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Title IV-E Waiver Demonstrations

History, Findings, and Implications for Child Welfare Policy and Practice

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Executive Summary

Section 1130 of the Social Security Act authorized the U.S. Department of Health and Human Services to approve demonstration projects involving the waiver of certain provisions of titles IV-E and IV-B of the law related to foster care and other child welfare services. Conceived of as a strategy for generating new knowledge about innovative and effective child welfare practices, waivers granted state and tribal child welfare jurisdictions flexibility in the use of federal funds, particularly funds for title IV-E foster care, to implement alternative services and supports that promote safety, permanency, and well-being for children in the child protection and foster care systems.

Title IV-E waivers were introduced in the context of major shifts in the nation's child welfare and foster care systems in the 1980s and 1990s and accompanying calls for policy and legislative reform. States first submitted applications for title IV-E waivers in 1995, and a total of 23 child welfare jurisdictions implemented 1 or more demonstrations between 1996 and 2006 under the original waiver authority that expired in 2006. These demonstrations involved a variety of service strategies, including subsidized guardianship/kinship permanence, services for caregivers with substance use disorders, flexible funding and capped title IV-E allocations to local child welfare agencies, managed care payment systems, and intensive in-home and reunification services. Subsidized guardianship programs constituted the most numerous of these demonstration projects and produced some of the most conclusive positive results in child welfare outcomes that included increased exits from foster care and shorter placement stays.

Results from waiver demonstrations implemented in the 1990s and 2000s helped shape federal priorities for demonstrations implemented under the 2011 waiver reauthorization. The authorizing legislation placed greater emphasis on the implementation and evaluation of established or

At a Glance

Title IV-E waivers were introduced in the 1990s as a strategy for generating new knowledge about innovative child welfare practices. Waivers granted state and tribal jurisdictions flexibility in the use of federal funds to implement alternative services and supports that promote safety, permanency, and well-being for children.

A variety of demonstrations were implemented by 23 jurisdictions between 1996 and 2006, and by 27 jurisdictions between 2012 and 2019.

Waivers contributed to the evolution of a broader and deeper child welfare service array than existed 25 years ago. They also demonstrated that rigorous evaluations of child welfare innovations are feasible and should be encouraged, and they provide a foundation for new generations of innovation and evidence building in child welfare programs and systems.

emerging evidence-based programs and practices in the context of greater flexibility in the use of title IV-E funds. A total of 27 demonstrations were implemented between 2012 and 2019, reflecting a wide diversity of services, programs, and organizational initiatives, including clinical/functional assessments, trauma-informed therapeutic services, family-centered case management models, parent education/mentoring programs, intensive case management, family preservation/stabilization services, and Alternative/Differential Response. As part of their waiver agreements, jurisdictions were also required to conduct evaluations of their demonstrations that included process, outcome, and cost analysis components. Most jurisdictions implemented longitudinal research designs in which historical changes in child welfare outcomes were tracked and analyzed over time, while several jurisdictions implemented random assignment and matched case designs using methods such as propensity score matching.

Jurisdictions in the second round of demonstrations identified several factors that facilitated successful project implementation, such as active efforts to engage service providers and families in services and case decision making, using data to support case planning and decision making, the establishment of management and implementation support teams to facilitate inter- and intra-agency communication and service coordination, and well-trained case workers and front-line service providers. Implementation challenges documented by jurisdictions included inappropriate or lower-than-expected service referrals; communication delays or breakdowns between partnering service agencies and state or local child welfare agencies; logistical obstacles for families (e.g., limited transportation, arranging child care); inadequate staff training and education; limited availability of services and resources for families; and lack of buy-in among front-line workers and service providers to new interventions or practices.

Many jurisdictions that implemented waiver demonstrations between 2012 and 2019 reported positive and statistically significant findings in the outcome domains of child safety, permanency, and well-being. Examples of positive and significant findings from jurisdictions' final evaluation reports include the following:

- Florida, Indiana, Maryland, and Nebraska had fewer initial or subsequent maltreatment reports.
- Arkansas, Florida, Indiana, Maryland, Nebraska, Oklahoma, and Washington had fewer out-of-home placements.
- Arkansas, Hawaii, Illinois, New York, Ohio, Tennessee, and West Virginia had increased exits to permanency.
- Illinois, Indiana, and West Virginia reported reduced placement duration.
- Arkansas and Ohio documented increased placement stability.
- Arizona, Colorado, Oregon, and West Virginia had more placements with relatives or kin.

- Arkansas, Illinois, Kentucky, Maine, Maryland, Michigan, Nebraska, New York, and Pennsylvania observed increased parenting knowledge/skills.
- Indiana and Nebraska reported improved child development/functioning, while Maine, Maryland, and West Virginia observed reduced stress/anxiety among parents and children.

Results from jurisdictions' cost evaluations revealed large child welfare cost savings for some agencies, whereas costs increased over time for other jurisdictions. Shifts in expenditures across service categories also emerged, particularly in the form of increased spending on up-front maltreatment prevention and family preservation services and decreased spending on out-of-home placement.

Though waiver demonstrations differed in their scale, scope, and focus, their implementation beginning in the late 1990s through the first 2 decades of the 21st century, contributed to changes in the child welfare legislative, policy, practice, fiscal, and research landscape at the national, state, and local levels. The most direct and significant legislative impact of waivers was the establishment of the title IV-E Guardianship Assistance Program as part of the Fostering Connections to Success and Increasing Adoptions Act of 2008. Another major legislative milestone influenced by waivers is the Family First Prevention Services Act of 2018, which made significant changes to the federal title IV-E program, including the authorization of open-ended matching funds to help pay for selected evidence-based mental health, substance abuse, in-home parenting, and kinship navigator programs.

More broadly, waivers made possible a substantial expansion of the range of programs and services implemented by child welfare jurisdictions at both the state and local levels, reflecting the federal government's intent to encourage the testing of innovations and enhancements to existing child welfare interventions and systems to improve safety, permanency, and well-being outcomes. By creating a more flexible fiscal environment for state and tribal title IV-E agencies, waivers contributed to the evolution of a broader and deeper child welfare service array than existed 25 years ago. Perhaps most importantly, waivers helped change the conversation within the child welfare field around research and evaluation by demonstrating that methodologically rigorous evaluations of child welfare programs are feasible and that efforts to further build evidence for effective innovations through high-quality evaluations should be encouraged. As we enter the third decade of the 21st century, we hope that lessons learned from the title IV-E waiver demonstrations, including their successes and challenges, will provide a foundation for new generations of innovation in child welfare programs and systems.

Background and History of Title IV-E Waivers

Section 1130 of the Social Security Act (SSA) authorized the Secretary of the U.S. Department 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 of as a strategy for generating new knowledge about innovative and effective child welfare practices, waivers granted 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. This paper focuses specifically on the use of waivers of title IV-E of the SSA to make federal financial resources available to encourage innovation in state and tribal child welfare systems and improve outcomes for children and families.

Title IV-E waivers were introduced in the context of major shifts in the nation's child welfare and foster care systems and accompanying calls for policy and legislative reform. Beginning in the 1980s and continuing into the 1990s, child welfare caseloads and foster care placements rose steadily in the wake of rising rates of family poverty, teen pregnancy, substance use disorders, and the HIV/AIDS epidemic (Children's Bureau, 2013). During the 1990s, the total number of children in foster care increased from about 400,000 in 1990 to 567,000 in 1999 (Child Trends, 2018), while average length of time in care began to surge after declining in the 1980s (Tatara, 1993). By October 1997, the median length of stay for children in foster care had reached 24 months, with much higher averages in some jurisdictions, such as the District of Columbia (30.0 months), Illinois (35.6 months), and New York (32.1 months; U.S. Department of Health and Human Services, 2000).

Although the reasons behind rising foster care placement rates and placement duration in the 1990s are complex and multifaceted, the structure of federal child welfare financing has been cited as one factor that contributed to these trends. Specifically, the Adoption Assistance and Child Welfare Act of 1980 (Pub. L. No. 96-272) established title IV-E of the SSA and permanently authorized foster care and adoption assistance programs under that title. The Title IV-E foster care program provides uncapped matching reimbursement funds for foster care maintenance payments made on behalf of eligible children to states at the Federal Medical Assistance Percentage, which ranges from 50 to 74 percent across states. Allowable administrative costs are matched at 50 percent, and allowable training costs are matched at 75 percent. In contrast, funds under title IV-B of the SSA and other sources of funding used for prevention, family preservation, and reunification efforts are generally capped and more limited. Some scholars have argued that this arrangement inadvertently creates financial incentives for states to remove and keep children in foster care while disincentivizing efforts to prevent maltreatment and avoid separating children from their parents (see Sankaran, 2007).

The 1990s also witnessed a range of federal legislative and policy reforms that sought to reduce entries into foster care and increase permanency while maintaining child safety and slowing federal child welfare expenditures. The decade also saw some of the first initiatives at the federal level targeting maltreatment and placement prevention. In 1993, President Clinton signed the Family Preservation and Support Services Program Act. The first revision of title IV-B of the SSA since 1980, this bill sought to enhance parental functioning and protect children by funding services such as counseling, respite care, in-home assistance for families in crisis, parent support groups, and home visits (Children's Bureau, 2013). One of the most significant pieces of legislation from this decade was the Adoption and Safe Families Act of 1997, which initiated a fundamental shift in the focus of the child welfare field toward permanency by instituting time lines for children placed in foster care to achieve permanency or become free for adoption through termination of parental rights. The law also codified the legal recognition of placement with relatives and kin as an acceptable permanency option (Center for the Study of Social Policy & the Urban Institute, 2009).

Other major child welfare legislative and policy changes were embedded in the SSA Amendments of 1994 (Pub. L. No. 103-432), which made case planning and case reviews a requirement for all children in foster care, not just for those who are title IV-E eligible, and authorized a new federal conformity review system to monitor and enforce state compliance with Child and Family Services Plans under titles IV-B and IV-E of the SSA (U.S. House of Representatives, 2018). The 1994 legislation also contained a provision that authorized HHS to approve child welfare demonstrations (a.k.a. "waiver projects") lasting 5 years in up to 10 states, by waiving certain title IV-B and title IV-E provisions in states that sought to implement innovative programs, services, and reforms to achieve federal and state child welfare policy goals.

As described by McDonald et al. (2004), title IV-E child welfare demonstrations offered one means for "tackling the single greatest stranglehold on child welfare innovation—a federal financing system that favors interminable foster care stays over other services and options that can provide children with safe, permanent families." Waiver projects sought to accomplish this by creating a federal financing structure that permits greater state flexibility in the use of title IV-E funds but within a "solid accountability framework that aligns incentives with the child welfare principles and outcomes desired by Congress and the wider public" (Testa, 2005). The chief mechanism for ensuring fiscal accountability under title IV-E waivers was known as cost neutrality, which stipulated that states could not receive more in federal title IV-E reimbursements than they would have received in the absence of a waiver.

The original waiver legislation stipulated that states receiving a title IV-E waiver were required to conduct evaluations of their child welfare demonstrations; states were specifically encouraged to implement randomized controlled trials (RCTs), both in the interests of building rigorous evidence for programs and services implemented under waivers and because RCTs offered the most

straightforward method for tracking cost neutrality. The requirement for federal cost neutrality incentivized states to implement demonstrations that were cost effective because they could reinvest any realized savings in additional child welfare services. In return, the federal government was insulated from responsibility for expenses above what it would have paid in the absence of a waiver.

