

Summary of the Title IV-E Child Welfare Waiver Demonstrations

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Introduction

Section 1130 of the Social Security Act (SSA) authorizes the Secretary of Health and Human Services (HHS) 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 related 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; the Adoption and Safe Families Act of 1997 extended and expanded it, after which it continued with some brief lapses until March 31, 2006.

The Child and Family Services Improvement and Innovation Act (Public Law 112–34), signed into law on September 30, 2011, reinstated the authority to approve new demonstrations. This law reauthorized HHS to approve up to 10 new waiver demonstrations in each of federal fiscal years 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. 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. The new law stipulates that all active waiver demonstrations must terminate operations by September 30, 2019.

In inviting proposals for new waiver demonstrations, HHS also announced it would give priority consideration to projects that explicitly seek 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 1 or more demonstrations under the original child welfare waiver authority that expired in 2006; they 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 nonrelative 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 allows title IV-E agencies to operate Guardianship Assistance Programs to support legal guardianships by kin caregivers 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 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 focused on providing services to families in which parental substance abuse places children at risk of maltreatment or out-of-home placement. Although findings from most states were mixed or inconclusive, Illinois documented statistically significant findings from both its original Alcohol and Other Drug Abuse (AODA) demonstration and its 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 2011 waiver authority. 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).

Both new and ongoing demonstrations address a wide range of programmatic goals, depending on their primary target populations (see table 1). Of the 27 active waiver demonstrations,¹ 20 have identified

¹ 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—Illinois Birth to Three (IB3), AODA, and Immersion Site.

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 and reducing maltreatment recurrence is a key goal for 19 jurisdictions. Several jurisdictions have also identified more specialized goals for specific target populations. For example, Arkansas, Colorado, and Hawaii are seeking to reduce 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 these placements. Arizona, Colorado, Illinois (Immersion Site demonstration component), Massachusetts, and West Virginia are focused on 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. Arkansas and the Port Gamble S’Klallam Tribe are implementing services to increase placement stability and improve foster and kinship care recruitment and support systems. Addressing the behavioral health needs of children is a focus of demonstrations implemented by California, Colorado, Illinois Birth to Three (IB3), Maryland, Massachusetts, Michigan, Pennsylvania, and West Virginia.

TABLE 1. PROGRAMMATIC GOALS OF WAIVER DEMONSTRATIONS²

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

²This summary of primary programmatic goals 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, progress reports), where appropriate.

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 table 2 shows, 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, 11 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 Hawaii’s Intensive Home-Based Services model using Homebuilders®); enhanced or intensive case management services; and initiatives to find, recruit, and support foster and relative/kin caregivers (e.g., Family Finding and Kinship Navigator). Less common but notable programmatic initiatives include Permanency Roundtables, Alternative/Differential Response (expanded or introduced in three states), and other intensive case management approaches (e.g., the Recovery Coach Model of the Illinois AODA demonstration).

TABLE 2. PROGRAM/SERVICE INTERVENTION CATEGORIES OF WAIVER DEMONSTRATIONS

| Intervention | Jurisdictions |
|--|--|
| Clinical/Functional Assessments³ | Arkansas, California, Colorado, District of Columbia, Hawaii, Illinois AODA, Illinois IB3, Indiana, Maryland, Michigan, New York, Pennsylvania, Tennessee, Utah, Washington, West Virginia |
| Trauma-Informed/Therapeutic Services | California, Colorado, Florida, Illinois IB3, Illinois Immersion Site, Indiana, Maryland, Michigan, New York, Pennsylvania, Wisconsin |
| Family-Centered Case Management Models | Arizona, Arkansas, California, Colorado, Hawaii, Illinois Immersion Site, Ohio, Oregon, Pennsylvania, Port Gamble S’Klallam Tribe, West Virginia |
| Permanency Roundtables | Colorado, Hawaii |
| 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, Nevada, 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, Oklahoma, Tennessee, West Virginia, Wisconsin |
| Independent Living/Transition Services | California, Massachusetts |
| Concrete Services/Supports | Florida, Indiana, Michigan, Nebraska, Nevada, Washington, Wisconsin |
| Family Preservation/Stabilization | Arizona, California, District of Columbia, Hawaii, Illinois AODA, Kentucky, Massachusetts, Oklahoma, Washington, Wisconsin |
| Differential/Alt. Response | Arkansas, Nebraska, Washington |

³ In addition to the CANS, other examples of assessment tools include the Ages and Stages Questionnaire and the Child Behavior Checklist.

