Summary of the Title IV-E Child Welfare Waiver Demonstrations

Prepared For:

Children's Bureau
Administration on Children, Youth, and Families
Administration for Children and Families
U.S. Department of Health and Human Services

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AUGUST 2019

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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 (FYs) 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 introduced by the new legislation is a provision allowing any Indian tribe, tribal organization, or consortium that is approved to directly operate a title IV-E program in accordance with section 479B of the SSA to apply 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. 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, including higher reunification rates and reduced time in foster care, from both its original Alcohol and Other Drug Abuse (AODA) demonstration and its current extension.

Overview of Demonstrations Approved in FYs 2012–2014

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 May 2012 Information Memorandum from HHS 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).

Demonstrations approved in FY 2012 through 2014 address a wide range of programmatic goals, depending on their primary target populations (see table 1). Of the 27 waiver demonstrations

implemented since 2012,[1,2] 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 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 placement.

TABLE 1. PROGRAMMATIC GOALS OF WAIVER DEMONSTRATIONS[3]

Goal	Jurisdictions
Prevent Foster Care Entry	Arkansas, Colorado, District of Columbia, Florida, Hawaii, Indiana, Maine, Maryland, 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

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[1] Twenty-three demonstrations remain active as of August 2019. Maine terminated its demonstration retroactive to December 2018; Massachusetts terminated its demonstration retroactive to June 2018; and Michigan completed its demonstration in September 2018. Additional information and findings from these demonstrations are included throughout this document.

[2] For the purposes of this document, Illinois 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.

[3] This summary of primary programmatic goals is based on a review of the jurisdictions' Terms and Conditions and Initial Design and Implementation Reports, supplemented by additional information (e.g., conference calls, site visit notes, progress reports), where appropriate.

Arizona, Colorado, Illinois (Immersion Site demonstration component), Massachusetts, and West Virginia have focused on the prevention of or step-down from congregate care placement settings, while Illinois (AODA), Kentucky, Maine, and Oklahoma targeted caregivers with substance use disorders to improve 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 has been a focus of demonstrations implemented by California, Colorado, Illinois Birth to Three (IB3), Maryland, Massachusetts, Michigan, Pennsylvania, and West Virginia.

Programmatic Elements of Waiver Demonstrations

The diversity of waiver goals is reflected in the range of services, programs, and organizational initiatives 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 (Lyons, 1999).

TABLE 2. PROGRAM/SERVICE INTERVENTION CATEGORIES OF WAIVER DEMONSTRATIONS

Intervention	Jurisdictions
Clinical/Functional Assessments[4]	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	Arizona, Arkansas, 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/Alternative Response	Arkansas, Nebraska, Washington

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[4] Along with the CANS, other examples of assessment tools include the Ages and Stages Questionnaire and the Child Behavior Checklist.

Along with the use of standardized assessment processes, 11 jurisdictions introduced new or expanded 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 based on 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 Illinois AODA demonstration's Recovery Coach Model).

Commensurate with the priorities articulated by HHS for new waiver demonstrations, many jurisdictions have emphasized 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. Along with programmatic interventions, several jurisdictions are using title IV-E dollars to pay for time-limited, case-specific concrete goods and services to promote family stability, such as assistance with transportation, childcare, and rent or utility payments.

Although most demonstrations focus on the implementation of specific programs and services, several jurisdictions have also used their waivers to undertake or expand broader organizational or systems-level reform efforts. As table 3 shows, California, Illinois (Immersion Site), Maryland, New York, and Utah have used title IV-E funds to expand training and professional education programs for child welfare caseworkers and supervisors. Massachusetts' demonstration was based 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. Several jurisdictions—including Massachusetts, Michigan, Nebraska, and West Virginia—have used 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 child and family outcomes.

Table 3. Organizational/Systemic Interventions of Waiver Demonstrations

Intervention	Jurisdictions
Staff Training/Education	California, Illinois Immersion Site, Maryland, New York, Utah
Interagency 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 implemented by the jurisdictions. Most jurisdictions have

implemented variations of longitudinal research designs in which historical changes in child welfare outcomes are tracked and analyzed over time. Several, including Michigan and Illinois (for its IB3 and AODA demonstration components), have implemented random assignment designs. 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.[5] Kentucky is using a random assignment design in one implementation site and a matched case design in other demonstration sites.

TABLE 4. PRIMARY RESEARCH DESIGNS OF WAIVER DEMONSTRATION EVALUATIONS[6]

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

In some cases, the statewide or systemic nature of a demonstration makes random assignment 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.