States first submitted applications for title IV-E waivers in 1995, with the first approval granted in 1996. The Adoption and Safe Families Act of 1997 extended and expanded the waiver authority to include up to 10 additional demonstrations through federal fiscal year (FFY) 2002, after which it continued with some brief lapses until March 31, 2006. The Child and Family Services Improvement and Innovation Act (Pub. L. No. 112–34), signed into law on September 30, 2011, reinstated the authority of HHS to approve up to 10 new waiver demonstrations in each of FFYs 2012 through 2014. Many of the waiver requirements in effect under the original authorizing legislation applied to waivers approved under the new law, including the requirement for federal cost neutrality and a 5-year time limit that could be extended at the discretion of the HHS Secretary. The 2011 legislation also contained several changes and additions to the waiver authority:

- Any Indian tribe, tribal organization, or consortium approved to directly operate a title IV-E program became eligible to apply directly for a title IV-E waiver.
- To be considered for a waiver, state and tribal title IV-E agencies[1] were required to implement at least two child welfare program improvement policies—from a list provided in the statute—within 3 years of their application, including at least one new policy that had not been implemented prior to the submission of a waiver application. Applicants also had to indicate their explicit intent to pursue one or more of the following goals:
    - Increase permanency for all infants, children, and youth by reducing time in foster placement when possible and promoting 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 the reentry of infants, children, and youth into foster care.

The law also included a new provision that precluded HHS from giving preference in the review of waiver applications to jurisdictions that proposed to evaluate their demonstrations using RCTs; however, jurisdictions were still expected to implement the most methodologically rigorous research designs possible to evaluate their demonstration projects. In inviting proposals for new

[1] For the purposes of granting waivers, the term “state” included the District of Columbia. Throughout the remainder of this paper, the term “child welfare jurisdiction” will be used to refer to title IV-E agencies operated by states, tribal governments, or the District of Columbia.

demonstration projects, HHS gave priority consideration to projects that explicitly sought to improve child and family well-being outcomes (with a particular emphasis on addressing trauma experienced by maltreated children) and that tested or implemented evidence-based or evidence-informed assessment tools and interventions. Moreover, proposals that involved partnerships with other federal initiatives (e.g., title XIX state plan amendments or Medicaid waivers) were given special consideration.[2]

[2] For a complete summary of changes to the waiver authority, see Administration on Children, Youth, and Families Information Memorandum ACYF-CB-IM-12-05.

The First Round of Waiver Demonstrations: 1996–2010

A total of 23 child welfare jurisdictions implemented one or more demonstrations under the original title IV-E waiver authority that expired in 2006; they involved a variety of service strategies, including—

- Subsidized guardianship/kinship permanence, implemented by 11 jurisdictions (Delaware, Illinois, Iowa, Maryland, Minnesota, Montana, New Mexico, North Carolina, Oregon, Tennessee, and Wisconsin)
- Services for caregivers with substance use disorders, implemented by four jurisdictions (Delaware, Illinois, Maryland, and New Hampshire)
- Flexible funding and capped title IV-E allocations to local child welfare agencies, implemented by six jurisdictions (California, Florida, Indiana, North Carolina, Ohio, and Oregon)
- Managed care payment systems, implemented by five jurisdictions (Colorado, Connecticut, Maryland, Michigan, and Washington)
- Intensive service options, including expedited reunification services, implemented by three jurisdictions (Arizona, California, and Mississippi)
- Enhanced training for child welfare staff, implemented by one jurisdiction (Illinois)
- Adoption and post-permanency services, implemented by one jurisdiction (Maine)
- Tribal administration of title IV-E funds, implemented by one jurisdiction (New Mexico)

Projects that fell under the first five of these categories (those with three or more jurisdictions) are briefly described below.

Subsidized Guardianship

Subsidized guardianship (SG) projects were the most numerous and arguably the most successful category of demonstration implemented under the original waiver authority. 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. Many of these states observed positive effects from the offer of SG on child permanency and placement duration. For example, Illinois, Minnesota, Tennessee, and Wisconsin demonstrated

significant[3] boosts in net permanency rates (reunification, adoption, and SG combined), ranging from 6.6 percent in Illinois to 18.0 percent in Wisconsin for children randomly assigned to an experimental group over those assigned to a control group. Several states found that the availability of SG decreased length of time in out-of-home placement, with reductions ranging from 269 days in Illinois to 80 days in Tennessee. These improvements were achieved without significant negative impacts on child safety or well-being. In addition, most states realized cost savings through reduced lengths of stay in foster care and subsequent reductions in administrative expenses.

The general success of SG demonstration projects was due to several factors, including their use of rigorous evaluation designs (most used RCTs), which made it easier to detect statistically significant positive impacts; and their relative simplicity, namely, the offer of SG as a means of exiting out-of-home placement coupled with standard permanency planning focused on reunification or adoption. 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 of eligible children for whom they had previously cared as foster parents.

Substance Abuse

A smaller group of four jurisdictions implemented demonstration projects focused on providing services to families in which parental substance abuse placed children at risk of maltreatment or out-of-home placement. Broadly speaking, project goals were to encourage parents to complete substance abuse treatment to allow for the safe and permanent reunification of families. All four jurisdictions experienced major implementation challenges, including insufficient training for child welfare professionals in the identification of substance use disorders, problems with referrals and enrollment, differences in the management styles and philosophies of child welfare and substance abuse professionals, and inadequate treatment resources. However, the availability of enhanced substance abuse services through Illinois' Alcohol and Other Drugs Abuse (AODA) project was positively and significantly associated with improved treatment participation, higher reunification rates, reduced time in foster care, and decreased maltreatment risk. Findings from New Hampshire suggested that access to enhanced substance abuse services had positive effects on child and family well-being, including increased parental employment and enrollment in education programs.

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[3] When used in the context of evaluation findings presented in this report, the terms "significant," "significantly," and "significance" refer to statistical significance—that is, a difference in observed outcomes between an intervention group and a comparison group or condition that is likely not due to chance.

Critical issues identified through the jurisdictions' evaluations included the importance of providing better training in substance abuse identification, screening, and assessment; determining the optimal timing of enrollment and service intervention (i.e., before or after a child enters placement); and ensuring the availability of adequate treatment resources. More broadly, these experiences illustrated the challenge, even with the availability of more funding, of improving outcomes for families facing both deeply entrenched substance abuse issues and co-occurring problems such as mental health disorders, inadequate housing, and long-term unemployment.

Flexible Funding and Capped IV-E Allocations

Six jurisdictions received title IV-E waivers to implement what were broadly referred to as "flexible funding" waiver demonstrations. Despite variations in 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. Interest by states in more flexibility in the use of title IV-E dollars lay at the heart of the problem inherent in the federal child welfare funding system, which statutorily limited federal title IV-E expenditures to foster care maintenance and associated administrative and training costs. States hoped that by freeing up IV-E dollars to implement an expanded array of programs and services, they could improve safety and permanency outcomes while also realizing cost savings through fewer entries into foster care and faster exits to permanency. In addition, the Federal Child and Family Services Review process introduced in 2000 set new performance standards for child welfare agencies that further encouraged the development of new maltreatment and placement prevention services.

Oregon received the first flexible funding waiver in October 1996, followed by North Carolina in November 1996 and Ohio and Indiana in 1997. Many jurisdictions discovered that the mere availability of flexible title IV-E dollars was not always sufficient to guarantee the active use of these funds by local jurisdictions to develop or expand child welfare programs. Funds were often used in a diffuse and sporadic manner to provide time-limited, case-specific goods and services. Based on these initial experiences, states such as Ohio and Oregon chose to focus their efforts under subsequent waiver extensions on a narrower range of discrete interventions, such as Family Team Meetings (FTMs), kinship supports, and parent mentoring programs.

The less methodologically rigorous evaluations of many flexible funding demonstrations made it more difficult to draw definitive conclusions on the effects of flexible funding as a fiscal model or on the impact of specific interventions. Evaluation findings from such states as Florida and Indiana suggested that the availability of flexible funds increased the number and diversity of services available to at-risk children and families. Evidence for the effectiveness of flexible funding on key child safety, permanency, and well-being outcomes remained inconclusive or mixed, with no

consistent positive patterns observed across the states in any major outcome area. Statistically significant positive findings were observed in some states in the categories of placement prevention, exits to permanency, placement duration, and foster care reentry, and many states observed declines in overall foster care maintenance costs with corresponding increases in spending on nonplacement programs and services. The mixed but sometimes promising findings that emerged from some jurisdictions with flexible funding demonstrations during the original waiver period laid the foundation for the major expansion of flexible funding projects during the second round of demonstrations, which followed the revival of the waiver authority under the 2011 Child and Family Services Improvement and Innovation Act.

Managed Care and Intensive Services Options

Two other demonstration categories of note included what were referred to as “managed care payment systems” (implemented by Colorado, Connecticut, Maryland, Michigan, and Washington), through which jurisdictions tested alternative managed care financing mechanisms to reduce child welfare costs while improving permanency, safety, and well-being outcomes; and intensive service options (implemented by Arizona, California, and Mississippi), through which states increased the variety and intensity of services available in an effort to reduce out-of-home placement rates and improve child safety. Many of these projects focused on prevention services at the front end of the child welfare service continuum, and all of them involved RCTs. However, with the exception of California and Michigan, all of these states terminated their projects early in part because of cost overruns and difficulties meeting the federal government’s cost neutrality requirement. This high rate of termination speaks to the challenge inherent in implementing prevention-oriented services: the primary path to cost savings was by preventing more out-of-home placements, which proved more difficult than reducing the length of existing placements.

The Second Round of Waiver Demonstrations: 2012–2019

Results from the original waiver demonstrations implemented in the 1990s and 2000s helped shape HHS' priorities for demonstrations implemented under the 2011 waiver reauthorization. As highlighted in the May 2012 Information Memorandum from HHS to state and tribal title IV-E agencies (U.S. Department of Health and Human Services, 2012), many past demonstrations emphasized the role of waivers as a fiscal mechanism to give greater flexibility to child welfare agencies in providing resources and services that prevent foster care and improve other outcomes for children. However, the memorandum noted that providing greater funding flexibility alone may not be sufficient to improve outcomes for children and families. This recognition contributed to the greater emphasis placed under the waiver reauthorization on the implementation of established or emerging evidence-based programs and practices (EBPs).

Title IV-E agencies that received waivers in FFYs 2012–2014 included both "legacy" states that continued demonstration projects implemented under the first round of projects between 1996 and 2010, as well as states, one tribal government, and the District of Columbia that were implementing new projects. As indicated in table 1, the agencies' demonstration projects addressed a wide range of programmatic goals for several primary target populations. Of the 27 waiver demonstrations implemented since 2012,[4] 20 identified increased permanency for children in out-of-home placement as a primary goal, while 15 placed special emphasis on foster care prevention. Preventing foster care reentry and reducing maltreatment recurrence were key goals for 24 jurisdictions. Several jurisdictions also identified more specialized goals for specific target populations. For example, Arkansas, Colorado, and Hawaii sought to reduce entry of children into foster care for short periods ("short stayers") by providing intensive, up-front services and supports to mitigate any safety issues that could necessitate placement.

