proposing to evaluate their demonstrations using an experimental research design that involves the random assignment of individuals or groups to experimental or control groups. Title IV-E agencies are nonetheless expected to implement the most methodologically rigorous research designs possible to evaluate the effects of interventions implemented under their demonstrations.

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 a

particular emphasis on addressing trauma experienced by maltreated children) and that test or implement evidence-based or evidence-informed assessment tools and interventions. Moreover, proposals involving partnerships with other federal initiatives (e.g., title XIX State Plan Amendments or Medicaid waivers) are given special consideration.¹

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 a number of 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—are summarized below.

- Eleven states (Delaware, Illinois, Iowa, Maryland, Minnesota, Montana, New Mexico, North Carolina, Oregon, Tennessee, and Wisconsin) completed subsidized guardianship waiver demonstrations. Under the terms of their waivers, these states were allowed to use title IV-E dollars to subsidize placements with relative and/or non-relative caregivers who served as the legal guardians of children who had previously been in foster care. Several states with guardianship waivers demonstrated positive findings in the areas of net permanency (combined exits to guardianship, reunification, and adoption) and reduced time in foster care. In addition, children exiting foster care through subsidized guardianship were in general no more likely to experience subsequent episodes of maltreatment or to re-enter foster care than were children exiting care through reunification or adoption. The promising results of these demonstrations contributed in part to the enactment of a legislative change to the SSA allowing all title IV-E agencies the option to operate kinship Guardianship Assistance Programs to support legal guardianships for eligible children.
- Six states (California, Florida, Indiana, North Carolina, Ohio, and Oregon) 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 in an effort to

¹For a complete summary of changes to the waiver authority, see [Information Memorandum ACYF-CB-IM-12-05](#).

provide new or expanded services that prevent out-of-home placement and/or facilitate permanency. The fundamental assumption underlying these demonstrations was that the cost of services would be offset by subsequent savings in foster care expenditures. Evidence from several states suggests the availability of flexible IV-E funds increased children and family access to a wider array of child welfare programs and services. Findings regarding the impact are less conclusive, although Indiana documented statistically significant positive findings in the areas of placement prevention, exits to permanency, and placement duration. In addition, a number of states and counties (e.g., Florida along with Alameda and Los Angeles Counties in California) documented large declines in their foster care populations, although the extent to which these decreases are attributable to their demonstrations or to broader changes in child welfare policy and practice is unclear.

- Four states (Delaware, Illinois, Maryland, and New Hampshire) 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. The Illinois demonstration remains active under a long-term extension. While findings from most states have been mixed or inconclusive, Illinois documented statistically significant findings from both its original AODA² 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 have 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 giving greater flexibility to child welfare agencies in providing resources and services that prevent foster care and improve other outcomes for children. However, the Memorandum cautions that “while there has been significant emphasis in child welfare discussions in recent years related to financing mechanisms, it is unlikely that reorganizing funding mechanisms alone to support children and families prior to or after leaving foster care will improve outcomes for children. Fortunately...there is a growing body of evidence suggesting that there are promising and effective approaches to improve outcomes for children and families in which abuse and/or neglect has taken place or is likely to take place” (HHS, 2012). The acknowledgement that more than funding flexibility is necessary to improve outcomes for children and families 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).

Along with a more explicit focus on implementing and further testing the effectiveness of EBPs, the new authority prioritizes the implementation of both new and untested interventions that specifically promote child well-being. While noting dramatic improvements in some areas of child safety and permanency since the waiver authority was first created (e.g., the 22-percent decline in the national foster care population between FFY 2002 and FFY 2010), the HHS Information Memorandum highlights the prevalence of behavioral health needs among children in the child welfare system. In addition, while

²Alcohol and Other Drug Abuse.

the quality of data to measure performance in child safety and permanency has improved significantly as a result of advances in many states' automated child welfare information systems (SACWIS) and the establishment of the Child and Family Service Review (CFSR) process, the assessment and measurement of well-being have often lagged behind and represent an important area for continued improvement (HHS, 2012). Interest in better tools for measuring well-being is reflected in the priority afforded to title IV-E agencies under the new waiver authority that seek to implement or expand the use of valid and reliable functional and clinical assessment instruments and protocols.

