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Title IV-E Waiver Demonstration National Study

Final Report

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Submitted to

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Children's Bureau

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Executive Summary

Introduction

Since the 1994 passage of Public Law 103–432, which established Section 1130 of the Social Security Act, the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, has administered the title IV-E child welfare waiver demonstrations. The waivers allow flexibility in the use of federal funds for alternative services and supports that promote safety, permanency, and well-being for children in the child protection and foster care systems. The Adoption and Safe Families Act of 1997 extended and expanded the waiver authority, after which it continued with some brief lapses until March 31, 2006. The Child and Family Services Improvement and Innovation Act (Public Law 112–34), signed into law on September 30, 2011, reinstated the authority to approve new demonstrations in fiscal years 2012–2014. The law also required all demonstrations to terminate on September 30, 2019.

As a component of its evaluation technical assistance contract, James Bell Associates, in collaboration with the Children's Bureau, was tasked with conducting the National Study of the Title IV-E Child Welfare Waiver Demonstration (hereafter known as the National Study). The purpose of the National Study is to provide a better understanding of the jurisdictions' collective experience of implementing their demonstrations and operating with increased fiscal flexibility.

Background – Feasibility Study

Prior to initiating the National Study of the waiver demonstrations, the Children's Bureau required a feasibility study be conducted. The purpose of the study was to assess the advisability of conducting a multisite evaluation with waiver jurisdictions to answer specific research questions and to provide recommendations for how to conduct the evaluation. A Feasibility Study Work Group was convened with representatives from the waiver jurisdictions and included program staff and evaluators. Representatives from the Children's Bureau and the Administration for Children and Families were also invited to participate.[1] Exhibit 1 contains the research questions identified by the Feasibility Study Work Group by category type and data sources used to address each question. The research questions are listed in the order of priority recommended by the Feasibility Study Work Group and approved by the Children's Bureau.

Exhibit 1. National Study Research Questions and Data Collection Sources

Research Question	Data Source
What types of internal and external factors have inhibited or enhanced the ability of waiver jurisdictions to use title IV-E funding flexibly?	Web-Based Survey Fiscal Flexibility Telephone Survey
To what extent do safety, permanency, and well-being outcomes improve for jurisdictions with waiver demonstrations?	Interim Evaluation Reports

[1] Additional details are available in the final report for the Feasibility Study.

Research Question	Data Source
To what extent and in what areas do jurisdictions with waiver demonstrations experience systems- and practice-level changes?	Web-Based Survey Fiscal Flexibility Telephone Survey
How have waiver jurisdictions and their evaluations addressed the issue of measuring child well-being, and what early insights have emerged?	Measuring Well-Being Telephone Survey
How and to what extent has the cost-neutrality requirement of title IV-E waivers (i.e., operating within a capped allocation) influenced program and practice decisions among jurisdictions with waiver demonstrations?	Web-Based Survey Fiscal Flexibility Telephone Survey
Has the waiver demonstration had an impact on the development of state/tribal policy that promotes fiscal flexibility?	Web-Based Survey Fiscal Flexibility Telephone Survey
How has the waiver demonstration led to enhancements/improvements in the Comprehensive Child Welfare Information System (and other waiver jurisdiction data systems) and to the awareness and use of data in general?	Web-Based Survey Fiscal Flexibility Telephone Survey

Overview – The National Study

The National Study included 23 jurisdictions approved[2] for a waiver in federal fiscal years 2012, 2013, and 2014 (exhibit 2) and is the only examination of the demonstration experience that cuts across jurisdictions.[3] The study consists of the following four data collection components: the Web-Based Survey, the Fiscal Flexibility Telephone Survey, the Measuring Well-Being Telephone Survey, and the Interim Evaluation Report Review.[4]

Exhibit 2. Jurisdictions by Cohort

Jurisdiction
2012 Cohort
Arkansas
Colorado
Illinois (IB3)

[2] Demonstrations were approved upon written acceptance of waiver Terms and Conditions, which include requirements for implementation, evaluation by a third party, cost neutrality, financial claiming, and reporting.
[3] The 2012, 2013, and 2014 cohorts of waiver demonstration jurisdictions entered into waiver terms and conditions under legislation different from the waiver demonstration jurisdictions funded in earlier years (known as the legacy jurisdictions). The Children's Bureau, after consultation with James Bell Associates, determined the difference between the two sets of jurisdictions was sufficient to exclude the legacy jurisdictions from the National Study.
[4] Originally, the National Study was also to include a review of the Accounting of Investments. The Children's Bureau decided to remove the Accounting of Investments analysis from the National Study because of data quality issues.

Massachusetts
Michigan
Pennsylvania
Washington
Wisconsin
Utah
2013 Cohort
District of Columbia
Hawaii
Nebraska
New York
Tennessee
2014 Cohort
Arizona
Kentucky
Maine
Maryland
Nevada
Oklahoma
Oregon
Port Gamble S'Klallam Tribe
West Virginia

Note: IB3 refers to Illinois Birth Through Three.

Highlights From the Summary of the Results

Web-Based Survey

The purpose of the Web-Based Survey was to broadly examine the implementation of the demonstrations and corresponding changes in child welfare policy, practice, and use of fiscal flexibility. The Web-Based Survey was administered to jurisdiction representatives and evaluators (*n* = 115 respondents; response rate = 55 percent) from the 2012, 2013, and 2014 cohorts of waiver demonstrations.

Fiscal Flexibility and Practice- and Systems-Level Changes

- Respondents clearly thought practice-level changes were occurring in their jurisdictions.
- Fewer respondents thought systems-level changes were occurring.

Factors Influencing Jurisdictions' Ability to Use Title IV-E Funding Flexibly

- Respondents thought both internal and external organizational factors enhanced their child welfare agency's ability to use title IV-E funds flexibly, though a much larger percentage of respondents viewed internal organizational factors as helpful.
- A smaller percentage of respondents thought both internal and external organizational factors inhibited the efforts of their child welfare agency, though a higher percentage of respondents felt external factors were inhibitors.

Policies That Promote the Use of Fiscal Flexibility

- A large percentage of respondents did not know whether their child welfare agency had developed and implemented policies to enhance its ability to use funding flexibly.
- About half of the respondents indicated policies had been developed and implemented.