[4] 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.

Table 1. Programmatic Goals of Waiver Demonstrations

Goal	Jurisdictions
Prevent foster care entry	Arkansas, Colorado, District of Columbia, Florida*, Hawaii, Indiana*, Kentucky, 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, Kentucky, 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

Notes: This summary of programmatic goals was 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. "Legacy" states or demonstrations are indicated with an asterisk.

Arizona, Colorado, Illinois (Immersion Site demonstration), Massachusetts, and West Virginia 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, Illinois (IB3 and Immersion Site demonstrations), the Port Gamble S'Klallam Tribe, and Tennessee implemented services to increase placement stability and improve foster and kinship care recruitment and support systems. Addressing the behavioral health needs of children was a focus of demonstrations implemented by

California, Colorado, Illinois (IB3), Maryland, Massachusetts, Michigan, Oregon, Pennsylvania, and West Virginia.

Programmatic Elements of Waiver Demonstrations

The diversity of waiver goals was reflected in the variety of services, programs, and organizational initiatives implemented using title IV-E funds. As table 2 demonstrates, the most common programmatic initiative was 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 was the Child and Adolescent Needs and Strengths (CANS) assessment instrument (Lyons, 1999), which some jurisdictions adapted to better align with their title IV-E agencies' child welfare goals and policies.

Table 2. Program/Service Intervention Categories of Waiver Demonstrations

Intervention	Jurisdictions
Clinical/functional assessments	Arkansas, California*, Colorado, District of Columbia, Hawaii, Illinois AODA*, Illinois IB3, Indiana*, Maryland, Michigan, New York, Pennsylvania, Tennessee, Utah, 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
Permanency roundtables	Arkansas, Colorado, Hawaii
Resource/kinship family recruitment and support	Arizona, Arkansas, California*, Colorado, Ohio*, Oregon, Pennsylvania, Tennessee
Parent education/mentoring	Arkansas, California*, District of Columbia, Illinois IB3, Maine, Massachusetts, Maryland, Nevada, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, Utah
Substance abuse treatment	Illinois AODA*, Indiana*, Kentucky, Maine
Enhanced/intensive case management	District of Columbia, Hawaii, Illinois AODA*, Kentucky, Maryland, Michigan, Nevada, Oklahoma, Pennsylvania, Utah, West Virginia, Wisconsin
Independent living/ transition services	California*, Massachusetts
Concrete services/supports	Florida*, Indiana*, Michigan, Nebraska, Nevada, Washington, Wisconsin

Intervention	Jurisdictions
Family preservation/stabilization	Arizona, California*, District of Columbia, Hawaii, Illinois AODA*, Kentucky, Massachusetts, Nevada, Oklahoma, Washington, Wisconsin
Differential/alternative response	Arkansas, Nebraska, Washington

Note: "Legacy" states or demonstrations are indicated with an asterisk.

Along with the use of standardized assessment processes, 10 jurisdictions introduced new or expanded existing trauma-informed and therapeutic services. Other common interventions included parent education or mentoring programs; family-centered case management models (e.g., Family Group Decision Making, FTMs); intensive family preservation and stabilization programs (e.g., Hawaii's Intensive Home-Based Services model based on HOMEBUILDERS); enhanced or intensive case management services (e.g., Wraparound Services implemented by West Virginia); and initiatives to find, recruit, and support foster and relative/kin caregivers (e.g., Family Finding and Kinship Navigator programs). Less common but notable programmatic initiatives included Permanency Roundtables (implemented in Arkansas, Colorado, and Hawaii); Alternative/Differential Response (expanded or introduced in Arkansas, Nebraska, and Washington); and intensive supports for substance abuse treatment and recovery (e.g., the Illinois AODA demonstration's Recovery Coach Model).

Commensurate with the priorities that HHS articulated for new waiver demonstrations, many jurisdictions emphasized the implementation of evidence-based and trauma-informed programs and practices, particularly in the areas of developmental and behavioral health. Examples of evidence-based and trauma-informed interventions implemented by multiple jurisdictions included Functional Family Therapy, Parent-Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Multi-Systemic Therapy. Along with programmatic interventions, several jurisdictions used title IV-E dollars to pay for time-limited, case-specific concrete goods and services, such as assistance with transportation, childcare, and rent or utility payments, to promote family stability.

Although most jurisdictions focused on the implementation of specific programs and services, several used their waivers to undertake or expand broader organizational or systems-level initiatives. As table 3 depicts, California, Illinois (Immersion Site), Maryland, New York, and Utah 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 California's demonstration expanded case planning and service coordination in their respective child welfare and probation departments. Several jurisdictions, including Massachusetts, Michigan, Nebraska, and West Virginia, used their waivers to pilot new fiscal or contract procurement models that tied

payments or the award of future family service contracts to the achievement of specific child and family outcomes.

Table 3. Organizational/Systemic Initiatives 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

Note: "Legacy" states or demonstrations are indicated with an asterisk.

Evaluation Designs

As part of their waiver agreements, all jurisdictions were required to conduct rigorous evaluations of their demonstrations that included process, outcome, and cost analysis components. Table 4 provides an overview of the primary evaluation designs implemented by the jurisdictions. Most jurisdictions implemented variations of longitudinal research designs in which historical changes in child welfare outcomes were tracked and analyzed over time. Several states, including Michigan, Illinois (for its IB3 and AODA demonstration components), and Nebraska (for the Alternative Response [AR] component of its demonstration), implemented random assignment designs for all or part of their demonstrations. Others implemented variations of random assignment designs, such as Oklahoma's randomized multilevel model with stepped-wedge assignment,[5] while Kentucky implemented a random assignment design in one implementation site and a matched case design in other locations.

[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.

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 propensity score matching)	Arizona, Arkansas, Colorado, District of Columbia, Florida*, Hawaii, Kentucky, Maine, Maryland, Massachusetts, Ohio*, Oregon, Washington, West Virginia, Wisconsin
Comparison group/site	Arizona, Arkansas, District of Columbia, Illinois Immersion Site, Indiana*, Nevada, New York, Ohio*, Tennessee, Utah
Longitudinal/time series	California*, Colorado, District of Columbia, Florida*, Hawaii, Illinois Immersion Site, Indiana*, Maryland, New York, Oklahoma, Pennsylvania, Port Gamble S'Klallam Tribe, Utah

Note: "Legacy" states or demonstrations are indicated with an asterisk.

In some cases, the statewide or systemic nature of a demonstration made random assignment methodologically or practically infeasible; in response, several jurisdictions employed rigorous alternatives such as matched case comparison designs involving propensity score matching and other statistical methods. Other evaluations, such as that implemented by the Port Gamble S'Klallam Tribe, included large qualitative components that collected in-depth information on families' experiences using interviews, focus groups, and document reviews.

Most jurisdictions' evaluations examined changes in one or more aspects of three broad categories of child welfare outcomes: child safety, permanency, and well-being. As tables 5 and 6 reveal, most jurisdictions assessed whether their demonstrations 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; or decreased reentries into foster care. Several jurisdictions also examined whether their demonstrations contributed to improved placement stability, usually defined as the number of changes in placement settings while in out-of-home care.

Many jurisdictions explicitly focused on improving child and family well-being, with the evaluations of 20 demonstrations examining changes in indicators of child development and behavioral or social functioning, and the same number evaluating changes in caregiver capacity and functioning (see table 7). A smaller number of demonstrations evaluated changes in the use of residential treatment

[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).

or other congregate care placement settings and children's successful transitions to adulthood after leaving the foster care system.

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, Ohio*, Oklahoma, Pennsylvania, Tennessee, Utah, Washington, West Virginia, Wisconsin
Initial foster care entry	Arkansas, Colorado, District of Columbia, Hawaii, Indiana*, Kentucky, Maine, Maryland, Michigan, Nebraska, Nevada, Ohio*, Oklahoma, Pennsylvania, Tennessee, Utah, Washington, West Virginia

Note: "Legacy" states or demonstrations are indicated with an asterisk.

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, 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, 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, New York, Ohio*, Oregon, Port Gamble S'Klallam Tribe, Tennessee
Foster care reentry	Arizona, California*, Colorado, District of Columbia, Florida*, Hawaii, Illinois AODA*, Illinois IB3, Indiana*, Kentucky, Maine, Maryland, Massachusetts, New York, Ohio*, Oklahoma, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, West Virginia, Wisconsin

Table 7. Well-Being Outcomes of Waiver Demonstrations

Outcome	Jurisdictions
Transitions to adulthood	California*

Outcome	Jurisdictions
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, Utah, West Virginia, Wisconsin
Use of congregate care	Arizona, California*, Colorado, Illinois Immersion Site, Indiana*, Maryland, Massachusetts, Pennsylvania, West Virginia
Caregiver capacity/functioning	Arkansas, Colorado, District of Columbia, Florida*, Illinois IB3, Kentucky, Maine, Maryland, Michigan, Nevada, New York, Oklahoma, Oregon, Pennsylvania, Port Gamble S'Klallam Tribe, Utah, Washington, West Virginia, Wisconsin

Note: "Legacy" states or demonstrations are indicated with an asterisk.

Along with outcomes in the broad categories of safety, permanency, and well-being, the waiver jurisdictions examined to varying degrees the impact of their demonstrations on child welfare organizations and service delivery systems. For example, all jurisdictions assessed the effects of their projects on the quantity and quality of child welfare and other human services (e.g., changes in service access, satisfaction with services) as part of their process evaluations. A few jurisdictions conducted in-depth examinations of 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 conducted substudies to observe a specific subpopulation or an individual intervention or practice change in greater depth; the foci of these substudies are summarized in table 8.

Table 8. Focus of Waiver Demonstration Substudies

Jurisdiction	Focus
Arizona	Assessment of child well-being
California*	Intervention costs (one county); visitation program (one county); permanency services (one county)
Colorado	Trauma-focused screening and assessment
Florida*	Medicaid and substance abuse/mental health services and costs; outcomes of cases deemed safe but at high risk for future maltreatment
Indiana*	Family-centered treatment
Kentucky	Retention and turnover among Sobriety Treatment and Recovery Team supervisors, workers, and mentors

Jurisdiction	Focus
Oregon	Families of color and cultural responsiveness
Pennsylvania	Positive Parenting Program and Parent-Child Interaction Therapy[7]
Utah	Systemic context of case decision making

Note: "Legacy" states or demonstrations are indicated with an asterisk.

Cost studies implemented as part of the jurisdictions' evaluations most often involved analyzing changes in spending patterns across multiple sources of child welfare funding (including title IV-E and other sources of federal, state, and local funding), along with changes over time in the ratio of spending on up-front maltreatment prevention and family preservation services versus spending on out-of-home placement. Some jurisdictions also conducted 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.

[7] Insufficient data were available at the conclusion of Pennsylvania's demonstration to conduct a complete substudy of Parent-Child Interaction Therapy.