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. In addition, 5 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.³ To date, 2 jurisdictions have terminated their waiver demonstrations early (Montana in March 2015 and Idaho in March 2016) due to fiscal issues or a decision to direct child welfare resources toward other service and policy priorities. As shown in table 1, almost all jurisdictions are now implementing their waiver demonstrations. As of August 2016 Rhode Island has an approved waiver but is in the process of finalizing its Initial Design and Implementation Report and evaluation plan in order to begin implementation by October 2016.

TABLE 1. IMPLEMENTATION STATUS OF WAIVER DEMONSTRATIONS

Implementation Status	Jurisdictions
Approved, Not Yet Implemented	Rhode Island
Implemented	Arizona, Arkansas, Colorado, District of Columbia, Hawaii, Illinois IB3, Kentucky, Maine, Massachusetts, Maryland, Michigan, Nebraska, Nevada, New York, Oklahoma, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin
Under Long-Term Extension	California, Florida, Illinois AODA, Indiana, Ohio ⁴
Terminated Early	Idaho, Montana

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 30 active waiver demonstrations, 15 have identified increased permanency for children in out-of-home placement as a primary goal while 13 are placing special emphasis on foster care prevention. Preventing foster care re-entry is a primary focus for 13 jurisdictions, while reducing maltreatment recurrence is a key goal for 11. Several jurisdictions have also identified more specialized goals for specific target populations. For example, Arkansas, Colorado, and Hawaii have a particular 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

³In 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).

⁴ Ohio is currently operating under a long-term extension effective through September 30, 2015 and has been approved for a short-term extension through September 30, 2016.

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 particular interest to Arkansas and Port Gamble S’Klallam Tribe (PGST), 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 particular interest to Colorado, Illinois (IB3), Michigan, and Oregon.

TABLE 2. PROGRAMMATIC GOALS OF WAIVER DEMONSTRATIONS⁵

Goal	Jurisdictions
Prevent Foster Care Entry	Arkansas, District of Columbia, Florida, Hawaii, Indiana, Maryland, Nebraska, Nevada, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Utah
Increase Permanency	Arkansas, California, District of Columbia, Florida, Hawaii, Illinois AODA, Illinois IB3, Indiana, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas
Prevent Short Stays in Placement (“Short Stayers”)	Arkansas, Colorado, Hawaii
Reduce/Prevent Placement Re-Entry	California, Colorado, District of Columbia, Hawaii, Maryland, Nebraska, New York, Ohio, Port Gamble S’Klallam Tribe, Rhode Island, Tennessee, Wisconsin, West Virginia
Prevent Maltreatment or Maltreatment Recurrence	District of Columbia, Florida, Hawaii, Michigan, Nebraska, New York, Nevada, Rhode Island, Tennessee, Utah, Washington
Address Behavioral Health Needs of Children	Colorado, Illinois IB3, Michigan, Oregon
Improve Placement Stability	Arkansas, Port Gamble S’Klallam Tribe
Prevent/Reduce Congregate Care Placements	Arizona, Colorado, Massachusetts, Rhode Island, West Virginia
Address Needs of Caregivers with Substance Use Disorders	District of Columbia, Illinois AODA, Kentucky, Maine, Oklahoma

Programmatic Elements of Current Waiver Demonstrations

The diversity of the 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

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) where appropriate.

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 Navigator are examples). Less common but notable programmatic initiatives include Permanency Roundtables, Alternative/Differential Response (which is being expanded or introduced in four states), and other intensive case management approaches (e.g., the existing Recovery Coach Model of the Illinois AODA demonstration).