Practice, Program, and Policy Decision Making in a Capped Allocation Environment

- A large percentage of respondents answered they did not know whether operating in a capped allocation environment had influenced decision making by child welfare workers. However, a higher percentage of respondents thought operating in a capped allocation environment had not influenced child welfare worker decision making than thought that it did.
- Almost half of the respondents reported they agreed or strongly agreed operating in a capped allocation environment had influenced program-level decision making.
- Roughly a third of respondents agreed or strongly agreed operating in a capped allocation environment had influenced policy-level decision making.

Data Systems Awareness, Use, and Improvements

- Respondents provided a solid indication the waiver demonstration has had a positive impact on the awareness and use of data in general and on the use of data for continuous quality improvement efforts.
- The increased use of data did not seem to translate to the enhancement of existing data information systems.

Fiscal Flexibility Telephone Survey

The Fiscal Flexibility Telephone Survey gathered in-depth information about the fiscal flexibility and the practice- and systems-level changes that occurred during implementation of the demonstrations. The Fiscal Flexibility Telephone Survey was administered to jurisdiction representatives and evaluators (*n* = 38; response rate = 63 percent) from the 2012 and 2013 cohorts of waiver demonstrations.

Fiscal Flexibility and Practice- and Systems-Level Changes

Practice-level changes include the following:

- Child welfare agencies appeared to experience significant practice-level changes because of the fiscal flexibility provided through the title IV-E waiver demonstration.
- The practice-level changes can be organized into two categories: (1) changes in child welfare casework activities and (2) changes in the approach to services for families.
- Changes in work activities can be organized into four subcategories: (1) assessment (e.g., greater use of assessment tools); (2) planning (e.g., increased use of information from assessment tools); (3) interacting (e.g., improved engagement with families); and (4) decision making (e.g., increased collaborative decision making).
- Examples of the changes in the approach to services include focusing on placement prevention and early intervention, finding relative family placements, engaging families and supporting kin, enhancing in-home services, and working with families post-reunification.

Systems-level changes include the following:

- Child welfare agencies appeared to experience significant systems-level changes because of the fiscal flexibility provided through the title IV-E waiver demonstration.
- Examples of ways child welfare agencies changed internally and in their relationship with their external environment include shifts in the agencies' culture and orientation (e.g., focus on trauma); organizational change resulting from practice-level change (e.g., improved communication); changes in implementation processes (e.g., use of implementation teams); improved partnerships with other agencies; and changes in the working relationships with community-based organizations.

Factors Influencing Jurisdictions' Ability to Use Title IV-E Funding Flexibly

Factors that enhanced the jurisdictions' ability to use title IV-E funding flexibly include the following:

- Leadership
- Culture/climate elements
- Organizational policies and procedures
- The flexible nature of the waiver
- Collaborative relationships

Factors that inhibited jurisdictions' ability to use title IV-E funding flexibly include the following:

- Shifting the culture of the organization
- Staffing issues
- Relationship with partner organizations
- Political environment

Policies That Promote the Use of Fiscal Flexibility

Changes jurisdictions made to policy changes to promote the use of fiscal flexibility ranged from broad to specific. Examples of broad policy changes include the following:

- Expanding the use of funding to pay for services that were not reimbursable under title IV-E funding regulations prior to the waiver
- Expanding the use of funding to pay for services for children and families regardless of whether the child remains at home or is placed in out-of-home care

Jurisdictions made specific policy changes primarily to ensure interventions were implemented as intended. Examples include the following:

- Development of a crisis response team and new policies regarding required responders, safety tools, and communication
- Time lines for the use of assessment tools
- Authorization for caseworkers to spend funds on concrete goods (e.g., refrigerators) for clients

Some respondents reported no new policies had been developed and implemented. Examples of why policies were not developed include the following:

- There was concern about burdening child welfare staff with too many changes at once.
- New policies to enhance flexible funding were not required.

Practice, Program, and Policy Decision Making in a Capped Allocation Environment

Operating in a capped allocation environment did not appear to influence decision making at the worker level. However, operating a capped allocation did appear to influence program-level decision making. The influence came in several forms, including the following:

- The capped allocation environment appeared to provide a kind of structure for decision making based on a predetermined dollar amount and expenditure time horizon.
- The characteristics of a capped allocation environment appeared to provide a structure for monitoring programmatic activities.

Some respondents suggested operating in a capped allocation environment influenced decision making at the policy level, including in the areas of contracting/procuring services, the use of assessment tools, staffing infrastructure, and data usage.

Data Systems Awareness, Use, and Improvements

Data use appeared to increase as a result of the waiver demonstration. This increase appeared to be due to the involvement of an independent evaluator and to the new or expanded use of assessment tools and services.

Data systems appeared to improve or experience enhancements as a result of the waiver demonstration.[5] The reason for the improvements and enhancements was the increase in data resulting from the use of assessment tools and services.

Some respondents suggested the waiver resulted in the development of new data systems, but most responses indicated data needs were met by expanding existing data systems rather than creating new ones.

Measuring Well-Being Telephone Survey

The Measuring Well-Being Telephone Survey gathered information about how jurisdictions addressed the issue of measuring child well-being and caregiver well-being and any early insights that have emerged. The Measuring Well-Being Telephone Survey was administered to evaluators (*n* = 17; response rate = 81 percent) from jurisdictions that are implementing interventions focused on improving well-being and evaluations designed to measure and analyze well-being outcomes.

[5] The Fiscal Flexibility Telephone Survey finding conflicts with the Web-Based Survey, which found the increased use of data did not seem to translate to the enhancement of existing data information systems. A possible explanation is the 2 relevant survey questions in the Web-Based Survey showed a high percentage of respondents "didn't know" whether enhancements to the Comprehensive Child Welfare Information System or other data systems had occurred (21.5 percent and 35.5 percent, respectively), compared with 7.8 percent of the respondents to the relevant survey question in the Fiscal Flexibility Telephone Survey.