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 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 expand broader organizational or systemic child welfare reform efforts. As table 3 shows, California, Illinois (Immersion Site), Maryland, New York, and Utah are using title IV-E funds to expand training and professional education programs for child welfare caseworkers and supervisors. Massachusetts' demonstration rests on a formal partnership between the state's Departments of Children and Families and Mental Health, while counties participating in the California demonstration have expanded case planning and service coordination in their respective child welfare and probation departments. Some jurisdictions—including Massachusetts, Michigan, Nebraska, and West Virginia—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 3. ORGANIZATIONAL/SYSTEMIC INTERVENTIONS OF WAIVER DEMONSTRATIONS

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

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 4 provides an overview of the primary evaluation designs being implemented by the jurisdictions. Most jurisdictions are implementing variations of longitudinal research designs in which historical changes in child welfare outcomes are tracked and analyzed over time. Several are implementing 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 a randomized multilevel design with stepped-wedge assignment.⁴ Kentucky is using a random assignment design in one implementation site and a matched case design in its other sites.

⁴ In a stepped-wedge design, more subjects are exposed to the intervention toward the end of the study than in its early stages, until all subjects have been exposed to the intervention.

In some cases, the statewide or systemic nature of a demonstration makes random assignment designs methodologically or practically infeasible; however, several jurisdictions are implementing rigorous design alternatives such as matched case comparison designs that involve propensity score matching and other statistical methods. Other evaluations, such as that 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 4. PRIMARY RESEARCH DESIGNS OF WAIVER DEMONSTRATION EVALUATIONS⁵

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

As with earlier rounds of waiver demonstrations, the evaluations of current demonstrations examine changes in various aspects of child safety, permanency, and well-being. For example, as tables 5 and 6 show, most jurisdictions are assessing whether their waiver demonstrations contribute to decreased first-time entries into foster care; increased permanency (defined as 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.

TABLE 5. SAFETY OUTCOMES OF WAIVER DEMONSTRATIONS

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

⁵Jurisdictions 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. PERMANENCY OUTCOMES OF WAIVER DEMONSTRATIONS

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

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 7). 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.

TABLE 7. WELL-BEING OUTCOMES OF WAIVER DEMONSTRATIONS

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

In addition to outcomes in the traditional categories of safety, permanency, and well-being, all jurisdictions are examining 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). A few jurisdictions are studying 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).

As a supplement to their overarching evaluations, several jurisdictions are conducting substudies to examine a specific subpopulation or an individual intervention or practice in greater depth. For example, Pennsylvania is conducting a substudy of its family engagement intervention, which examines and monitors fidelity to core family engagement components and tracks additional child and family outcomes for families receiving this intervention. Table 8 shows the focus of substudies being implemented by several jurisdictions; complete substudy findings are pending continued evaluation.

TABLE 8. FOCUS OF WAIVER DEMONSTRATION SUBSTUDIES

| Jurisdiction | Focus |
|---------------------|--|
| Arizona | Assessment of child well-being |
| California | Intervention costs (one county); visitation program (one county); Family Finding and engagement (one county) |
| Florida | Medicaid and substance abuse/mental health service use among children receiving in-home child welfare services; outcomes of cases deemed safe but at high risk for future maltreatment |
| Indiana | Family-Centered Treatment |
| Oregon | Families of color and cultural responsiveness |
| Pennsylvania | Family engagement intervention |
| Utah | Systemic context of case decision making |

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), and 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 additional placements into foster care.

Preliminary Findings

Process, outcome, and cost analysis findings have begun to emerge from many waiver jurisdictions as they continue implementing their waiver demonstrations and submit interim evaluation reports. Selected findings of note organized by key target populations of interest across multiple demonstrations are summarized below. Caution should be exercised in interpreting these findings given that they reflect

outcomes at the midpoint of most demonstrations and are associated with a wide range of programs, interventions, and child welfare reform efforts.

Maltreatment Prevention: Children/Youth/Families at Risk of Maltreatment

Arkansas: Preliminary findings from the evaluation of the state's Differential Response (DR) program indicate a reduction in maltreatment recurrence, with a rate of subsequent reports within 12 months of DR case closure totaling 20.1 percent compared with 29.7 percent among comparison (non-DR) cases.

California: To date, no counties participating in the state's demonstration have experienced significant changes in resubstantiation rates, defined as the percentage of children per calendar year who experience a substantiated investigation within 365 days. Alameda, Los Angeles, San Diego, and Santa Clara Counties experienced small decreases of no more than 3 percent, whereas Sacramento, San Francisco, and Sonoma Counties had small increases of no more than 3 percent.