TABLE 3. PROGRAM/SERVICE INTERVENTION CATEGORIES OF WAIVER DEMONSTRATIONS

Intervention	Jurisdictions
Clinical/Functional Assessments⁶	Arkansas, California, Colorado, Hawaii, Illinois AODA, Indiana, Maryland, Michigan, New York, Ohio, Pennsylvania, Tennessee, Texas, Utah, Washington, West Virginia
Trauma-Informed/Therapeutic Services⁷	California, Colorado, Illinois IB3, Indiana, Maryland, Michigan, New York, Ohio, Pennsylvania, Wisconsin
Family-Centered Case Management Models	Arkansas, Arizona, California, Colorado, Hawaii, Ohio, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, West Virginia
Permanency Roundtables	Arkansas, Colorado, Hawaii, Pennsylvania
Resource/Kinship Family Recruitment and Support	Arkansas, Arizona, California, Colorado, Ohio, Oregon, Pennsylvania
Parent Education/Mentoring	Arkansas, California, District of Columbia, Illinois IB3, Kentucky, Maine, Massachusetts, New York, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, Tennessee, Utah, Washington
Substance Abuse Treatment	Illinois AODA, Indiana, Kentucky, Maine
Enhanced/Intensive Case Management	Illinois AODA, Kentucky, Michigan, Tennessee, Wisconsin, West Virginia
Enhanced Visitation	Ohio
Independent Living/Transition Services	California, Massachusetts
Concrete Services/Supports	California, Indiana, Michigan, Nebraska, Nevada, Washington, Wisconsin
Family Preservation/Stabilization	Arizona, California, District of Columbia, Hawaii, Illinois AODA, Kentucky, Massachusetts, Oklahoma, Washington, Wisconsin
Alternative/Differential Response	Arkansas, Hawaii, Nebraska, Washington

⁶Examples include the Child and Adolescent Needs and Strengths (CANS) assessment, the Ages and Stages Questionnaire, and the Child Behavior Checklist (CBCL).

⁷Examples 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, a number of 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, 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 tying 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

Intervention	Jurisdictions
Staff Training/Education	California, Maryland, New York, Utah
Inter-agency Planning/Collaboration	California, District of Columbia, Maine, Massachusetts, New York, West Virginia
New Contracting/Fiscal Models	Florida, Indiana, Massachusetts, Michigan, Nebraska
Trauma-Informed System of Care	Colorado, Maryland
Community-Based Service Expansion	Florida, Maryland, Nevada, Pennsylvania, Texas

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. Although HHS cannot give preference in granting waivers to jurisdictions proposing evaluations involving random assignment research designs, several have nonetheless committed to this design option, including Michigan and Illinois for both its IB3 and AODA demonstrations. 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. A majority of 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 sub-studies of certain demonstration components, such as the Indiana evaluation of the Family Case Manager model and Florida’s study of the impact of expanded family support services under its most recent waiver extension. Some evaluations, such as the one 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 EVALUATIONS⁸

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

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, a majority of jurisdictions will assess 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 re-entries into foster care. A number of jurisdictions will also examine 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 23 demonstrations involving an examination of their impact on various aspects of child development and behavioral or social functioning (see table 8). Smaller numbers will evaluate 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 will or are continuing to assess the effects of their demonstrations on the quantity and quality of child welfare and other human

⁸Jurisdictions 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, implementation in different geographic regions with disparate target populations.

services as part of their process evaluations (e.g., changes in service access, the appropriateness of services, satisfaction with services). Some plan to evaluate 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).

TABLE 6. SAFETY OUTCOMES OF WAIVER DEMONSTRATIONS

Outcome	Jurisdictions
Maltreatment Recurrence	Arkansas, California, Colorado, District of Columbia, Florida, Illinois AODA, Illinois IB3, Indiana, Kentucky, Maine, Massachusetts, Michigan, Nebraska, Nevada, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Utah, Washington, Wisconsin, West Virginia
Initial Foster Care Entry	Arkansas, Colorado, District of Columbia, Hawaii, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Nebraska, Nevada, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Washington, West Virginia