Defining Well-Being

- Most jurisdictions defined child and caregiver well-being as a form of social-emotional well-being.
- The definitions of child and caregiver well-being and the instruments jurisdictions used to measure well-being are tightly linked. In most cases, the instrument or data source (e.g., administrative data on child health functioning) drove how the jurisdiction defined child and caregiver well-being.

Selecting the Well-Being Measure or Data Source

- The most commonly selected instrument for measuring child and caregiver well-being is a version of the Child and Adolescent Needs and Strengths.
- Convenience and practicality appeared to be the driving forces behind the selection process of well-being measures for the majority of jurisdictions. Respondents reported the measures were selected because the jurisdiction was already using them as part of general child welfare practice or for data collection in another project or grant.

Data Collection Challenges

- Nearly all jurisdiction evaluators experienced challenges in collecting information on well-being.
- Respondents indicated several actions (e.g., communication and promotion of data collection importance) were helpful in improving assessment completion rates and/or timely data submission to evaluators.

Insights Into Measuring Well-Being

- The insights and recommendations for measuring child well-being respondents described highlight the inevitable tension in program evaluation between rigor and practicality.
- Respondents noted it was important to specify the targeted aspect of child well-being early in the planning process. However, this ideal process was not feasible for most jurisdictions, where the definition and selection of child well-being measures were driven by convenience and practicality.

Interim Evaluation Report Review

The Interim Evaluation Report Review examined which demonstration interventions were showing promising results on outcomes at the interim point of their evaluations. The Interim Evaluation Report Review was conducted across 20 jurisdictions[6] collectively, implementing 68 interventions from the 2012, 2013, and 2014 cohorts. The review included 52 interventions because 5 jurisdictions[7] evaluated their interventions as a group. The Interim Evaluation Report Review included only interventions with findings data. The review excluded neutral results or results of no difference relative to a comparison

[6] Three jurisdictions—Port Gamble S'Klallam Tribe, Maine, and Arizona—were not included because of the timing of the review and the submission dates of their Interim Evaluation Reports.
[7] Massachusetts, Michigan, Oregon, New York, and Utah.

condition (e.g., between groups, pre- and posttest).[8] The findings data were reviewed, and interventions were organized into one of three categories based on their results. Interventions with all their results in the expected direction of the comparison were placed in the Only Promising Findings category. Interventions whose results were unexpected were placed in the Only Unexpected Findings category. Interventions whose results were a combination (expected and unexpected) were placed in the Mixed Findings category.

Target population categories were developed to organize the interventions in a way that aided in understanding their potential impact. The target population categories are based on nine possible phases (and goals) in a child welfare case trajectory, agreed on by the Children's Bureau and James Bell Associates. The distribution of interventions between the "front end" of the child welfare system (i.e., preventing foster care placement, working with children in their homes) and the "back end" of the system (i.e., returning children to their families, long-term placements, preparing for post-foster care) is similar.

Exhibit 3 shows the specific interventions with Only Promising Findings, Mixed Findings, and Only Unexpected Findings. Ten interventions across 4 target populations had Only Promising Findings, while 14 (almost half) interventions across 4 target populations had Mixed Findings. The preliminary nature of the Interim Evaluation Reports makes interpretation challenging. The process study material from the Interim Evaluation Report described in the implementation status at the time of the Interim Evaluation Report (appendix 1) does not provide the necessary nuanced information to make direct links between implementation factors and findings. For the same reason, it is premature to assess whether certain categories of interventions (e.g., therapeutic, family-centered case management, parent education/mentoring) are more promising than others.

Exhibit 3. Interventions by Findings Categories and Target Populations

Target Population	Only Promising Findings	Mixed Findings	Only Unexpected Findings
Foster Care Prevention	Differential Response (AR) Strengthening Ties and Empowering Parents (MD)	Alternative Response (NE) Family Assessment Response-Differential Response (WA)	
In-Home Case	Functional Family Therapy (MD) Incredible Years (MD) Kentucky Strengthening Ties and Empowering Parents (KY) Nurturing Parenting Program (MD)	Child and Adolescent Needs and Strengths and Child and Adolescent Needs and Strengths-Family (MD) HOMEBUILDERS® (DC) HomeWorks (UT) Intensive Safety Services (OK)	Family Advocacy Support Tool (AR) Safety Management Services (NV)

[8] Interventions from six jurisdictions were not included in the analysis because no outcomes were reported (Massachusetts, Oregon), no comparisons were made (Hawaii, New York), or neutral findings occurred (Wisconsin). Pennsylvania was not included in the analysis because the organizing structure of the analysis and the reporting in the PA Interim Evaluation Report did not align with the process used in the Interim Evaluation Report Review to summarize results.

	Team Decision-Making (AR)	Protect MiFamily (MI)	
Family Reunification	Child Parent Psychotherapy and/or Nurturing Parenting Program (IL-IB3) Nurturing Parenting Program (IL-IB3)	Kinship Supports (CO) Project Connect (DC)	Child and Adolescent Needs and Strengths (AR)
Long-Term Placement		Kinship Supports (CO) Permanency Roundtables (CO)	Permanency Roundtables (AR)
Multiple Target Populations	Family Engagement (CO)	Reinforcing Efforts, Relationships, and Small Steps (TN) Trauma Screening and Assessment (CO) Wraparound Services (WV)	

Exhibit 4 focuses on Only Promising Findings and shows which interventions had promising findings for intermediate (e.g., parental capabilities, interpersonal relations, behavioral dysfunction) and/or long-term (e.g., recurrence of maltreatment, removal from home within 12 months) safety, permanency, and well-being outcomes. Ten interventions from five jurisdictions had Only Promising Findings. Six interventions from three jurisdictions had Only Promising Findings on intermediate outcomes, while four interventions from three jurisdictions had Only Promising Findings on long-term outcomes.