Evaluation Findings From the Second Round of Waiver Demonstrations

Implementation Findings and Context

As noted previously, all jurisdictions were required to conduct evaluations that included a process evaluation component to document the implementation of their demonstration projects. Findings from the process evaluations provide valuable contextual information for understanding whether and the degree to which jurisdictions were able to implement their projects as intended and how their implementation experiences may have affected observed child and family outcomes. The process evaluations also revealed important insights into the perceptions of the demonstrations among key stakeholder groups that included front-line child welfare staff, child welfare agency leadership, partnering service agencies, and families that received waiver-funded services. This section summarizes findings from process evaluations conducted by jurisdictions during the second round of demonstrations, in the areas of implementation facilitators and challenges, implementation fidelity, and the effects of implementation and data collection time frames on the quality and completeness of evaluation findings.

Implementation Facilitators

Jurisdictions in the second round of demonstrations identified several factors that facilitated successful project implementation, some of which were mirrored by deficits that impeded project operations. Examples of facilitators that were described by jurisdictions in their final reports include—

- Active efforts by caseworkers to engage service providers and families and to increase their involvement in case planning and decision making (Arizona and Hawaii)
- Use of data (e.g., reports, data dashboards) to support case planning and decision making (Florida and Hawaii)
- Establishment of management and implementation support teams and systems to facilitate inter- and intra-agency communication and service coordination (Colorado, Florida, Michigan, and Nevada). Certain jurisdictions identified lack of these systems as an implementation barrier.
- Increased availability of services and supports for children and families (Massachusetts and Wisconsin). Some jurisdictions identified the lack of these services and supports as an implementation barrier.
- Well-trained caseworkers and front-line service providers who were friendly, knowledgeable, understanding, and nonjudgmental (Nevada)

Implementation Challenges

Jurisdictions that implemented demonstration projects between 2012 and 2019 documented numerous implementation challenges that in some cases created obstacles to the full and effective implementation of waiver-funded interventions and practices, and may have had unexpected or negative impacts on observed outcomes. Examples of these obstacles described by several jurisdictions in their final reports are summarized below.

- Issues with screenings, assessments, and eligibility criteria that led to inappropriate or lower-than-expected referrals to services (Arizona, District of Columbia, Massachusetts, and Tennessee)
- Communication delays or breakdowns between partnering service agencies and/or between agency leadership and front-line staff, which contributed to inefficient service coordination and delays (Arizona, Indiana, Massachusetts, Michigan, Pennsylvania, Utah, and Wisconsin)
- Logistical obstacles (e.g., transportation, coordinating worker and family schedules) that in some cases impeded fuller family engagement and service completion (Arkansas, Illinois IB3, Michigan, Pennsylvania, and Tennessee)
- Inadequate staff training and education in a new intervention or practice, which in some cases contributed to inappropriate or incomplete implementation. This challenge was sometimes exacerbated by delayed support and follow-up after initial training or by staff turnover (Arkansas, Hawaii, Pennsylvania, and Wisconsin).
- Limited awareness and knowledge of new programs and services (Illinois IB3, Indiana, and Pennsylvania)
- Inadequate availability of services, supports, and related resources needed by families (Illinois IB3, Indiana, Massachusetts, Pennsylvania, Utah, and West Virginia)
- Lack of engagement or support by agency leadership (sometimes as a result of leadership turnover) to ensure successful implementation (Hawaii, Massachusetts)
- Lack of buy-in among front-line workers and other service providers to a new intervention or practice. Reasons for workers' reluctance to adopt new services or practices included a preference for their own clinical judgment or a belief that certain services were a poor match for families' service needs (Hawaii, New York, Pennsylvania, and Tennessee).
- Court involvement and orders regarding cases that sometimes conflicted with the goals of a waiver demonstration (West Virginia and Wisconsin)

Implementation Fidelity

As a component of their process evaluations, many jurisdictions examined fidelity of implementation to one or more demonstration components. Fidelity, also referred to as adherence, integrity, and quality of implementation, is the extent to which the delivery of an intervention adheres to the protocol or program model as intended by the developers of the intervention (Dane & Schneider, 1998; Domitrovich & Greenberg, 2000; Mowbray et al., 2003). The growth of interest in measuring

fidelity in waiver demonstration projects, and in child welfare programs more broadly, was rooted in part in the dissemination of implementation science concepts and tools in the child welfare field and in the emerging understanding of the link between successful implementation and positive outcomes in real-life practice settings (Breitenstein et al., 2010; Fixsen et al., 2005, 2019). As described below, several jurisdictions developed and administered a range of tools and processes to track implementation fidelity and, when possible, to discern whether and to what extent fidelity was associated with positive outcomes.

Colorado. The state developed a County Implementation Index, a survey that was administered to child welfare directors in all its 64 counties. The index assessed the degree to which counties implemented the core components of demonstration interventions and activities. Results from annual administrations of the index showed variance in implementation based on intervention; waiver year; county size; and implementation domain (e.g., target population, staffing, training, use of assessment tools, policies and procedures). Mean index scores across the counties for all years of the demonstration indicated that interventions were implemented at moderate to high levels of fidelity. Smaller agencies generally demonstrated lower levels of implementation fidelity, whereas the 10 largest counties demonstrated higher levels of fidelity.

Florida. An Evidence-Based Practice Assessment identified a variety of evidence-based practices that were implemented throughout the state. Based on findings from that assessment, the state and its evaluation team selected Wraparound Services and the Nurturing Parenting Program (NPP) for a more in-depth assessment of their implementation, utilization, and practice fidelity. Regarding Wraparound Services, community-based service providers most commonly used a fidelity tool called the Team Observation Measure, developed by the National Wraparound Initiative. The extent to which fidelity data were actually available and used varied considerably. Few providers reported having protocols in place to measure fidelity to NPP, primarily due to a lack of fidelity tools available through the NPP model developer. Some providers assessed fidelity to NPP via self-developed protocols that combined NPP performance criteria with agency performance measures and case file reviews.

Maine. The state defined and assessed fidelity at the caregiver level—that is, the extent to which parents successfully engaged in and completed the full course of its Maine Enhanced Parenting Project (MEPP). Specifically, the state's evaluation team conducted a linear regression analysis to determine which caregiver characteristics and service utilization trends were associated with higher levels of fidelity to the MEPP model. In general, parents who received additional intensive substance abuse treatment outpatient supports or parenting supports, and/or who were employed full time, were more likely to complete MEPP. Parents with higher levels of anxiety and stress and/or whose children had been placed into foster care prior to their enrollment in MEPP were significantly less likely to complete the program.

Michigan. The state's evaluators developed a Model Fidelity Checklist to assess the degree to which participating counties achieved and maintained fidelity to the state's Protect MiFamily demonstration project. Participating counties' quarterly scores on the checklist were generally high and remained stable throughout the demonstration period, with an average fidelity score at or near 80 percent. Kalamazoo County achieved the highest fidelity score of 94 percent in the third year of the demonstration.

Ohio. The state's evaluation team assessed fidelity to the core components of FTMs, which was implemented by counties that participated in the final iteration of Ohio's waiver demonstration. Between April 2014 and January 2019, over 50,000 FTMs took place across all participating counties, with about 50 percent of FTMs including all required participant types.[8] Most initial and subsequent FTMs (between 81 and 90 percent) were held on time. As described in the Outcome Findings section below, implementation of FTMs with a high degree of fidelity was not necessarily associated with better safety or permanency outcomes.

Pennsylvania. The state's evaluation team developed a Service Process Adherence to Needs and Strengths tool to examine the extent to which findings from case assessment tools implemented as part of Pennsylvania's waiver demonstration (including the CANS and Family Advocacy and Support Tool) were incorporated into families' service plans. An analysis of findings from this tool indicated that, whereas the CANS and Family Advocacy and Support Tool assessments did inform the content of service plans, the designation of "high needs" in the plans tended to be based more on the professional judgment of caseworkers than on assessment findings. Scores on the Service Process Adherence to Needs and Strengths tool also revealed differences across counties in service plans, with some counties having well-developed plans that corresponded to findings from the assessments and others having plans with little relationship to them.

Utah. The degree to which caseworkers incorporated waiver demonstration services into everyday casework practices was measured using a process termed Saturation Assessment. Achieving "saturation" meant that at least 75 percent of caseworkers in a given region of the state were providing services at a basic level of fidelity,[9] a proportion deemed sufficient to effect measurable changes in child and family outcomes. Reaching saturation proved challenging for most regions, with no region achieving it on the first assessment. However, every region reached saturation by a second assessment and three regions that were assessed a third time successfully maintained

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[8] The required participant types were at least one caseworker or other child welfare agency staff member, at least one parent or primary caregiver, and at least one other person involved in the case.

[9] The fidelity criteria included (1) correct administration and scoring of the state's assessment tool (Utah Family and Children Engagement Tool), (2) use of the tool to guide at least some caseworker choices with respect to service planning and referrals, and (3) the consideration of at least one protective factor as part of an observation of family/child interactions.

saturation. The degree to which service saturation was correlated with improved outcomes was mixed across both regions and time periods.

Washington. The state developed an annual fidelity score to assess the degree to which child welfare offices in Washington implemented the Family Assessment Response (FAR) model with fidelity. Findings from the annual assessments revealed that offices exhibited widely varying levels of fidelity to the FAR model; the aggregate annual fidelity score across offices was highest at 51 percent during the first year of implementation (2015), after which it declined sharply in the following year (39 percent in 2016) before plateauing at 41 percent in 2017. The state's evaluation team reported that the extension of FAR's maximum case length from 90 to 120 days in 2018 may have improved both the quality of service delivery and fidelity to the FAR model.

Timing of Implementation and Evaluation Activities

Several jurisdictions experienced delays in implementing all or certain components of their waiver demonstrations or terminated demonstration interventions early, which truncated the time available to collect complete and high-quality evaluation data. In some cases, these issues may have affected the accuracy, validity, or generalizability of reported evaluation findings. For example, Tennessee did not implement NPP under its demonstration until October 2017, in an effort to adapt the NPP curriculum to best meet the needs of families in that state; however, this delay left only 2 years to collect and analyze data on program participation and outcomes. In Illinois, the Immersion Site demonstration was incorporated into the state's existing IB3 demonstration in January 2017, which allowed for less than 2 years to collect data rather than the 4 or more years that was typical of most demonstration projects.

Both Massachusetts and Maine terminated their demonstrations in their entirety early because of financial and other considerations (6 months early in the case of Massachusetts and nearly a year early in the case of Maine), which resulted in less time to collect and analyze data. Other jurisdictions discontinued selected interventions implemented as part of their larger demonstrations, in response to issues that included low referrals or enrollment and unexpected initial outcomes (e.g., HOMEBUILDERS in the District of Columbia, Permanency Roundtables in Arkansas). California expanded the geographic scope of its waiver extension that began in October 2014 from Los Angeles and Alameda Counties to include seven new counties; however, two of these expansion counties (Butte and Lake Counties) exited the state's demonstration early in 2017. Early termination of all or certain demonstration components or regions, along with later starts in the case of some demonstrations, are additional factors that affect the interpretation of outcome findings presented in the following section.