As with earlier rounds of waiver demonstrations, the evaluations of demonstrations examine changes in various aspects of child safety, permanency, and well-being. 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.

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[5] 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.

[6] Jurisdictions 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 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

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

A more explicit focus on improving child and family well-being is reflected in many 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

Along with 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 have conducted substudies to examine a specific subpopulation or an individual intervention or practice in greater depth. For example, Pennsylvania conducted a substudy of its family engagement intervention to examine fidelity to core family engagement components and to track a range of child and family outcomes. Table 8 shows the focus of substudies implemented by several jurisdictions.

Table 8. Focus of Waiver Demonstration Substudies[7]

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 in 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

[7] Florida, Indiana, Pennsylvania, and Utah have completed substudies; results from these studies are documented in these states' final evaluation reports.

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.

Evaluation Findings

Process, outcome, and cost analysis findings are emerging from the waiver jurisdictions as they continue implementing their demonstrations and submit their evaluation reports. Table 9 indicates the submission status of interim and final evaluation reports from waiver demonstrations implemented since 2012; 12 jurisdictions have submitted both interim and final reports (including final reports for Illinois' 3 separate demonstrations), while 15 jurisdictions have submitted only interim reports. All remaining final evaluation reports will be submitted by March 2020.

Table 9. Status of Interim and Final Evaluation Reports

Report	Jurisdiction
Interim Report Submitted[8]	Arizona, California, District of Columbia, Hawaii, Kentucky, Maine, Maryland, Nebraska, Nevada, Oklahoma, Oregon, Port Gamble S'Klallam Tribe, Tennessee, Washington, West Virginia
Both Interim and Final Reports Submitted	Arkansas, Colorado, Florida, Illinois AODA,[9] Illinois IB3, Illinois Immersion Site, Indiana,[10] Massachusetts, Michigan, New York, Pennsylvania, Utah, Washington, Wisconsin

This section highlights selected outcome findings reported by multiple jurisdictions in their interim and final reports, as appropriate, in the major outcome categories of safety, permanency, and well-being. The outcomes are reported for a broad range of programmatic interventions and varying research designs and analytic approaches, and they are summarized exclusively from information contained in the jurisdictions' reports. Furthermore, his section does not document all outcome findings—whether positive or negative—reported by the jurisdictions. Caution should therefore be exercised in drawing general conclusions about the effects of the demonstrations on child and family outcomes.[11]

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[8] An interim evaluation report was not required for the Illinois Immersion Site or Ohio Phase IV demonstrations because of the brief time frame for their implementation. The Immersion Site demonstration began in January 2017; the Ohio Phase IV demonstration began in October 2016.

[9] A revised final evaluation report is in progress for the Illinois AODA demonstration.

[10] Along with its interim and final reports, Indiana has included additional evaluation findings and analyses in subsequent semiannual progress reports.

[11] See the *2019 Profiles of the Active Title IV-E Waiver Child Welfare Demonstrations* for more detailed, up-to-date information on outcomes for all active waiver jurisdictions.

Child Safety

Many jurisdictions have reported positive safety findings on outcomes that include initial and subsequent maltreatment reports, maltreatment recurrence, CPS case openings, safety risk levels, and initial foster care entries. Statistically significant positive findings have been reported by several jurisdictions, including Florida and Indiana, for maltreatment recurrence, and Arkansas, Florida, Indiana, Michigan, Ohio, Oklahoma, and Washington, for entries into out-of-home placement.

Arkansas: Cases that received Differential Response (DR) services through the state's demonstration between August 2013 and January 2018 were significantly less likely than comparison group families to have a CPS case opening within 3, 6, and 12 months of an initial maltreatment report. Also, cases that received DR services during this same time frame were significantly less likely than comparison group families to have a child removed from the home within 3, 6, and 12 months of an initial report. For example, 2.9 percent of DR families had at least 1 child removed from the home within 12 months compared with 5.8 percent of comparison group families.

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: Between state FY 2011–2012 and 2014–2015, the proportion of substantiated maltreatment reports in the state decreased from 13.5 percent to 10.9 percent, a statistically significant decline. In addition, only 5.1 percent of children in families defined as "high risk" who received intensive family support services entered out-of-home care within 12 months of case opening compared with 22 percent of children in matched comparison cases, a statistically significant difference.

Indiana: Children whose families participated in the state's Family Centered Treatment (FCT) intervention were more likely to remain home throughout the treatment period than children whose families did not participate (55.61 percent versus 39.04 percent), a statistically significant difference at $p < .001$. Also, An analysis of administrative data between federal FYs 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 incident of substantiated abuse or neglect by institutional staff or a foster parent. The use of concrete services (e.g., transportation, medical care) by families in Indiana was also associated with statistically significant increases in safety, as defined by the state's Quality Service Review process ($p < .001$).