Florida: The state remained consistent in the percentage of cases rated as strong in addressing Child and Family Services Reviews Well-Being Outcome 1 (Families have enhanced capacity to provide for their children's needs), with the percentage of foster care cases statewide rated as strong increasing slightly from 53 percent at baseline to 54 percent at the time of case record review. Among in-home cases, Department of Children and Family Circuits 1, 2, 3, 8, and 11 remained stable in the proportion rated as strong in this outcome from baseline to follow-up review, while Circuit 13 showed marked improvement from baseline (60 percent) to follow-up (70 percent).

Kentucky: Preliminary findings suggest the state's Kentucky Strengthening Ties and Empowering Parent (KSTEP) voluntary in-home services program is having a positive impact on families' well-being and stability. Significant improvements were reported among families in the Environmental, Parental Capabilities, and Family Safety domains of the North Carolina Family Assessment Scale between KSTEP enrollment and an 8-month follow-up ($n = 38$; $p < .05$). In addition, KSTEP participants showed significant improvement on the Addiction Severity Index, Self-Report Form domains of Drug Use, Family/Social Status, Employment Status, and Psychiatric Status ($n = 128$; $p < .05$) within the same time period.

Nebraska: Among families assigned to the state's Alternative Response intervention whose cases closed between July 2015 and June 2017, significant improvements were reported for three child-level well-being dimensions on the Protective Factors and Well-being Questionnaire: "emotional symptoms," "hyperactivity," and "conduct problems" decreased from pre- to post-survey ($p < .05$)

Nevada: More families receiving contracted in-home safety services through Clark County's Safety Intervention and Permanency System program experienced a new substantiated investigation of maltreatment than did families in the comparison group at 90, 180, 270, and 360 days after the implementation of in-home safety services. These preliminary results are trending in the opposite direction than originally hypothesized.

Foster Care Prevention: Children/Youth/Families at Risk of Foster Care Placement

Indiana: Children whose families participated in the state's Family Centered Treatment (FCT) intervention were significantly more likely to remain in home throughout the treatment period than

children whose families did not participate (55.61 percent compared with 39.04 percent), a statistically significant difference at $p < .001$.

Michigan: Children in families that participated fully in the state's Protect MiFamily intervention (i.e., completed all three phases of the program) were less likely to experience a removal from the home; as of December 31, 2017, only 8.9 percent of children assigned to the intervention whose families received the full course of Protect MiFamily services were removed from the home, compared with 16.3 percent of children assigned to the control group (statistically significant at $p < .05$).

Nevada: More children in families receiving contracted in-home safety services through Clark County's Safety Intervention and Permanency System program experienced a removal from the home within 12 months of implementation of the family's in-home safety plan than did comparison group families at 90, 180, and 360 days following the implementation of in-home safety services. This preliminary finding is trending in the opposite direction than originally hypothesized.

Oklahoma: Among families that were assigned to receive Intensive Safety Services (ISS) through the state's demonstration, 21 percent experienced an immediate removal of a child from the home compared with 65 percent of families assigned to a control group. When examining just families that received ISS, 52 percent of ISS families experienced an immediate removal of a child compared with 62 percent of control group families. Both differences were statistically significant at $p < .0001$.

Utah: The pilot site for the state's HomeWorks demonstration (child welfare offices in Ogden and Logan) experienced a statistically significant decrease in the likelihood of foster care entry among children receiving demonstration services during the initial implementation period compared with children who had an open Child Protective Services (CPS) case prior to the start of the demonstration. During the full implementation or "saturation period,"⁶ there was also a statistically significant decrease in the likelihood of referral to foster care compared with the baseline pre-implementation period.

Washington: Families assigned to receive Family Assessment Response services have experienced lower removal rates than have matched comparison group families at 3, 6, and 12 months following an initial intake ($p < .05$).

Family Reunification: Children/Youth/Families With a Case Plan of Family Reunification or Ordered by a Court to Be Reunified

Arkansas: Cohorts of families receiving intervention services between August 1, 2015, and January 31, 2017, had significantly higher rates of reunification within 3 months of enrollment than did families in the comparison group (significance level not indicated). In addition, children older than 5 years whose initial CANS assessment occurred between August 2016 and January 2017 were also significantly more likely to be reunified within 12 months of this initial assessment than were children in the comparison group (significance level not indicated).

Colorado: An analysis of findings from the state's Permanency Roundtable (PRT) intervention suggests that higher levels of PRT implementation fidelity are associated with improved permanency outcomes.

⁶ Saturation is defined as occurring when at least 75 percent of observed workers are delivering demonstration services with basic fidelity.