Outcome Findings

Jurisdictions in the second round of demonstrations implemented between 2012 and 2019 submitted final evaluation reports that described findings in the major outcome categories of safety, permanency, and well-being, along with findings from the cost study component of their evaluations. Outcomes were reported for a broad range of interventions that were evaluated using widely differing research designs and analytic approaches, and they are summarized exclusively from information contained in the jurisdictions' final reports. Furthermore, this 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.[10]

Child Safety

Many jurisdictions reported positive safety findings in their final reports on outcomes that included initial and subsequent maltreatment reports, maltreatment recurrence, Child Protective Services (CPS) case openings, safety risk levels, and initial foster care entries. Statistically significant positive findings were reported by several jurisdictions, including Florida, Indiana, Maryland, and Nebraska for initial or subsequent maltreatment reports, and Arkansas, Florida, Indiana, Maryland, Nebraska, Oklahoma, and Washington for entries into out-of-home placement. Other jurisdictions, including California, Colorado, Kentucky, Maine, Michigan, Nevada, and Ohio, observed few or no statistically significant changes in safety outcomes and in some cases reported unexpected findings.

Arkansas families that participated in Differential Response were significantly less likely to have a subsequent child protective services case open or to have a child removed from the home.

Arkansas. Families that received services through Arkansas' Differential Response demonstration component were significantly less likely than were comparison group families to have a subsequent child protective services case open within 3, 6, and 12 months of enrollment, and were significantly less likely than were comparison group families to have a child removed from the home at these same time intervals. Overall, fewer children enrolled in Differential Response entered out-of-home care within a year of case closing than did children in the comparison group (2.7 percent vs. 6.0

[10] For more detailed results from the evaluations of the waiver jurisdictions, see the 2020 *Profiles of the Title IV-E Waiver Child Welfare Demonstrations* and the *Title IV-E Waiver Demonstration National Study: Supplemental Outcomes Report, available at*: https://www.acf.hhs.gov/cb/programs/child-welfare-waivers.

percent), although this difference was not statistically significant. Families that graduated from the state's Nurturing Families of Arkansas parent education program also had slightly lower rates of verified maltreatment and child removals than did comparison group families at 6 and 12 months of program enrollment, although these differences were not statistically significant.

California. After controlling for demographics, all counties participating in California's demonstration project (Alameda, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma Counties) showed statistically significant improvements in out-of-home placements within 30 days of a maltreatment report. However, when using the same controls, no demonstration counties showed improvement in the proportion of youth who reentered foster care within 1 year of exit.

Colorado. Children whose families participated in Colorado's Facilitated Family Engagement (FFE) intervention were less likely to experience subsequent child welfare system involvement because of a new substantiated maltreatment episode (7 percent of FFE children vs. 11 percent of matched comparison children), although this difference was not statistically significant.

District of Columbia. The District's demonstration consisted of several interventions that addressed child safety, including HOMEBUILDERS, Mobile Crisis Stabilization Services (MCSS), and Project Connect. Safety outcomes across these interventions were mixed. For example, 55.8 percent of families that successfully discharged from HOMEBUILDERS and 62.0 percent of unsuccessfully discharged families had a substantiated maltreatment report within 12 months of service initiation compared with only 21.4 percent of families in the matched sample. Also, 16.8 percent of successful discharges and 40.0 percent of unsuccessful discharges had an entry into out-of-home care within 12 months of program enrollment, compared with 19.0 percent of families in the matched sample. The District's MCSS intervention was associated with more positive safety outcomes—specifically, 31.8 percent of families that were successfully discharged from MSS had a substantiated maltreatment report within 12 months of program initiation compared with 41.7 percent of unsuccessfully discharged families and 78.8 percent of families in the matched case sample. No children receiving MSS services entered care within 12 months of enrollment. Project Connect was also associated with positive safety findings: 18.6 percent of families that were successfully discharged from Project Connect had a substantiated maltreatment report within 12 months of program enrollment compared with 32.9 percent of unsuccessfully discharged families and 71.9 percent of families in the matched group.

Florida. Between state fiscal years (SFYs) 2011–2012 and 2014–2015, the proportion of substantiated maltreatment reports in the state decreased from 13.5 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 22.0 percent of children in matched cases, a statistically significant difference.

Indiana. Children whose families participated in the state's substudy of Family Centered Treatment were significantly more likely to remain home throughout the treatment period than were children whose families did not participate (55.61 percent vs. 39.04 percent, respectively). An analysis of administrative data between FFYs 2011 and 2016 also revealed a decrease from 32.3 to 8.1 percent in the proportion of children in out-of-home care who had an incident of substantiated abuse or neglect by institutional staff or a foster parent. Families' use of concrete services (e.g., transportation, medical care) also associated with statistically significant increases in safety, as defined by the state's Quality Service Review process.

In Indiana, children whose families participated in Family Centered Treatment were significantly more likely to remain home. Among those in out-of-home care, there was a significant decrease in substantiated abuse or neglect by institutional staff or a foster parent.

Kentucky. Families that participated in the Kentucky Strengthening Ties and Empowering Parents (KSTEP) program were significantly more likely to have a repeat maltreatment referral than were families in the comparison group, an unexpected finding that may have resulted from the targeted service objectives and concentrated resource allocation of the KSTEP program. However, families enrolled in KSTEP were somewhat less likely to experience an out-of-home placement, with families in the comparison group experiencing a 2.9 percent greater likelihood of placement compared with KSTEP families.

Maine. The percentage of parents participating in MEPP with a new maltreatment report 6 months after project referral was slightly lower (76 percent) than for parents in the comparison group (79 percent); maltreatment reporting rates were also lower for the MEPP group at 12 months post-referral, although differences at neither time point were statistically significant. In contrast, a larger proportion of comparison group caregivers was able to keep their children out of placement compared with MEPP caregivers at both 6 months and 12 months post-enrollment, differences that were statistically significant.

Maryland. The state's demonstration consisted of multiple interventions implemented across one or more participating counties. Several interventions showed positive effects on child safety. For example, parents who participated in the NPP in Harford County were significantly less likely to have a new maltreatment investigation in the year following enrollment in NPP than during the 12 months prior to admission. In Anne Arundel County, the proportion of children whose families participated in Parent Child Interaction Therapy who were the subject of a child protective services investigation declined from 35 percent prior to Parent Child Interaction Therapy admission to 15 percent 1 year

following admission. The implementation of the Incredible Years curriculum in Allegany County was also associated with positive safety findings; prior to Incredible Years admission, 43 percent of caregivers had a substantiated maltreatment investigation compared with 2 percent (just one caregiver) 12 months following enrollment. In Baltimore County, a longitudinal analysis of child welfare administrative data indicated that children who received Cognitive Behavioral Therapy services were considerably less likely to have a subsequent maltreatment investigation in the 12 months following enrollment than during the 12 months prior to enrollment, and experienced significantly fewer out-of-home placement episodes.

Michigan. Families that were enrolled in this state's Protect MiFamily demonstration had a significantly higher rate of child maltreatment recurrence compared with control group families (37 percent vs. 31 percent, respectively); experienced recurrence more quickly than did control group families (within 434 days vs. 492 days); and had a higher rate of out-of-home placement (18 percent vs. 15 percent). These differences were not statistically significant. The state's final evaluation report noted that the Protect MiFamily program increased caseworker involvement with families and children. Because caseworkers are required to report any maltreatment incidents, observed increases in CPS involvement among treatment group cases may reflect surveillance bias as a result of more intensive engagement and time spent with these families.

Nebraska families assigned to Alternative Response experienced significantly fewer repeat maltreatment referrals and substantiations.

Nebraska. Families that were assigned to participate in the state's AR demonstration experienced significantly fewer repeat maltreatment referrals than did control group families and had significantly fewer maltreatment substantiations. Analyses conducted at the child level showed a statistically significant relationship between out-of-home removal and track assignment, with fewer children in the AR track experiencing an out-of-home placement than did children assigned to the control group.

Nevada. A larger percentage of treatment group families that participated in the state's Safety Management Services demonstration experienced a new substantiated investigation at multiple time intervals than did comparison group families; these differences were not statistically significant at most intervals. Also, smaller percentages of comparison group families experienced a child removal at multiple time intervals than did treatment group families, although most of these differences were also not statistically significant.

Ohio. Slightly fewer children whose families participated in FTMs under the state's demonstration (20 percent) were placed into foster care than were their counterparts in comparison counties (20 percent vs. 22 percent); this difference was not statistically significant. The difference in placement

rates was also insignificant between children who received high-fidelity[11] FTM during the study period (4 percent) vs. matched comparison children (5 percent). Children whose families received FTM also had similar rates of substantiated maltreatment reports within 6, 12, and 24 months of initial case closure than did children in comparison counties (3.8 vs. 2.9 percent, 6.5 vs. 5.0 percent, and 10.7 vs. 8.8 percent, respectively); these between-group differences were not statistically significant. In addition, no statistically significant differences in substantiated maltreatment reports within 6, 12, and 24 months of initial case closure emerged between children whose families received FTM with high fidelity and their counterparts in comparison counties (4.1 vs. 3.7 percent, 6.8 vs. 6.5 percent, and 10.7 vs. 11.3 percent, respectively).

Oklahoma. A small but statistically significant difference emerged between families that participated in the state's Intensive Safety Services (ISS) demonstration and a control group of families in terms of reduced safety threats, with those in the ISS group having a slightly lower average number of safety threats at 6 months post-referral, as measured by a child safety assessment. Children who received ISS services also remained at home much longer before a subsequent placement (496 days) compared with children in the control group (209 days). However, children who received ISS had a greater likelihood of a subsequent maltreatment referral (32 percent) than did children in the control group (26 percent) and children who were assigned to but did not receive ISS (29 percent).

Pennsylvania. Safety findings were mixed across counties that participated in the state's Child Welfare Demonstration Project. Four counties with available data reported increases in maltreatment recurrence within 6 months of a first substantiation of maltreatment, with increases ranging from 1.2 percent in Allegheny County to 7.0 percent in Crawford County. All counties had small shifts in the likelihood of placement within 6 months of a first substantiated report of maltreatment, with the likelihood increasing slightly in Allegheny and Lackawanna Counties but decreasing slightly (by about 2 percent) in Crawford and Philadelphia Counties.

Washington. In contrast to families in a matched comparison group, families that participated in the state's FAR demonstration experienced reduced probability of out-of-home placement at statistically significant levels at 3, 6, 12, and 24 months after intake. The estimated reduction in the probability of removal at 12 months was approximately 17 percent. Contrary to expectations, FAR appeared to increase accepted maltreatment re-referrals, with statistically significant differences observed between the FAR and matched comparison group at 3, 6, 12, 24, and 36 months after intake.

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[11] 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 one parent, at least one family support, and at least one caseworker or other agency staff member).

Possible factors that contributed to more re-referrals in the FAR group included greater exposure among FAR families to service providers, which increased their interactions with mandated reporters, and enhanced willingness among mandated reporters to report lower risk cases.

Families that participated in Washington State's Family Assessment Response demonstration had a 17-percent reduced probability of out-of-home placement 12 months after intake.

Permanency

Many jurisdictions reported positive permanency findings on outcomes that included exits to permanency, placement duration, placement stability, placement with relatives or fictive kin, and foster care reentry. Statistically significant positive findings were reported by several jurisdictions, including Arkansas, Hawaii, Illinois (IB3), New York, Ohio, Tennessee, and West Virginia for exits to permanency; Illinois (AODA), Indiana, and West Virginia for placement duration; Arkansas and Ohio for placement stability; Ohio for placement reentry; and Arizona, Colorado, Oregon, and West Virginia for placement with relatives or kin.