Exhibit 4. Only Promising Findings for Intermediate and Long-Term Outcomes by Target Population

Target Population	Only Promising Findings	
	Intermediate Outcomes	Long-Term Outcomes
Foster Care Prevention	Strengthening Ties and Empowering Parents (MD)	Differential Response (AR)
In-Home Case	Functional Family Therapy (MD) Incredible Years (MD) Kentucky Strengthening Ties and Empowering Parents (KY) Nurturing Parenting Program (MD)	Team Decision-Making (AR)
Family Reunification	Nurturing Parenting Program (IL-IB3)	Child Parent Psychotherapy and/or Nurturing Parenting Program (IL-IB3)
Multiple Target Populations		Family Engagement (CO)

Given the interim nature of the evaluations, the Interim Evaluation Reports provide limited information explaining either positive or unexpected findings. Only Unexpected Findings have been attributed to—

- The increased scrutiny of families receiving the intervention (i.e., more contact with child welfare workers and/or service providers)

- The increased identification of needs and service provision resulting in prolonged case periods
- Challenges in implementing the intervention with fidelity

Only Promising Findings have been attributed to—

- The locality's previous experience with the intervention enhancing the intervention's implementation during the demonstration
- High-fidelity implementation of the intervention
- Family satisfaction and willingness to engage with the intervention

Limitations

Each of the data collection components has limitations, including low response rates, respondents not having knowledge about all aspects of the demonstration in their respective jurisdictions and the questions asked, and the preliminary nature of the findings. The results and conclusions should be considered with these and other limitations in mind.

Conclusions

Waivers present jurisdictions with a unique opportunity to use federal funds flexibly. In exchange for a capped allocation of their title IV-E dollars for 5 years (i.e., a ceiling on the dollars reimbursed under title IV-E), jurisdictions[9] have access to financial resources to serve children not eligible for services under traditional title IV-E rules and can implement interventions that would not be fundable under traditional title IV-E rules. In effect, jurisdictions traded access to an open entitlement for a capped amount of money that allowed for greater flexibility in how the money could be spent, instead of using it only for federally eligible children and foster care maintenance and administrative expenses allowed under the traditional approach. Jurisdictions can generate and reinvest savings earned by spending less than the amount of their annual capped allocation on traditional title IV-E foster care expenditures. However, the waiver opportunity means jurisdictions must have, or must develop, the capacity to take advantage of the fiscal flexibility and ensure they do not exceed their capped allocation. Specifically, jurisdictions must work to develop and implement interventions that will reduce the number of children being placed in foster care, reduce the length of time children are in foster care, and lower the per case cost of foster care. The three requirements for successfully operating in a capped allocation funding environment align with the goals of keeping children out of foster care unless necessary; shortening their stays in foster care; and, when they have to be placed in foster care, ensuring they are living in as family-like a setting as possible (i.e., not in a group home).

Promising Interventions at the Interim

Waivers allow jurisdictions to respond programmatically to local needs to improve outcomes for children and families. Based on the information from the process study portions of the Interim Evaluation Reports, the distribution of resources reflects the varying needs of the jurisdictions. Jurisdictions' experience in

[9] Michigan used a fiscal mechanism tied to the randomized control trial design of its evaluation rather than a capped allocation. However, the state had the same fiscal flexibility for its demonstration as the other jurisdictions using the capped allocation fiscal mechanism.

implementing and evaluating interventions under their waiver demonstrations will likely be useful as they prepare to operate under the opportunities and requirements of the Family First legislation.

Ten interventions stand out as promising at the midterm point of implementation. Differential Response (Arkansas) and Strengthening Ties and Empowering Parents (Maryland) showed promise with a foster care prevention target population, while the Nurturing Parent Program alone or a combination of Child Parent Psychotherapy and the Nurturing Parent Program (Illinois-IB3) showed promise with a family reunification target population. Family Engagement (Colorado) showed promise across multiple target populations. Family Functional Therapy (Maryland), Incredible Years (Maryland), Kentucky Strengthening Ties and Empowering Parents (Kentucky), the Nurturing Parent Program (Maryland), and Team Decision-Making (Arkansas) all showed promise with an in-home case target population.

The results from the efforts of the 2012, 2013, and 2014 cohorts of jurisdictions thus far should also be considered in the context of several different issues and challenges. Jurisdictions faced issues and challenges such as leadership and staff turnover; lack of internal and external stakeholder buy-in to the waiver demonstration; state, local, and organization policies unaligned with waiver demonstration efforts; and delayed implementation resulting from a variety of factors.[10] Jurisdictions' evaluation efforts also faced issues and challenges. Along with issues such as small sample sizes and small changes in outcomes, waiver evaluators sometimes encountered delayed program implementation, unavailable data, delays in data reporting, limited response rates, and challenging political climates. Although jurisdictions were affected by different implementation and evaluation issues, it is expected all jurisdictions will be working toward eliminating such challenges to provide the best possible conditions for positive outcomes at the time of their final reports.

Defining and Measuring Well-Being

An ongoing challenge in child welfare evaluations has been the complexities of assessing well-being outcomes. The efforts of the 21 demonstration evaluation teams from the 2012–2014 cohorts working to address these challenges provided an opportunity to better understand how well-being is defined and how measures and data sources are collected.

The incentive for a demonstration evaluation to adopt well-being instruments and data sources already in use in a jurisdiction—thereby providing the evaluation with a preestablished definition of well-being—was strong given the availability of the instruments and data sources and their implied approval as useful measures. This indicates a broader discussion is necessary, separate from any specific evaluation, to define well-being for the locality (i.e., county, region, or state) at the systems level and to undertake a comprehensive review of possible instruments and sources of data from inside and outside the local child welfare system. Such a discussion would also need to include conversations about such topics as data collection and the role of assessment data in evaluations. For example, mental health assessments conducted by child welfare workers may be a necessary component of programmatic best practices, but they may not be the best sources of child well-being information for an evaluation. However, depending on the local context, it may not be possible to implement an instrument focused solely on well-being. In such cases, data collection and sharing agreements with other human service organizations could make it easier to access well-being data or implement well-being measures rather than an evaluation relying on conveniently available assessment data. This would likely not be an easy

[10] Information about the implementation status of the demonstrations at the time of the Interim Evaluation Report can be found in appendix 1.

undertaking but, if accomplished, could change the aforementioned incentives and provide a better local understanding of well-being.