TABLE 7. PERMANENCY OUTCOMES OF WAIVER DEMONSTRATIONS

Outcome	Jurisdictions
Exits to Permanency	Arkansas, Arizona, California, Colorado, District of Columbia, Florida, Illinois AODA, Illinois IB3, Indiana, Kentucky, Maine, Maryland, Nebraska, New York, Nevada, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas
Placement Duration/Time to Permanency	Arkansas, Arizona, Colorado, District of Columbia, Florida, Hawaii, Illinois AODA, Illinois IB3, Indiana, Kentucky, Maine, Maryland, Massachusetts, Nebraska, New York, Nevada, Ohio, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, Rhode Island, Tennessee, Texas, West Virginia
Placement Stability	Arkansas, Colorado, Hawaii, Illinois AODA, Illinois IB3, Indiana, Maryland, Massachusetts, Nebraska, New York, Ohio, Oregon, Port Gamble S’Klallam Tribe, Rhode Island, Tennessee
Foster Care Re-entry	Arkansas, Arizona, California, Colorado, District of Columbia, Florida, Hawaii, Illinois IB3, Illinois AODA, Indiana, Kentucky, Maine, Maryland, Massachusetts, Nebraska, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, Rhode Island, Tennessee, Texas, Wisconsin, West Virginia

TABLE 8. WELL-BEING OUTCOMES OF WAIVER DEMONSTRATIONS

Outcome	Jurisdictions
Transitions to Adulthood	Arkansas, California, Port Gamble S’Klallam Tribe
Child Development, Behavioral Functioning	Colorado, District of Columbia, Florida, Hawaii, Illinois AODA, Illinois IB3, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Nebraska, New York, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Washington, Wisconsin, West Virginia
Use of Congregate Care	Arizona, California, Colorado, Indiana, Maryland, Massachusetts, Pennsylvania, West Virginia
Caregiver Capacity/Functioning	Colorado, District of Columbia, Florida, Illinois IB3, Kentucky, Maine, Michigan, Nevada, Oklahoma, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, Tennessee, West Virginia
Placement with Siblings	California, Indiana

The cost studies implemented as part of demonstration 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 in interim evaluation reports submitted by several jurisdictions with waiver demonstrations approved in FFY2012 (Arkansas, Colorado, Illinois IB3, Michigan, Pennsylvania, Utah, Wisconsin) and by several “legacy” states (Florida, Indiana, Ohio). Some notable results in these categories are summarized below. Caution should be exercised in interpreting these findings given that they reflect preliminary outcomes from the jurisdictions evaluations 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 majority 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. For example, only 20.1 percent of demonstration group cases participating in the Arkansas 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. 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.

Placement Prevention

A number of jurisdictions have also reported beneficial effects of waiver-funded interventions on foster care entry or re-entry. In Michigan, for example, 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). 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 the first 2 years of the waiver in counties participating in both years compared to a decrease of just 6 percent in counties without waiver intervention funding in either year. Children in Ohio demonstration counties whose families received Kinship Supports services were significantly less likely to re-enter out-of-home care (2:1 odds) than were similar children in comparison counties (5:1 odds).

Permanency

A few jurisdictions have reported moderately positive effects of interventions implemented as part of their waiver demonstrations on exits to permanency and placement duration. For example, 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. 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 rate of return to parents of 9.7 per 100 children compared with a rate in the control group of 6.4 per 100 children. However, adjusting for the imbalance between groups in the amount of time since removal causes this difference to shrink from 3.3 children per 100 to 2.5 children per 100 ($p = .07$). 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 (35 days).

Well-Being

A few jurisdictions, including Illinois and Indiana, have reported improvements in child and family well-being in association with their waiver demonstrations. An examination of pre- and post-test differences in scores on the Adult and Adolescent Parenting Inventory for parents and caregivers who completed the Nurturing Parent Program (n=171) through the Illinois IB3 demonstration indicated a substantial improvement in parenting competencies among program participants. Specifically, there were moderate to strong improvements in four out of the five parenting and child rearing behaviors assessed, with the strongest improvements found in levels of parental empathy. Mean scores on several well-being indicators used as part of Indiana's 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 2015 compendium available through the Children's Bureau titled *Profiles of the Active Title IV-E Child Welfare Waiver Demonstrations*. Additional information on the waiver demonstrations is also available on the [Child Welfare Waivers section of the Children's Bureau Website](#).

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