Arizona. Children enrolled in Arizona's Fostering Sustainable Connections demonstration had an average of four more family and fictive kin involved in their lives after enrollment than did children in the comparison group, a statistically significant difference. Only 29 percent of children in the intervention group achieved permanency compared with 32 percent of children in the comparison group, although this difference was not statistically significant. Children in the comparison group also spent fewer days in care on average (856 days) than did children in the intervention group (944), a difference that was also not statistically significant. No statistically significant differences were observed between the intervention and comparison groups in the number of changes in placement settings prior to permanency, the restrictiveness of living environments while in care, or in the proportion of children reentering out-of-home care within 12 months of achieving permanency.

Arkansas. Across all treatment cohorts that received a CANS assessment as part of the state's demonstration, a significantly higher percentage of children in all age groups (0–4 and 5+) were reunified or placed with relatives within 3 and 6 months than were children in the comparison group. For both age groups, a significantly higher percentage of children who received a CANS assessment were adopted within 3, 6, and 12 months than were children in the comparison group. Placement stability (defined as having only one placement change during the period of observation) within 3, 6, and 12 months of an initial CANS assessment was also significantly higher for children of all ages in the CANS group than for youth in the comparison group. Children who were placed in approved resource family homes between February and July 2016 through another demonstration component,

Arkansas Creating Connections for Children, had fewer placement changes, on average, within 6 and 12 months of placement than did children in a comparison group during this same time period. However, these differences were not statistically significant.

Colorado. Compared with matched comparison children whose kin caregivers did not receive kinship supports through the state's demonstration, children whose kin caregivers received these supports had significantly longer stays in kinship care and spent all or most out-of-home placement days in kinship care (88 percent of days for the intervention group vs. 85 percent of days for the matched comparison group). Children whose caregivers received kinship supports also were more likely to achieve permanency (defined as living with kin, guardians, or adoptive parents) at case closure than were matched comparison children (47 percent for the treatment group vs. 43 percent for the matched comparison group), although this difference was not statistically significant. However, the rate of reunification with birth parents was lower for the treatment group (31 percent) than for the matched comparison group (42 percent).

Some positive permanency outcomes were also observed for the FFE component of Colorado's demonstration. Compared with matched children whose families did not receive FFE meetings, children in out-of-home placement whose families received FFE meetings had shorter case lengths (median of 439 days vs. a median of 466 days for the matched comparison group), were more likely to be placed initially with kin (43 percent vs. 33 percent), and were more likely to remain with kin while their cases were open (52 percent vs. 43 percent). All of these differences were statistically significant. Children in the FFE and matched comparison groups were about equally likely to be reunified with their parents at case closure (52 percent vs. 54 percent).

Florida. Statewide, the proportion of children exiting out-of-home care to permanency[12] regardless of discharge reason within 12 months of a previous removal decreased from 50.4 percent for the cohort of children in care in SFY 2011–2012 to 35.8 percent for the SFY 2016–2017 cohort; this decrease was statistically significant. When examining reunification specifically, the proportion of children reunified with an original caregiver within 12 months of the latest removal decreased from 34.3 percent for the SFY 2011–2012 cohort to 29.9 percent for the SFY 2016–2017 cohort, a small but significant reduction. The proportion of children with a finalized adoption within 24 months of latest removal also decreased slightly from 43.0 percent in the SFY 2011–2012 cohort to 42.4 percent for the SFY 2015–2016 cohort, a change that was not statistically significant.

[12] Defined in Florida as a discharge from care as a result of reunification with parents or original caregivers, permanent guardianship with a relative or nonrelative, or a finalized adoption.

Hawaii. On the island of O‘ahu, children defined as “long stayers” (i.e., who had been in care for at least 9 months) who received Family Wrap services through the state’s demonstration were more likely to achieve reunification (73 percent) than were children in the matched comparison group (20 percent). On Hawaii Island, children who received Family Wrap services also achieved reunification at a higher rate (67 percent) than did children in the matched group (17 percent). These findings were statistically significant, although the state’s evaluators advised a cautious interpretation since Family Wrap services were provided to less than 10 percent of eligible long stayers on both islands. Children on O‘ahu whose families participated in Safety, Permanency, and Well-being (SPAW) meetings under the state’s demonstration were more likely to leave care by achieving reunification or guardianship than were children in a matched case comparison group, although these differences were not statistically significant. Children whose families participated in SPAW meetings on Hawaii Island were more likely to leave care by achieving guardianship (29 percent) than were children in the matched comparison group, a difference that was statistically significant. Again, because SPAW services were provided to less than 15 percent of eligible long stayers on both O‘ahu and Hawaii, outcomes from the receipt of SPAW services should be interpreted with caution.

Illinois AODA Demonstration. Over the demonstration period, children in the demonstration group remained in care at a slightly higher rate (78.7 percent) than did children in the control group (83.7 percent), a difference that was statistically significant. No differences were found between the demonstration and control groups with respect to reunification within 12 months of out-of-home placement (6.0 percent vs. 5.6 percent, respectively), and only slight differences in reunification rates were observed between the intervention and control groups between 12 and 24 months of placement (10.0 percent and 7.9 percent, respectively). However, children in the demonstration group were reunified with their families of origin in significantly less time (an average of 827 days) than were control group children (an average of 946 days). Children in the demonstration group also achieved adoption in slightly less time (an average of 1,730 days) than did control group children (an average of 1,757 days), although this difference was not statistically significant.

Children whose families participated in the Illinois IB3 demonstration had a 46 percent greater chance of reunification than did children in the control group.

Illinois IB3 Demonstration. The odds of family reunification (i.e., reunification with a parent or entry into kinship guardianship) were significantly higher for children whose families received services through the state’s IB3 demonstration (NPP, Child Parent Psychotherapy, or both) than for children in the control group. Specifically, intervention group children had a 46 percent greater chance of reunification than did children in the control group. When the analysis was restricted to children first removed from home when they were 6 months of age or older, the odds of family reunification were 57 percent higher for children in the intervention group than for children in the control group.

Completion of NPP also had a positive effect on the likelihood of reunification, with the odds of reunification reported as 20 percent higher for children with a caregiver who completed NPP than for children whose parents participated in but did not complete NPP.

Indiana. Children who received services through the state's substudy of Family Centered Treatment experienced significantly fewer average days in placement until reunification (341 days) than did children who did not participate in Family Centered Treatment (417 days). An examination of statewide administrative data revealed that the proportion of children who achieved permanency through reunification increased slightly from 65.9 percent of children in out-of-home placement in FFY 2011 to 66.7 percent of children in placement in FFY 2016. However, during this same time frame exits to adoption decreased from 12.9 percent of children in placement to 5.2 percent, while exits to guardianship declined from 8.2 to 7.4 percent of children in care. Unexpectedly, the use of concrete services (e.g., transportation, medical care) by families was associated with a statistically significant decrease in the likelihood of permanency.

Maine. Children in the comparison group for the evaluation of MEPP were somewhat more likely to be reunified with their families than were children in the MEPP group at both 6-month and 12-month observation intervals. The average number of days to reunification was significantly shorter for children in the comparison group (197 days) than for children in the MEPP group (243 days).

Maryland. A single-group longitudinal design was used to observe changes in placement experiences and permanency outcomes among children who received Trauma Systems Therapy in Washington County under Maryland's waiver demonstration. All children who received Trauma Systems Therapy were placed out of home at the time of admission; 1 year post-admission, 86 percent of these children were still in placement. On average, children experienced 2.0 placement moves in the year before admission and 2.3 placement moves in the year following admission. Of the 20 children who experienced at least one placement change in the year after admission, the first move was to a less restrictive setting for 30 percent, a more restrictive setting for 35 percent, and to an equally restrictive setting for the remaining 35 percent.

Massachusetts. Contrary to expectations, it took longer for youth who participated in the state's Caring Together (CT) intervention to have a stable return to the community (defined as leaving a congregate care setting) than it did for matched comparison youth; specifically, it took 19 months for half of CT youth to achieve a stable return to the community compared with 14 months for half of youth in a matched comparison group. Other outcomes, including stable permanence (defined as exits to reunification, placement with a relative, guardianship, or adoption without reentering care within 6 months of discharge), placement stability (defined as having no more than one placement change within 6 months of exiting congregate care), and transitional crisis episodes (defined as hospitalizations after returning to the community), were similar for both CT and matched comparison youth.

New York. Caseload reductions instituted as part of the waiver demonstration in New York City had a statistically significant positive effect on permanency outcomes. Specifically, foster care exit rates increased by 9 percent during the period when caseload reductions were introduced over the period prior to the implementation of caseload reductions. In addition, median length of stay for children admitted into care after caseload reduction was 475 days compared with a median of 525 days for children admitted into care before caseload reduction. An intent-to-treat (analysis of the effects of another demonstration component, Attachment and Biobehavioral Catch-up (ABC), found that permanency outcomes improved significantly during the ABC implementation period. However, results from a treatment-on-the treated analysis showed no impact on permanency; in fact, permanency rates were higher for children who either did not participate in or did not complete ABC services. The positive results observed from the intent-to-treat analysis may have been due to the general effects of the state's demonstration project and changes resulting from reduced caseloads.

Caseload reductions instituted as part of the waiver demonstration in New York City had a statistically significant positive effect on permanency outcomes, including exits from foster care and time in care.

Ohio. The average number of days in out-of-home care for children receiving FTMs through the state's demonstration was 304 days versus 285 days for comparison group children, a difference that was not statistically significant. Children whose families received high fidelity FTM spent more days in foster care (an adjusted average of 307 days) than did children living in comparison group counties (an adjusted average of 228 days); however, this difference was also not statistically significant. A significantly higher proportion (63 percent) of children whose families received FTM were reunified than were children in comparison counties (53 percent). Conversely, children in comparison counties were significantly more likely to exit to guardianship or to the custody of a relative.

An examination of findings from the state's Kinship Supports Intervention (KSI) revealed that the mean number of days in foster care for children in demonstration group counties who received KSI was 286 compared with 293 days for children placed in foster care in comparison counties, a difference that was not statistically significant. However, children who received KSI services were significantly less likely to change placements one or more times during their time in out-of-home care than were matched children in foster care in comparison counties, and they were significantly less likely to reenter care than were matched children in foster care in comparison counties within 12 and 24 months of initial exit. KSI children also had fewer days in foster care, with a median stay of 288 days versus a median stay of 350 days for children placed with kin in comparison counties, a statistically significant difference. Also, KSI children placed with kin had significantly fewer placement

moves on average (0.18 moves) than did comparison group children placed with kin (0.25 moves) and reentered care at slightly lower rates than did matched comparison children at 12 and 24 months post-exit (5.2 vs. 6.2 percent and 7.0 vs. 8.4 percent, respectively), although these differences were not statistically significant.

Oregon. Youth in the intervention group for the state's Leveraging Intensive Family Engagement demonstration were significantly more likely to have lived with a relative at some point during their foster care episode than were youth in the comparison group (67 percent vs. 55 percent, respectively), and were also less likely than comparison group youth to return to foster care if they had exited to a permanent placement (3 percent vs. 9 percent).