Compared with children with low rates of PRT fidelity (in terms of meeting timeliness), those with high rates of PRT fidelity were 60 percent more likely to achieve permanency at the end of their out-of-home placement.

Illinois AODA: Children in the demonstration group were significantly more likely to be reunified at 12 months than were children in the control group (25 percent versus 20 percent). This trend remained consistent for those reunified at 24 months, with 53 percent of children in the demonstration group reunified compared with 46 percent of children in the control group. Children in the demonstration group were also reunified in significantly less time (in an average of 817 days) than were children in the control group (an average of 985 days), a difference of about 5.6 months.

Illinois IB3: For those children initially placed in non-kinship family settings under the case management of voluntary/non-DCFS⁷ agencies, children in the IB3 intervention group were more likely to return home than were children in the control group. Children initially placed with kin had higher reunification rates than children initially placed with non-kin, regardless of whether they were assigned to the intervention or control group. Children in the intervention group placed in kinship homes managed by DCFS were *less* likely to return home than similar children in the control group. These results suggest the effects of the IB3 intervention are not uniform across different populations and placement settings.

Indiana: Children who participated in Family Centered Treatment (FCT) through the state's demonstration were involved with Indiana DCS for fewer days on average (331 days) than were children who did not participate in FCT (344 days), although this difference was not statistically significant. However, children who participated in FCT experienced fewer average days in placement until reunification (341 days) than did children who did not participate in FCT (417 days), a statistically significant difference at $p < .05$.

Port Gamble S'Klallam Tribe: A preliminary analysis of dependency cases suggests that children who participated in the tribe's S'Klallam Strong Parenting Program were more likely to achieve family reunification within a shorter period of time than were children in "old" CPS cases active between April 1, 2012, and July 31, 2014 (before the start of the tribe's waiver demonstration).

Permanent Placement: Children/Youth in Foster Care (Kin, Foster Home, Foster Family Agency, Congregate Care), With or Without Termination of Parental Rights

Colorado: Preliminary results from a matched case comparison outcomes analysis ($n = 10,281$ children) suggest that the state's Facilitated Family Engagement intervention has had statistically significant positive effects on days in kinship care (more days placed with kin) and on placement in congregate care (fewer days) and adoption (more likely at case closure). In addition, among children who participated in the state's PRT intervention, those who experienced PRT at high levels of fidelity (as measured by meeting regularity) spent an average of 65 fewer days in congregate care than did children who experienced low levels of PRT fidelity.

⁷Illinois Department of Children and Family Services.

Indiana: An analysis of administrative data between federal fiscal years 2011 and 2016 revealed a decrease from 32.3 percent to 8.1 percent in the proportion of children in out-of-home care with an occurrence of substantiated abuse or neglect by institutional staff or a foster parent.

Massachusetts: Youth assigned to receive services through the state's Caring Together intervention were less likely to be restrained in a congregate care facility within 6 months of entering congregate care than youth in a historical matched comparison group. Similar proportions of youth in the intervention and matched comparison groups exited congregate care during the first year of observation, but thereafter youth in the historical matched comparison group have exited congregate care more quickly than have youth in the intervention group. In addition, no statistically significant differences have been observed between the intervention and historical matched comparison groups in stable permanency (i.e., reentry after exiting congregate care).

West Virginia: Youth assigned to receive Safe at Home services were at significantly higher risk of reentering congregate care 6 months after initial referral to the program than were youth assigned to a comparison group ($p < .05$). However, the longer a youth was in congregate care prior to a Safe at Home referral, the less risk that youth had of reentering foster care at both 6 and 12 months post-referral. These results suggest that Safe at Home services are less effective in preventing youth from reentering congregate care, but that they are more effective in keeping youth referred *while* in congregate care from reentering care. In addition, youth in the Safe at Home intervention group spend fewer days, on average, in congregate care within 6 and 12 months of referral than do children in the comparison group, a difference that was statistically significant at $p < .01$.

Post-Dependency: Children/Youth Following Reunification or Other Exit to Permanency

Wisconsin: While not statistically significant, positive differences have been observed to date between families enrolled in the state's Post-Reunification Support Program and a matched group of comparison families in rates of maltreatment recurrence and foster care reentry. Specifically, 12.5 percent of families in the treatment group had re-reports of maltreatment within 12 months of reunification compared with 13.4 percent of families in the comparison group, while only 19.6 percent of families in the treatment group had a child who reentered care within 12 months of reunification compared with 23.2 percent of families in the comparison group.

Further Reading

For more detailed information regarding all active waiver demonstrations, please see the 2017 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

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