Michigan: Children in families that participated fully in the state's Protect MiFamily intervention (i.e., completed all 3 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, a statistically significant difference at $p < .05$.

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. In addition, 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 than did children in comparison group families at 90, 180, and 360 days following the implementation of in-home safety services. This preliminary finding is also trending in the opposite direction than originally hypothesized.

Ohio: The state's Family Team Meeting (FTM) demonstration intervention had an observable impact on the likelihood of out-of-home placement, especially when implemented with "high" fidelity.[12] In comparison with children who received low-fidelity FTM, children who received high-fidelity FTM were 24 percent less likely to enter out-of-home placement based on results from a multiple regression analysis ($p < .000$). Looking across families in the state's 15 demonstration counties that had at least 1 FTM between February 2011 and October 2017, 41 percent of children who received low-fidelity FTM entered out-of-home care compared with 36 percent of children who received high-fidelity FTM.

Oklahoma: Among children in experimental group families assigned to receive Intensive Safety Services (ISS) through the state's demonstration, 50 percent experienced an out-of-home placement compared with 60 percent of families assigned to a services-as-usual (control) group, a statistically significant difference at $p < .0001$. When narrowing the analysis to experimental group families that actually received ISS, just 20 percent of children entered placement. Also, families that received ISS had significantly fewer documented safety threats than both control group families and experimental group families that did not receive ISS ($p <.05$).

Washington: Families assigned to receive Family Assessment Response services through the state's demonstration experienced lower removal rates than did matched comparison group families at 3, 6, and 12 months following an initial intake (3.7 percent versus 2.6 percent); while small, this difference was statistically significant at $p < .05$. The estimated reduction in the probability of removal was approximately 17 percent at 12 months.

Permanency

Many jurisdictions have also reported positive permanency findings on outcomes that include exits to permanency, placement duration, placement stability, and foster care reentry. Statistically significant positive findings have been reported by several jurisdictions, including Arkansas, Illinois (AODA), New York, and West Virginia for exits to permanency; Illinois (AODA), Indiana, and Ohio for placement duration; and Arkansas and Ohio for placement stability.

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). Children who received a CANS assessment were significantly also more likely to be reunified or placed with relatives within 3 and 6 months of initial placement than were comparison children who did not receive a CANS (significance level not indicated),

[12] "High-fidelity" cases included those that received FTM as intended, meaning the majority (over 67 percent) of their meetings were on time (i.e., an initial FTM meeting was held within 30 days of their case transferring to ongoing services and at least every 90 days thereafter throughout the remainder of their case) and included the minimum mix of attendees (i.e., at least 1 parent, at least 1 family support, and at least 1 caseworker or other agency staff member).

and they also experienced significantly greater placement stability[13] than their comparison group counterparts.

Colorado: Children and youth who received trauma-informed screening, assessment, and treatment services through the state's demonstration were more likely than matched comparison children who did not receive these services to have no more than 1 placement disruption (treatment group = 65 percent versus 56 percent for the comparison group, OR[14] = 1.90); were more likely to achieve permanency with parents, nonadoptive kin, or non-kin guardians (treatment group = 97 percent versus 91 percent for the comparison group, OR = 1.81; and were less likely to reenter out-of-home care (treatment group = 13 percent versus 35 percent for the comparison group, OR = 3.13).

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-DCFS[15] 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 did 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 than similar children in the control group to return home. 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 $p < .05$.

New York: Efforts to reduce child welfare caseloads in New York City were found to have a statistically significant positive effect on permanency outcomes. Specifically, exit rates increased by 9 percent during the period after caseload reductions were implemented over the period prior to the caseload reduction ($p < .001$). Caseload reductions were also associated with decreased time in out-of-home placement: Median length of stay for children admitted to care after caseload reduction was 475 days compared with a median duration for children admitted into care before caseload reduction of 525 days (a difference of about 9 percent). Children admitted to care in 2015, 2016, and 2017 used fewer care days, on average, than did children in the historical comparison group who entered care before the start of the state's demonstration.

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[13] Defined as no more than 1 placement change during the specific time periods of 3, 6, and 12 months.
[14] Odds ratio—i.e., a statistic that quantifies the strength of an association between two events or outcomes.
[15] Illinois Department of Children and Family Services.