Pennsylvania. Permanency findings were generally mixed across counties that participated in the state's demonstration project and from which permanency data were available; these included Allegheny, Crawford, Dauphin, Lackawanna, and Philadelphia Counties. Reductions in placement moves within 6 months of a first placement were observed across all counties, with statistically significant reductions observed in Dauphin, Allegheny, and Philadelphia Counties. Results for exits to permanency within 6 and 12 months were mixed across counties, with higher percentages of permanency exits reported for Dauphin and Lackawanna Counties and lower percentages reported for Allegheny, Crawford, and Philadelphia Counties.

Port Gamble S'Klallam Tribe. An analysis of dependency cases suggested that children who participated in the tribe's S'Klallam Strong Parenting Program were more likely to have their cases resolved within 24 months than were children in CPS cases active between April 2012 and November 2014, before the program was introduced. Specifically, about 52 percent of children in cases that participated in the program had some kind of resolution (including 33 percent of cases that were resolved through family reunification or a guardianship arrangement) compared with only 22 percent of children in cases active before the start of the program. The average number of placements for youth in out-of-home placement was almost identical for both groups of cases (2.34 and 2.35 placements, respectively).

Tennessee. The extent to which the state's Keeping Foster and Kinship Parents Supported and Trained (KEEP) initiative was associated with reduced placement changes and increased permanency was examined at two time points in late 2017/early 2018 and again at the end of the waiver demonstration. At the first time point, children placed in the regions where KEEP was implemented were less likely to experience a placement change, although this finding was not statistically significant. Children placed in KEEP regions during the period when KEEP was implemented were also more likely to experience a permanent exit, a finding that was statistically significant. By the end of the demonstration at the second time point, children placed in KEEP regions were still more likely to have achieved permanency compared with the non-KEEP group, although the differences at this point were no longer statistically significant.

West Virginia. Overall, 62 percent of youth in congregate care at the time of their enrollment into the state's Safe at Home (Wraparound Services) project returned home within 12 months, a significantly higher percentage than was observed for comparison group youth in congregate care. Safe at Home youth spent an average of 51 fewer days in congregate care within 6 months of referral and 82 fewer days within 12 months of referral than did comparison group youth, differences that were both statistically significant. They were also significantly more likely to be placed in a relative's home and to reunify with their families of origin within both 6 and 12 months of enrollment than were youth in the comparison group.

Well-Being

Jurisdictions reported positive findings in several domains of well-being, including child development and functioning, caregiver capacity and functioning, and step-downs from congregate care to less restrictive placement settings. Statistically significant positive results were documented by several jurisdictions, including Arkansas, Illinois, Kentucky, Maine, Maryland, Michigan, Nebraska, New York, and Pennsylvania for parenting knowledge/skills; Indiana and Nebraska for child development/functioning; Kentucky for substance abuse; and Maine, Maryland, and West Virginia for parent and/or child stress/anxiety.

Caregivers who graduated from the Nurturing Families of Arkansas program had statistically significant increases in self-reported parenting skills.

Arkansas. Based on an analysis of data from the Comprehensive Parenting Inventory well-being measurement tool, caregivers who graduated from the Nurturing Families of Arkansas program had statistically significant increases in self-reported parenting skills between baseline and graduation on a variety of topics, including empathizing with their children, having appropriate expectations of their children, and allowing their children to have power and independence in the parent-child relationship.

Illinois IB3 Demonstration. An examination of pre- and posttest differences in scores on the Adult-Adolescent Parenting Inventory-2 for parents and caregivers who completed the NPP component of the state's demonstration revealed statistically significant, albeit moderate, improvement in parenting competencies in all five Adult-Adolescent Parenting Inventory domains (Expectations, Empathy, Punishment, Roles, and Power). Results from the Devereux Early Childhood Assessment for Infants and Toddlers suggested that, over time, participation in trauma-informed parenting programs improved the social and emotional well-being of children in foster care more than when no services or services as usual were offered.

Indiana. Quality Service Reviews that were conducted on cases in the state's child welfare system during a pre-waiver period (July 2007–June 2012) and a period during waiver implementation (July 2012–June 2017) revealed statically significant positive improvements in several well-being indicators, including physical health, emotional health, and child learning and development.

Kentucky. Families that participated in the state's KSTEP program reported improvements in several domains of the North Carolina Family Assessment Scale between the start of KSTEP and 8 months after enrollment, with statistically significant changes observed in the Environmental, Parental Capabilities, and Family Safety domains. KSTEP participants also showed significant improvement on three of seven domains of the Addiction Severity Index, specifically Drug Use, Family/Social Status, and Psychiatric Status. Participants' scores in the four other domains (Medical, Employment, Alcohol Use, and Legal Issues) also decreased but were not statistically significant. Child well-being as operationalized by improved scores in the Child Well-being domain of the North Carolina Family Assessment Scale also increased significantly before and after enrollment in KSTEP. Families that participated in the Sobriety Treatment and Recovery Teams component of the state's demonstration also reported improvements in family safety and well-being, as measured by the North Carolina Family Assessment Scale, with the largest improvements recorded in the domains of Family Safety and Child Well-being.

Maine. Children assigned to receive services through MEPP demonstrated moderately higher improvement in the mental health and educational attainment domains of the CANS assessment than did comparison group children, although these differences were not statistically significant. Among parents who participated in MEPP, statistically significant improvements were observed in several domains of the Parenting and Family Adjustment Scales, including parenting practices, parental adjustment, and family relationships. MEPP participants also reported statistically significant improvements in the Anxiety, Depression, and Stress domains of the Depression Anxiety Stress Scales.

Maryland. Positive well-being outcomes were observed among participants in several interventions implemented across multiple counties that participated in Maryland's waiver demonstration. For example, caregivers who participated in Strengthening Ties and Empowering Parents in Washington County showed significant increases from pre- to posttest in several domains of the Parents' Assessment of Protective Factors survey, including parental resilience, receipt of concrete supports, and social-emotional competence. Other positive well-being outcomes included statistically significant decreases in behavioral dysfunction, intrapersonal distress, problems with interpersonal relations, and social problems among youth who participated in Functional Family Therapy in Anne Arundel, Carroll, Harford, and Howard Counties, as measured by the Youth Outcome Questionnaire; statistically significant improvements between pre- and posttest in the domains of Expectations of Children, Parental Empathy Towards Children's Needs, Children's Power and Independence, and

Use of Corporal Punishment in the Adult-Adolescent Parenting Inventory-2 among parents who engaged in the NPP in Harford County; statistically significant declines in self-reported posttraumatic stress over time as reported by children living in Baltimore County who received Cognitive Behavioral Therapy; and statistically significant decreases from pre- to posttest in the Total Stress score of the Parenting Stress Index-Short Form among graduates of Allegany County's Incredible Years program.

Massachusetts. Fewer youth in congregate care who participated in the state's CT project experienced a physical restraint episode within 6 months of congregate care entry (33 percent) than did youth in the matched comparison group served in traditional congregate care prior to the start of the demonstration (39 percent). CT youth were also slightly less likely to experience a hospitalization within 6 months of placement (9 percent vs. 11 percent of matched youth) and had fewer critical incidents (e.g., psychiatric emergency, assault) within 3 months of entry (48 percent vs. 53 percent of matched youth). All of these differences were statistically significant.

Michigan. Overall, treatment group families that completed the state's Protect MiFamily program showed statistically significant improvements over time in several domains of the Protective Factors Survey, including Family Functioning, Parent Social-Emotional Support, Parent Concrete Support, Nurturing and Attachment, and Knowledge of Parenting/Child Development.

Nebraska. Families that received AR services demonstrated statistically significant improvements in knowledge of parenting and child development between case opening and closure, while children showed significant improvements in social and emotional competence between case opening and closure, as well as decreases in emotional symptoms, hyperactivity, and conduct problems.

Nevada. Despite unexpected safety findings related to maltreatment investigations and removals from the home, protective capacity as measured using the Protective Capacity Progress Assessment tended to increase over time among families that received Safety Management Services through the state's demonstration, with statistically significant changes observed between 90-day and 180-day measurement intervals.

New York. Based on results from the Observational Record of the Caregiving Environment, caregivers who participated in the ABC component of the state's demonstration exhibited significant improvements in parenting skills such as "following the lead" of the child and recognizing intrusive behaviors that may be troubling to a child in their care. Results from the Brief Infant-Toddler Socioemotional Assessment suggested that caregivers who participated in ABC were better able to assess a child's development and behavioral problems.

Pennsylvania. The effectiveness of the Positive Parenting Program was examined as part of a substudy conducted by the state using pre- and posttests of parenting behaviors and child/youth functioning as measured by the Eyberg Child Behavior Inventory. Results from this scale indicated

that negative parenting behaviors in the domains of Inconsistent Discipline and Poor Supervision decreased significantly over the course of participation in the Positive Parenting Program, as did the severity and number of child behavior problems. Unexpectedly, scores in the Positive Parenting domain also decreased over the course of participation.

Port Gamble S'Klallam Tribe. Parents who participated in the S'Klallam Strong Families component of the tribe's demonstration reported increases from pre- to posttest in positive attitudes about the use of traditional teachings to support parenting activities and increased use of activities such as storytelling, traditional ceremonies, and communication about traditional beliefs in working with children.

Utah. Using the Protective Factors Survey to measure changes in well-being, the state observed small increases between pre- and posttest in all Protective Factors Survey subscales among families that received services through the state's HomeWorks demonstration; these differences were not statistically significant. Similar small increases in pre- and posttest scores were found for the comparison group except on the Concrete Supports and Parenting Knowledge subscales. Posttest means for the intervention group receiving HomeWorks services were higher than for the comparison group on each of the subscales, including a statistically significant difference in favor of the intervention group on the Concrete Supports subscale.

Over half of youth who received Wraparound Services through the West Virginia Safe at Home project demonstrated positive changes in well-being over time.

West Virginia. Over half of youth who received Wraparound Services through the state's Safe at Home project demonstrated positive changes in well-being over time, as measured by the CANS assessment, with improvements observed specifically in the domains of Trauma Stress Symptoms, Family Functioning, and Educational Functioning.

Cost Findings

As noted earlier, beyond the cost neutrality requirement stipulated for all waiver demonstrations, the jurisdictions implemented cost studies of varying scales and levels of sophistication as part of their overarching evaluation efforts. As is evident from the selected cost findings reported below, some jurisdictions realized large cost savings, whereas other jurisdictions saw expenses escalate over time. Shifts in expenditures across service categories also emerged from several cost studies, which was particularly apparent in some jurisdictions through increased spending on up-front maltreatment prevention and family preservation services versus spending on out-of-home placement.

Arizona. The state began to observe meaningful cost savings by the third year of its demonstration, with per-case costs for comparison group families averaging $15,000 more than for intervention group families, a statistically significant difference. Overall, children in comparison families had higher average placement costs over time than did children in the intervention group; however, this difference was not statistically significant.

Colorado. During the waiver period, demonstration counties experienced a reduction in the average daily unit cost of out-of-home care of 8 percent between SFYs 2013 and 2018; 4 of the 10 largest counties saw a decrease of 17 percent or greater between SFYs 2013 and 2018. Total savings in out-of-home care expenditures were estimated at $69.8 million over the course of the demonstration. These savings likely occurred as a result of the shift over time in placement settings from more restrictive and costly congregate care settings to less restrictive kinship care settings.