Feasibility is a critical requirement when linking the definition of outcomes with data collection, and the incentive to select readily available well-being measures is understandable. However, evaluators should decide to adopt instruments already in use only after exploring alternatives. Given the challenging nature of collecting well-being information, conversations between the evaluator(s) and other waiver stakeholders should begin as early in the evaluation planning process as possible. Engaging stakeholders through steering committees or advisory boards can provide the necessary forum for discussing such topics as data collection cost, burden, and responsibilities and the mutual benefit that can be derived from the collected information. Stakeholder engagement cannot stop at the onset of the evaluation. As the respondents indicated, ongoing communication efforts with stakeholders is important to increasing the likelihood of data collection success.

Operating in a New Fiscal Environment

Fiscal flexibility in the waiver jurisdictions has spurred practice- and systems-level changes. As noted in the discussion of interventions, fiscal flexibility has resulted in interventions focused on an array of target populations to meet local needs. There appears to be a corresponding shift in the orientation of practice-level casework activities and in the approach to services for children and families, with an emphasis on assessments and case planning and a strengths-based orientation to families. Systems-level shifts have focused on addressing trauma and maintaining child-parent/family relationships. The changes suggest fiscal flexibility, rather than a more categorical approach to financing, supports practice- and systems-change efforts to focus on the front end of the system. The changes also suggest the capped nature of the fiscal structure (i.e., the need for jurisdictions to ensure expenditures stay within their capped allocations) may be encouraging or reinforcing a focus on supporting families rather than placing children in foster care.

The shift from the traditional title IV-E entitlement to a capped allocation required broad policy changes to reflect the new flexible funding environment. Examples of policy changes include changes to procurement and contracting rules, new or expanded training programs, and policies necessary to implement specific interventions. Procuring and contracting can be lengthy processes. Training needs and the jurisdiction's established training opportunities may not align. Both areas require a new degree of adaptability to help jurisdictions take advantage of the flexibility offered in the new funding environment. Jurisdictions may need to change policies and procedures to implement the interventions.

Factors may enhance or inhibit a jurisdiction's use of fiscal flexibility, depending on the circumstances. Child welfare agency leadership that has fiscal expertise, is engaged, and is flexible and open to change emerged as an important facilitator. Those leadership characteristics are likely important at all levels of the organization, and developing ways to nurture them in staff is a worthwhile endeavor. Because staffing issues present challenges to taking full advantage of the fiscal flexibility, sufficient attention must be paid to recruitment, retention, and workload reduction efforts. Organizational culture and climate elements need to align with the concepts of fiscal flexibility and operating in a capped allocation environment. A proactive approach of working with families in their homes and communities fits with the necessary capped allocation strategies of deemphasizing foster care placement. An organization's culture and climate should reflect and highlight the connection between its programmatic and fiscal operations. Absent the connection between the two areas, taking advantage of fiscal flexibility and staying within the limits of the capped allocation are difficult goals to accomplish. Finally, collaborative

relationships with local service providers, local agencies, and external technical assistance organizations provide both tangible returns (e.g., access to services and practical support) and intangible returns (e.g., buy-in and a positive climate). Having such a relationship with judicial stakeholders, including judges and attorneys, is particularly important given judges' unique role in approving or denying child welfare agencies' case recommendations.

A capped allocation is a finite amount of funding rather than the open-ended entitlement of traditional title IV-E funding. Operating in a capped allocation environment requires a different approach to organizational decision making than is necessary under traditional title IV-E funding. The capped allocation operating environment appeared to be having some influence on program-level decision making, less influence on policy-level decision making, and almost no influence on practice-level decision making. These findings suggest child welfare workers are not being asked to consider the fiscal impact of services, either singularly or in comparison with other services, when making decisions about service provision to families. According to respondents, a shift in program-level decision making did appear to be taking place, most notably in the areas of data-driven decision making and efforts to link costs to outcomes. This makes sense, given the purchase-of-services flexibility afforded under the waiver. Policy-level decision making also appeared to shift, primarily in the areas of contracting and the use of data, and data infrastructure appeared to be improving through the expansion of existing systems. However, to improve operations in a capped allocation environment, a deeper understanding is needed about the connections between program/service costs and outcomes, the management information systems necessary to inform decision making, and the working relationship between the programmatic and fiscal areas of a child welfare agency's day-to-day operations.

Final Thoughts

The fiscal flexibility provided through the title IV-E waiver appears to have resulted in practice- and systems-level changes, changes in program- and policy-level decision making, increases in data use, and improvements to data systems. This flexibility also appears to have provided opportunities to shift child welfare systems toward enhanced needs assessment, improved engagement with families, placement prevention, and increased collaboration with service providers. All are positive signs as the jurisdictions approach the end of the waiver authority and prepare to engage with the prevention and child welfare financing opportunities of the Family First Prevention Services Act.

Jurisdictions are working toward conducting their final analyses and preparing their Final Evaluation Reports. It is anticipated those jurisdictions that did not have outcomes to report at the interim point will have the necessary information to do so, and those that had outcomes to report at the interim point will build on those analyses for their Final Evaluation Reports. The Final Evaluation Reports will provide a second, more robust opportunity to understand the interventions implemented by jurisdictions and to assess their impact on improving outcomes for children and families.

Introduction

Since the 1994 passage of Public Law 103–432, which established Section 1130 of the Social Security Act, the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, has administered the title IV-E child welfare waiver demonstrations. The waivers allow flexibility in the use of federal funds for alternative services and supports that promote safety, permanency, and well-being for children in the child protection and foster care systems. The Adoption and Safe Families Act of 1997 extended and expanded the waiver authority, after which it continued with some brief lapses until March 31, 2006. The Child and Family Services Improvement and Innovation Act (Public Law 112–34), signed into law on September 30, 2011, reinstated the authority to approve new demonstrations in fiscal years 2012–2014. The law also required all demonstrations to terminate on September 30, 2019.

As a component of its evaluation technical assistance contract, James Bell Associates, in collaboration with the Children's Bureau, was tasked with conducting the National Study of the Title IV-E Child Welfare Waiver Demonstration (hereafter known as the National Study). The purpose of the National Study is to provide a better understanding of the jurisdictions' collective experience of implementing their demonstrations and operating with increased fiscal flexibility.