Ohio: As with the likelihood of an initial placement, fidelity to the Family Team Meeting (FTM) model had an observable effect on placement duration and stability. Children who received low-fidelity FTM and were placed in out-of-home care experienced, on average, 348 days in care compared with just 278 days for children who received high-fidelity FTM. This difference was statistically significant when controlling for other factors that affect placement duration ($p < .000$). Also, fidelity was a significant predictor of placement stability: In comparison with children who received low-fidelity FTM, children who received high-fidelity were 32 percent less likely to experience 1 or more placement moves (statistically significant at $p < .001$).

Port Gamble S'Klallam Tribe: An analysis of dependency cases suggests that children in "new" cases who participated in the tribe's S'Klallam Strong Parenting Program were more likely to have their cases resolved within 18 months than were children in "old" CPS cases active between April 1, 2012, and December 31, 2015 (before the start of the tribe's waiver demonstration). Specifically, more than 47 percent of new cases had some kind of case resolution compared with only 22 percent of old cases, including 41 percent of new cases that experienced reunification, guardianship, or in-home-dependency compared with only 19.5 percent of old cases that experienced these outcomes.

West Virginia: Youth assigned to receive services through the state's Safe at Home intervention were much more likely to return home across all service cohorts within both 6 and 12 months of enrollment than were youth in the matched comparison cohorts, with the largest difference observed in Cohort 3 (61 percent of the Safe at Home group reunified versus 32 percent of the matched comparison group). These differences were statistically significant across all cohorts at both 6 and 12 months.

Well-Being

Jurisdictions have reported positive findings in several domains of well-being, including child development and functioning, caregiver capacity and functioning, placement with kin, and use of congregate care. Statistically significant positive results have been documented by several jurisdictions, including Michigan and Wisconsin for child development/functioning; Kentucky, Maryland, Maine, Michigan, Nebraska, New York, and Oklahoma for caregiver capacity and functioning; Colorado, Pennsylvania, and West Virginia for placements with relatives/kin; and Arizona, Colorado, Massachusetts, Pennsylvania, and West Virginia for use of or experiences in congregate care.

Arizona: Analyses conducted for the state's interim evaluation report suggest that decreased restrictiveness in living environment among youth enrolled in the state's demonstration was associated with improved socioemotional well-being. Specifically, analyses of variance conducted using the Behavioral and Emotional Rating Scale (BERS-2) revealed a statistically significant increase in the overall Strength Index score on the BERS-2 among youth who had moved into a less restrictive placement compared with youth who had no change in their placement restrictiveness ($p < .05$). Youth who had moved to a less restrictive placement also had significantly higher scores on the Interpersonal Strength and Affective Strength subscales of the BERS-2 relative to those of youth who had not moved to a less restrictive environment ($p < .05$).

Colorado: Comparing the 5 years immediately preceding the state's waiver with the 5 years of the demonstration, the proportion of noncertified and certified kinship care days increased from 19 percent of placements to 33 percent of placements (statistically significant at $p < .05$). A child or youth entering care for the first time in the 3 years prior to the waiver had a 36 percent chance of initially entering a

kinship placement, whereas during the waiver period this likelihood increased to 44 percent. The proportion of children entering congregate care also appears to have decreased: A child or youth entering care for the first time in the 3 years prior to the waiver had a 17 percent chance of initially entering a congregate care placement, whereas during the waiver period this likelihood decreased to 13 percent (statistically significant at $p < .05$). However, this decline for both the kinship and congregate care placements began prior to the waiver and continued through the waiver period.

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. Statistically 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 ($n = 38$, $p < .05$). KSTEP participants also 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.

Maine: Among 82 participants in the Maine Enhanced Parenting Project with initial and follow-up CANS surveys, scores decreased significantly in the parenting practice and parent adjustment domains from initial to follow-up administrations. Statistically significant improvements were also observed in several other CANS domains between initial and follow-up administrations, including depression (increasing from 52 percent in the normal range to 74 percent in the normal range), anxiety (increasing from 51 percent in the normal range to 70 percent at follow-up), and stress (increasing from 63 percent in the normal range to 83 percent at follow-up).

Maryland: The state reported statistically significant improvements in well-being for many families that participated in several evidence-based programs implemented throughout the state. For example, parents who participated in the Nurturing Parent Program in Hartford County demonstrated moderate but statistically significant improvements in parenting attitudes and knowledge as measured by the Adult Adolescent Parenting Inventory-2, while statistically significant decreases in child problem behaviors (as measured by the Eyberg Child Behavior Inventory) and parental stress (as measured by the Parenting Stress Index–Short Form) were reported among families that participated in the Incredible Years program in Allegany and Garrett counties.