Florida. Expenditures for front-end prevention services increased from $16.8 million during the pre-demonstration observation period (SFYs 2004–2005 through 2005–2006) to $39.6 million during the initial demonstration period (SFYs 2006–2007 through 2012–2013) and to $52.3 million during the state's waiver extension (SFYs 2013–2014 through 2015–2016). The ratio of expenditures for licensed foster care to expenditures for front-end prevention services trended downward over time. For the pre-demonstration period (SFYs 2004–2005 and 2005–2006), expenditures for licensed care were 9 to 10 times higher than for prevention services but declined to only 3 times higher by SFY 2012–2013.

Illinois IB3 Demonstration. Through June 2018, cumulative savings in foster care maintenance and administrative costs for the state's demonstration amounted to $432,568. Thus, the IB3 demonstration was able to fund the extra costs of delivering evidence-supported services within its preestablished cost neutrality limits.

Maine. Average total costs per case were higher for families enrolled in the demonstration's treatment (MEPP) group ($34,692) than for families in the comparison group ($14,835); these higher per-case costs were attributed to the costs for contracted MEPP services.

Massachusetts. During the state's CT demonstration, more youth were served in congregate care and stayed in care longer, which increased the total cost of services and cost per youth accordingly. The average cost per youth served increased by 52 percent during the demonstration, with over 30 percent of this increase occurring between SFYs 2013 and 2015. Average costs per residential housing unit increased 15 percent during the demonstration, while average group home costs increased by 13 percent.

Nebraska. Overall, average worker costs per case were significantly higher for AR families than for Traditional Response families; this remained true for all years of the demonstration except for SFY 2018–2019. Conversely, service costs for Traditional Response families were significantly higher

than for AR families. To examine the relative cost-effectiveness of AR, the ratio of worker costs to average levels of family engagement was calculated; the analysis revealed that AR was significantly more cost effective than Traditional Response with respect to worker time spent in direct contact with families and family time spent together.

New York. Despite an overall reduction in out-of-home care expenditures, total child welfare expenditures grew during the state's demonstration, largely because of increased funding for preventive and in-home services. Controlling for inflation, total child welfare expenditures increased by 7 percent over the course of the demonstration from about $1.73 billion in SFY 2013 to $1.85 billion in SFY 2018. The average cost of out-of-home care also rose during the demonstration period, largely because of the rising costs of residential care. Overall, the average daily cost for all placements in New York City rose by 22 percent during the demonstration period from $107.92 in SFY 2013 to $137.98 in SFY 2018. However, overall out-of-home expenditures decreased during the demonstration, primarily through reductions in the quantity of care provided. Specifically, care day utilization dropped by about 30 percent from 4.7 million care days in SFY 2013 to 3.3 million care days in SFY 2018.

Pennsylvania. All counties in the state except for Venango County experienced a reduction in their average daily out-of-home placement costs, ranging from a 9 percent reduction in Allegheny County to a 28 percent reduction in Philadelphia County. These declines likely stemmed in part from a shift in the placement mix away from more expensive care settings like congregate care to less costly placements like kinship care.

Washington. The implementation of FAR appeared to increase per-case expenditures initially but reduced per-case costs over time. Specifically, an analysis of costs for FAR and comparison group families revealed higher expenditures for FAR families ($42 more per family) during the first 3 months after intake; however, by 6 months after intake, FAR families had lower total expenditures ($80 less per family), a difference that grew at 12 months ($270 less per family), 24 months ($469 less per family), and 36 months ($490 less per family) after intake. These differences in per-case expenditures were statistically significant at the 3-, 6-, 12-, and 24-month time intervals.

West Virginia. Costs for youth enrolled in West Virginia's Safe at Home demonstration averaged about $41,400 per youth per year versus an average of $14,800 per year for youth in the comparison group, a difference of $26,600. However, when only room and board and fee-for-services costs were considered, Safe at Home saved the state approximately $4,065 per youth per year. Overall, treatment group youth incurred nearly $1.6 million less in fee-for-service costs than did comparison group youth.

The Legacy of Title IV-E Waivers: Lessons Learned and Implications for the Field

For nearly a quarter century, over 30 child welfare jurisdictions—including state and tribal child welfare agencies and the District of Columbia—implemented a diverse array of programs, services, interventions, and reform initiatives under the title IV-E waiver authority, with the intent of improving safety, permanency, and well-being outcomes for vulnerable children and families. Despite numerous implementation and evaluation hurdles, this report documents the successes experienced by many jurisdictions in producing evidence—albeit of varying quality—of positive impacts in these outcome categories. Although waivers differed in their scale, scope, and focus, their availability, beginning in the late 1990s through the first 2 decades of the 21st century, also contributed to changes in the child welfare legislative, policy, practice, fiscal, and research landscape at the national, state, and local levels. Contributions of waivers in these areas are highlighted below.

Rigorous evaluations of federally subsidized legal guardianship under multiple waiver demonstrations clearly demonstrated its effectiveness in increasing permanency without compromising child safety.

Federal and State Child Welfare Law and Policy

In reflecting on the first round of demonstrations implemented in the late 1990s into the 2000s, the most significant impact of title IV-E waivers on child welfare law at the federal and state levels has been the establishment of the title IV-E Guardianship Assistance Program (GAP), enacted as part of the Fostering Connections to Success and Increasing Adoptions Act of 2008. For states and tribes that opt to participate in the program, title IV-E funds may be used to support the care of children discharged from foster care to legal guardianship. The use of federal funds to support legal guardianship is contingent upon an approved title IV-E plan that governs the administration of the program. As of February 2020, 55 title IV-E agencies (including 39 states, 14 tribes, Puerto Rico, and the U.S. Virgin Islands) had approved title IV-E plan amendments that allow them to claim federal support for guardianship.[13] Rigorous evaluations of federally subsidized legal guardianship under multiple waiver demonstrations clearly demonstrated its effectiveness in increasing permanency without compromising child safety, and these studies helped build support among

[13] Information retrieved from https://www.acf.hhs.gov/cb/grant-funding/title-iv-e-guardianship-assistance.

states and tribes—and ultimately within Congress—to implement and expand this legal permanency alternative.

More broadly, waivers have been part of the ongoing political dialogue within the United States about restructuring child welfare financing to promote services and supports that prevent child maltreatment and the trauma of unnecessary family separation, while limiting growth in federal child welfare spending and protecting states from the costs of unexpected spikes in foster care placements. Over the past 3 decades, several legislative proposals resembling the "flexible funding" and "capped allocation" demonstrations implemented by many states under the waiver authority have been put forward by members of Congress and presidential administrations, but none have yet been enacted into law. Influenced by waivers, one major legislative milestone is the Family First Prevention Services Act (FFPSA) of 2018 (Pub .L. 115-123), which made significant changes to the title IV-E program. Key provisions of the law include limits on title IV-E foster care payments for children placed in Child Care Institutions (i.e., congregate care) and the authorization of open-ended matching funds to help pay for selected evidence-based mental health, substance abuse, in-home parenting, and kinship navigator programs that meet certain requirements.

Fiscal Policies and Priorities

Overall, waivers helped facilitate a growing interest at the state and local levels in shifting child welfare spending away from foster care maintenance and administration to a broader array of programs focused on expediting permanency and preventing or delaying out-of-home placement. For many child welfare jurisdictions, title IV-E funding came to be seen as one of many fiscal resources to diversify the number and types of services and supports available to children and families. In some states, the ratio of child welfare funds (including title IV-E dollars) allocated to foster care versus prevention-oriented services shifted considerably; for example, over the course of Florida's original demonstration and multiple extensions, this ratio changed from nearly 10 to 1 in 2004 to 3 to 1 by 2013. As more states participate in the new Title IV-E Prevention Program established under FFPSA and claim title IV-E funds for evidence-based therapeutic and prevention-oriented services, a gradual movement toward the allocation of more child welfare funds for prevention and other up-front services may occur. However, foster care maintenance and administrative costs will likely remain the largest category of title IV-E expenditures for some time.

Child Welfare Programs, Services, and Practices

As is well established in this report, waivers made possible a substantial expansion of the range of programs and services implemented by child welfare jurisdictions at both the state and local levels; this growth reflected the legislative intent of waivers to encourage the testing of innovations or enhancements to existing child welfare interventions and systems that had the potential to improve

safety, permanency, and well-being outcomes for children and their families. Some of the most prevalent categories of services implemented under waivers included clinical/functional assessments, trauma-informed therapeutic services, family-centered case management models such as Family Group Decision Making, resource/kinship family recruitment and support activities, parenting education and mentoring programs, intensive case management models, substance abuse treatment, family preservation and stabilization services, concrete services and supports, and Differential/Alternative Response models. Waivers alone were not responsible for the expansion of these types of initiatives, but they created a fiscal environment that helped foster their implementation. In this regard, waivers have contributed to the evolution of a broader and deeper child welfare service landscape than existed 25 years ago.

Waivers demonstrated that methodologically rigorous evaluations of child welfare programs are feasible and should be encouraged.

Evidence Base in Child Welfare

Another express purpose of the waiver authority, which was reflected in the requirement for third-party evaluations, was to build the evidence base for effective child welfare programs and practices. Although the evaluation findings that emerged from waiver demonstrations over the past 2 decades have in many cases been mixed or inconclusive, some initiatives involving methodologically rigorous RCTs—most notably the subsidized guardianship demonstrations and the Recovery Coach model implemented under Illinois' AODA demonstration—revealed conclusive evidence of benefit. In addition, evaluations implemented during the second round of demonstrations in the 2010s (e.g., Family Centered Treatment by Indiana, Wraparound services by West Virginia) have contributed to the evidence base for certain promising and supported programs and practices, while the incorporation of implementation science concepts such as fidelity may have served as a catalyst for a more systematic approach to assessing and measuring program implementation in the child welfare field.

Perhaps most importantly, waivers have helped change the conversation within the child welfare community around evaluation: They demonstrated that methodologically rigorous evaluations of child welfare programs are feasible and that efforts to further build evidence for effective innovations through high-quality evaluations should be encouraged. The expectation for rigorous evaluation is now embedded in the FFPSA, which authorizes the use of title IV-E funds only for prevention services that are deemed evidence based according to criteria outlined in the statute. This evidentiary requirement may spur the continued implementation of rigorous evaluations of promising programs and of previously untested child welfare innovations.

Conclusion

Child welfare demonstration projects implemented beginning in the late 1990s through 2019 under title IV-E waivers served as laboratories for promoting innovations in child welfare programs, services, policies, and financing. Their influence is evident in federal child welfare legislation enacted over the past decade, most recently in the FFPSA of 2018 and in ongoing child welfare reform efforts at the state and local levels. They contributed to advances in child welfare research and evaluation through many systematic and methodologically rigorous studies involving RCTs and other advanced methods, such as propensity score matching, and they showcased the potential and challenges of investing more resources in up-front services that seek to prevent maltreatment and out-of-home placement. As we enter the third decade of the 21st century, we hope the lessons of the child welfare waiver demonstrations, including their successes and challenges, will lay a foundation for new generations of innovation in child welfare programs and systems.

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