Background – Feasibility Study

Prior to initiating the National Study of the waiver demonstrations, the Children's Bureau required a feasibility study be conducted. The purpose of the study was to assess the advisability of conducting a multisite evaluation with waiver jurisdictions to answer specific research questions and to provide recommendations for how to conduct the evaluation. Three criteria were used to aid in the feasibility assessment:

- The extent to which the jurisdictions' program implementation matches their respective models or theories and are expected to achieve the intended goals and objectives
- The availability of data and how they can be collected with minimum burden
- The willingness of key stakeholders to assist with the multisite evaluation

A Feasibility Study Work Group was convened with representatives from the waiver jurisdictions and included program staff and evaluators. Representatives from the Children's Bureau and the Administration for Children and Families were also invited to participate.[11] The Feasibility Study Work Group considered 18 research questions that were categorized into 4 broad categories (implementation, systems change, fiscal, and outcomes). Based on Feasibility Study Work Group recommendations, the final design chosen for the National Study included at least one research question from each of the four broad categories. This option provided the ability to address the research questions using a moderate level of effort while minimizing the burden on jurisdictions. Exhibit 5 contains the research questions by category type and data sources used to address each question. The research questions are listed in the order of priority recommended by the Feasibility Study Work Group and approved by the Children's Bureau.

[11] Additional details are available in the final report for the Feasibility Study.

Exhibit 5. National Study Research Questions and Data Collection Sources

Research Question	Category	Data Source
What types of internal and external factors have inhibited or enhanced the ability of waiver jurisdictions to use title IV-E funding flexibly?	Implementation	Web-Based Survey Fiscal Flexibility Telephone Survey
To what extent do safety, permanency, and well-being outcomes improve for jurisdictions with waiver demonstrations?	Outcomes	Interim Evaluation Reports
To what extent and in what areas do jurisdictions with waiver demonstrations experience systems- and practice-level changes?	Systems Change	Web-Based Survey Fiscal Flexibility Telephone Survey
How have waiver jurisdictions and their evaluations addressed the issue of measuring child well-being, and what early insights have emerged?	Outcomes	Measuring Well-Being Telephone Survey
How and to what extent has the cost-neutrality requirement of title IV-E waivers (i.e., operating within a capped allocation) influenced program and practice decisions among jurisdictions with waiver demonstrations?	Fiscal	Web-Based Survey Fiscal Flexibility Telephone Survey
Has the waiver demonstration had an impact on the development of state/tribal policy that promotes fiscal flexibility?	Systems Change	Web-Based Survey Fiscal Flexibility Telephone Survey
How has the waiver demonstration led to enhancements/improvements in the Comprehensive Child Welfare Information System (and other waiver jurisdiction data systems) and to the awareness and use of data in general?	Systems Change	Web-Based Survey Fiscal Flexibility Telephone Survey

Overview – The National Study

The National Study included 23 jurisdictions approved[12] for a waiver in federal fiscal years 2012, 2013, and 2014 and is the only examination of the demonstration experience that cuts across jurisdictions. The National Study operated during a 2-year time frame between January 2016 and December 2017, which ran concurrent to the 5-year time frame of the demonstrations with start dates ranging from October 2013 to October 2015. The study consists of the following five data collection components:

- The Web-Based Survey was administered to jurisdiction representatives and evaluators from the 2012, 2013, and 2014 cohorts of waiver demonstrations. The purpose of the Web-Based Survey was to broadly examine the implementation of the demonstrations and corresponding changes in child welfare policy, practice, and use of fiscal flexibility. The survey was administered using a web-based program (Qualtrics) over a 2-month period, with invitations to participate sent via email. Most of the questions were close-ended, multiple-choice questions. The quantitative nature of the Web-Based Survey allowed for rapid data analysis and reporting.

[12] Demonstrations were approved upon written acceptance of waiver terms and conditions, which include requirements for implementation, evaluation by a third party, cost neutrality, financial claiming, and reporting.

- The Fiscal Flexibility Telephone Survey was administered to lead evaluators, jurisdiction demonstration leads,[13] jurisdiction fiscal leaders, and representatives from the local county/regional child welfare agency in the areas of practice, program, policy, fiscal, and research/evaluation in the 2012 and 2013 cohorts. The Fiscal Flexibility Telephone Survey gathered in-depth information about the fiscal flexibility and the practice- and systems-level changes that occurred during implementation of the demonstrations. The survey was administered to 13 of the 14 jurisdictions via telephone over a 3-month period.[14]

- The Measuring Well-Being Telephone Survey was administered to evaluators from jurisdictions that are implementing interventions focused on improving well-being and evaluations designed to measure and analyze well-being outcomes. The Measuring Well-Being Telephone Survey gathered information about how jurisdictions addressed the issue of measuring child well-being and caregiver well-being and any early insights that have emerged. The survey was administered to 17 of the 21 jurisdictions via telephone over a 5-month period.[15]

- The Interim Evaluation Report Review was conducted across 20 jurisdictions[16] implementing 68 interventions from the 2012, 2013, and 2014 cohorts. The Interim Evaluation Report Review examined which demonstration interventions were showing promising results on outcomes at the interim point of their evaluations. To facilitate comparisons across the multiple jurisdictions and interventions, target population categories were developed to organize the interventions in a way that aided in the understanding of their potential impact. The Interim Evaluation Report Review is not an independent assessment of the interventions' performance but a qualitative summary of reported results.

- Accounting of Investments was a requirement under the waiver legislation for jurisdictions to report any additional federal, state, tribal, and local investments made, and any private investments made in coordination with the title IV-E agency. Each waiver jurisdiction was to provide an accounting of that same spending for each year of the approved demonstration period. The Accounting of Investments analysis was to examine how the jurisdictions used funding flexibly to implement interventions and processes to improve outcomes for their target populations. Upon Children's Bureau review of submitted annual Accounting of Investments, considerable variability was found in reporting and other jurisdiction-specific fiscal information needed for analysis. The Children's Bureau determined only a few jurisdictions' data could be considered reliable. Because of the lack of reliable data across multiple years for the waiver jurisdictions, the Children's Bureau decided to remove the Accounting of Investments analysis from the National Study.