Massachusetts: Youth assigned to receive services through the state's Caring Together intervention were significantly less likely to be restrained in a congregate care facility within 6 months of entering congregate care than were youth in a historical matched comparison group (33 percent versus 39 percent, $p = .002$). Caring Together youth experienced a small but statistically significant reduction in hospitalizations within 6 months of a congregate care placment compared with a matched group of comparison youth (9 percent versus 11 percent, $p = .043$). Caring Together youth were also somewhat less likely to experience a critical incident (e.g., psychiatric emergency, assult, self-harm) within 3 months of congregate care entry than were matched comparision youth (48 percent verssus 53 percent, statistically signficant at $p = .004$).

Michigan: Familes that completed the state's Protect MiFamily program showed statitically signficant improvements in several domains of the Protective Factors Survey between an initial administration at the time of assignment to the demonstration and a 15-month follow-up, including in the domains of family functioning ($p < .0001$), parent social emotional support ($p < .0001$), parent concrete support ($p < .0001$), and nurturing and attachment ($p < .0194$). Furthermore, 36 percent of children in the treatment

group ($n = 519$) demonstrated statistically significant improvements in scores on the Devereux Early Childhood Assessment between an initial administration and a 15-month follow-up ($p < .05$).

Nebraska: Among the children of families assigned to the state's Alternative Response intervention, statistically significant improvements were reported between case opening and closure for two child-level well-being domains of the Protective Factors and Well-being Questionnaire, specifically, hyperactivity ($p = .013$) and prosocial behavior ($p < .001$).

New York: Based on results of paired sample *t*-tests conducted with data from the Observational Record of the Caregiving Environment, caregivers who participated in the demonstration's Attachment and Biobehavioral Catch-up (ABC) intervention exhibited significant improvements in parenting skills that include "following the lead" of their child ($p < .001$) and recognizing intrusive behaviors that may be troubling to a child in their care ($p < .001$). Results of paired *t*-tests conducted with data from the Brief Infant-Toddler Socioemotional Assessment suggest that caregivers who participated in ABC were better able to assess a child's development (statistically significant at $p < .01$) and identify behavioral problems (statistically significant at $p < .001$).

Oklahoma: The state's ISS demonstration was associated with several measurable improvements in family well-being. ISS-assigned families had a greater increase in the number of protective capacities compared with the control group (statistically significant at $p = .001$). Compared with both the control group ($p < .001$) and ISS-assigned families that did not receive the service ($p < .001$), those experimental group families that actually received ISS saw a significantly greater increase in the number of protective capacities. Experimental group families that received ISS also had demonstrated improvements in parental depression and distress symptoms, which decreased from 73 percent at baseline to 32 percent at a 6-month follow-up.

Pennsylvania: The likelihood of entering a kinship placement as a first placement increased for all waiver counties with available data, ranging from a 4 percent increase in Dauphin County to a 20 percent increase in Lackawanna County. This increase was statistically significant for Allegheny, Lackawanna, and Philadelphia counties ($p < .05$). The likelihood of entering congregate care as a first placement decreased for all counties with available data except for Dauphin County; this decreased likelihood of an initial congregate care placement was statistically significant in Allegheny and Philadelphia counties ($p < .05$).

Port Gamble S'Klallam Tribe: Parents who participated in the tribe's Strong Families workshops ($n = 19$) reported an increase between pre- and posttest in positive attitudes about the use of traditional teaching to support parenting activities, engagement in activities such as storytelling and traditional ceremonies, and communication about traditional beliefs when working with children.

West Virginia: Youth enrolled in the state's Safe at Home demonstration spend an average of 50 fewer days in congregate care within 6 months of referral and 84 fewer days in congregate care within 12 months than do comparison youth—differences that are statistically significant at $p < .01$. When placed in another non-congregate placement setting, Safe at Home youth were much more likely to be placed with relatives at both 6 months and 12 months after enrollment than were matched comparison group youth (71 percent versus 27 percent at 6 months and 68 percent versus 29 percent at 12 months). These differences were statistically significant at $p < .01$.

Wisconsin: Children aged 5–17 who were enrolled in the state's Post-Reunification Support Program who had a CANS assessment at 3 data collection points (*n* = 253) exhibited small but statistically significant improvements over time in the domains of impulsivity/hyperactivity, depression, anxiety, oppositional behavior, anger control, and affect dysregulation ($p < .0001$). Children enrolled in the program who had a CANS assessment at all 3 time points (*n* = 253) experienced small but statistically significant changes in their adjustment to trauma ($p < .0001$).

Further Reading

For more detailed information regarding active waiver demonstrations, please see the 2018 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.

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