[13] The jurisdiction demonstration lead is typically an employee in the state or tribal child welfare agency designated to oversee the waiver demonstration.
[14] Several responses were submitted in written format.
[15] Several responses were submitted in written format.
[16] Three jurisdictions—Port Gamble S'Klallam Tribe, Maine, and Arizona—were not included because of the timing of the review and the submission dates of their Interim Evaluation Reports.

Web-Based Survey

Introduction

The title IV-E waiver typically provides fiscal flexibility through a capped allocation: In exchange for fiscal flexibility, the jurisdiction assumes the risk of having its title IV-E dollars capped at an agreed upon amount for 5 years (rather than the traditional title IV-E funding arrangement of an open entitlement). As such, the waiver demonstrations provide a unique opportunity to understand how child welfare agencies operate in this new fiscal environment. The Web-Based Survey collected information from the 2012, 2013, and 2014 cohorts of waiver demonstration jurisdictions.[17] The purpose of the Web-Based Survey was to gather information about the experience of participating in waiver demonstrations and the possible influence of fiscal flexibility on practice, systems operations, and fiscal actions as understood by a numerous and varied group of respondents. This chapter describes the methods, summarizes the results, and reports in detail on the results organized by topical categories.

How the Survey Was Administered and Analyzed

The target sample for the Web-Based Survey was a purposive sample of up to 250[18] waiver jurisdiction representatives and evaluators drawn from 23 waiver jurisdictions representing the 2012, 2013, and 2014 cohorts. The sample included evaluators (lead evaluators/principal investigators), jurisdiction demonstration leads,[19] jurisdiction fiscal leaders, and representatives from the local county/regional child welfare agency(ies) in the areas of practice, program, policy, fiscal, and research/evaluation. Potential respondents were identified by the 23 jurisdiction demonstration leads using the Web-Based Survey Sampling Form. James Bell Associates sent an initial email to demonstration project leaders in May 2017 describing the purpose and process of the survey and requesting a list of up to 10 potential respondents for each jurisdiction. James Bell Associates sent follow-up emails in May and June 2017, and conducted phone calls to follow up on missing Sampling Forms in mid-June 2017. The response rate for the Sampling Form was 100 percent.

James Bell Associates administered the Web-Based Survey once during the study period utilizing Qualtrics. Qualtrics software comprises a set of online data collection and analysis tools. James Bell Associates sent introductory emails to potential respondents who were identified by the demonstration project leaders in June 2017. James Bell Associates sent individualized links to the potential respondents in mid-June 2017, and Qualtrics automatically sent follow-up emails in June and July 2017. Having previously used electronic surveys, James Bell Associates assessed the response rate and identified that the low response rate could be the result of emails from Qualtrics being diverted to respondents' spam

[17] The 2012, 2013, and 2014 cohorts of waiver demonstration jurisdictions entered into waiver terms and conditions under legislation different from the waiver demonstration jurisdictions funded in earlier years (known as the legacy jurisdictions). The Children's Bureau, after consultation with James Bell Associates, determined the difference between the two sets of jurisdictions was sufficient to exclude the legacy jurisdictions from the National Study.

[18] In 2016, James Bell Associates estimated (based on discussions with the Children's Bureau) a universe of 333 representatives from 25 waiver jurisdictions. The Children's Bureau and James Bell Associates received approval from the Office of Management and Budget through the Paperwork Reduction Act of 1995 (Public Law 104–13) Clearance Package process to sample up to 250 representatives for the Web-Based Survey.

[19] The jurisdiction demonstration lead is typically an employee in the state or tribal child welfare agency designated to oversee the waiver demonstration.

folders. To address this concern, James Bell Associates sent individual email reminders to all identified respondents in July 2017.

The Web-Based Survey (appendix 3) was composed of 6 sections and 35 questions. The first section contained three questions that focused on respondent characteristics. The remaining sections and questions focused on the Web-Based Survey's areas of interest. Most questions were close-ended, multiple-choice questions. All but one section included a question requiring respondents to type in an open-ended response. The unit of analysis for this report is survey respondents. James Bell Associates analyzed survey questions with close-ended responses using descriptive analyses (frequency and percentage). James Bell Associates analyzed survey questions with open-ended responses for overarching themes.

The Respondents

James Bell Associates contacted 208 individuals who were identified by the demonstration project leaders as potential respondents. The response rate for submitted surveys was 55.0 percent (*n* = 115). James Bell Associates received a survey from at least 1 respondent in each of the 23 waiver demonstration jurisdictions asked to participate in the Web-Based Survey. Exhibit 6 shows the number of potential respondents[20] and the number of completed surveys for each jurisdiction.

Exhibit 6. Potential Respondents and Completed Surveys by Jurisdiction

Jurisdiction	Potential Respondents	Completed Surveys
2012 Cohort		
Arkansas	14	5
Colorado	12	8
Illinois (IB3)	5	3
Massachusetts	8	3
Michigan	9	6
Pennsylvania	14	10
Washington	13	5
Wisconsin	13	8
Utah	12	8
2013 Cohort		
District of Columbia	7	3
Hawaii	8	6
Nebraska	9	3
New York	11	5
Tennessee	6	3
2014 Cohort		
Arizona	5	4
Kentucky	9	5
Maine	8	5

[20] Some demonstration project leaders provided the contact information for more than 10 potential respondents from their jurisdictions. James Bell Associates contacted the "extra" potential respondents because the total number of potential respondents was below the limit of 250.

Maryland	6	3
Nevada	8	5
Oklahoma	10	4
Oregon	8	3
Port Gamble S'Klallam Tribe	4	3
West Virginia	9	7
Total	208	115

Note: IB3 refers to Illinois Birth Through Three.

All surveys submitted were utilized in this report, including those with missing responses to questions; therefore, certain questions may have a response rate of less than 55.0 percent. Respondents did not necessarily reply to each question, for two reasons. First, as noted in the previous section, James Bell Associates included partially completed surveys in the analyses. Second, the Web-Based Survey also allowed respondents to bypass questions based on their response to a previous question. James Bell Associates used this skip-logic approach to reduce the burden on the respondents.

Responses were received from all the waiver demonstration jurisdictions (ranging from 3 to 10 individuals per jurisdiction). Section A of the Web-Based Survey provided information on respondent characteristics. Exhibit 7 identifies the primary organizational affiliation for a total of 110 of the 115 respondents, with the majority of respondents associated with the jurisdiction child welfare agency/department (46.4 percent), followed by the public county/regional child welfare agency/department (28.2 percent), universities (13.6 percent), and evaluation firms (10.0 percent).

Respondents ranked up to three areas of activity for their current position (exhibit 8). A total of 110 respondents identified a primary area of activity, with fewer respondents identifying secondary and tertiary areas of activity. Nearly a third of the respondents represented leadership, with their primary activity being organization oversight and management (31.8 percent) followed by over a fifth of the respondents' primary activity being evaluation (22.7 percent). Nearly a fifth of respondents' primary activity was developing and implementing programs (18.2 percent).

Exhibit 7. Primary Organization Affiliation

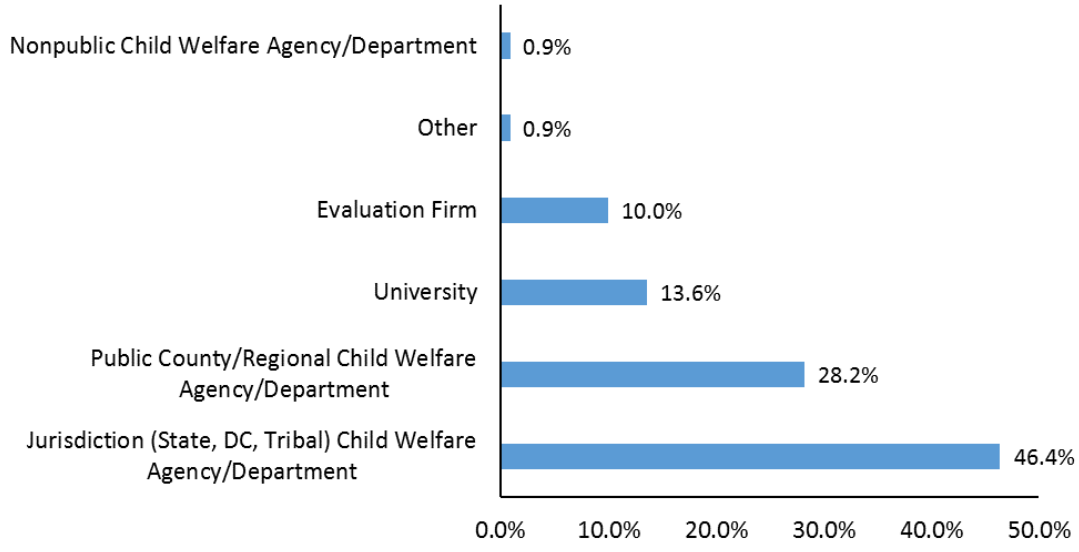


Exhibit 8. Areas of Activity for Respondent's Current Position

Respondent's Current Position	Primary		Secondary		Tertiary	
Area of Activity	*N*	Percentage	*N*	Percentage	*N*	Percentage
Evaluation	25	22.7	6	7.1	10	14.7
Direct Practice	1	0.9	3	3.6	2	2.9
Supervising/Overseeing Direct Practice	7	6.4	7	8.3	4	5.9
Developing and Implementing Programs	20	18.2	21	25.0	14	20.6
Developing and Implementing Policy	7	6.4	22	26.2	16	23.5
Fiscal/Accounting	12	10.9	7	8.3	3	4.4
Organization Oversight and Management	35	31.8	15	17.6	15	22.1
Other	3	2.7	3	3.6	4	5.9
Total Responses	**110**		**84**		**68**	

The purposive sampling procedure was feasible, appropriate for the context of the study, and designed to achieve a broad representation of jurisdictions, organization affiliations, and areas of activity. Each waiver demonstration jurisdiction was represented by at least 3 respondents, but the sample size (*n* = 115) and response rate (55 percent) are not robust. The purposive sampling procedure had limitations in that it lacked the ability of probability sampling methods to account for bias in the selection of respondents. Importantly, the sample lacked extensive representation of staff in direct practice or supervising/overseeing direct practice. James Bell Associates anticipated this limitation because the survey's focus was broad and the intensive process of recruiting practice-focused respondents was not feasible. However, the issue is a concern for the questions regarding practice-level change. The results should be considered with these contextual factors in mind.

What Was Learned From the Respondents

Fiscal Flexibility and Practice- and Systems-Level Changes

Section B of the Web-Based Survey asked questions about practice- and systems-level changes as they relate to the fiscal flexibility provided through the title IV-E waiver demonstration. Practice-level change refers to change at the level of implementation, at which caseworkers and other child welfare staff interact with children and families. Systems-level change refers to change that takes place at the organizational level, both internal to the organization and in the organization's relationship with its external environment.

Practice Level

The majority of the respondents "agreed" or "strongly agreed" (83.3 percent) the child welfare agency has experienced practice-level changes as a result of the fiscal flexibility provided through the title IV-E waiver demonstration (exhibit 9). Of those respondents, almost 60 percent thought "quite a bit" or "a lot" of the change was a result of the fiscal flexibility provided through the title IV-E waiver demonstration. Another roughly 34 percent thought "some" of the change was a result of the fiscal flexibility provided through the title IV-E waiver demonstration.

Exhibit 9. Fiscal Flexibility and Practice-Level Changes

The child welfare agency has experienced practice-level changes as a result of fiscal flexibility provided through the title IV-E waiver demonstration.						
Respondents	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
N	4	3	9	50	40	2
Percentage	3.7	2.8	8.3	46.3	37.0	1.9
The amount of practice-level changes you think the child welfare agency has experienced as a result of fiscal flexibility provided through the title IV-E waiver demonstration						
Respondents	Very little	A little	Some	A lot	Quite a bit	
N	1	6	29	35	15	
Percentage	1.2	7.0	33.7	40.7	17.4	

Respondents who agreed or strongly agreed were also asked to provide up to three brief examples of how child welfare staff interact differently with children and families because of the fiscal flexibility provided by the waiver. Nearly all the respondents provided at least 1 example (*n* = 85; 98.8 percent). The five most common themes that emerged, in order of frequency, were the following:

1. There is a general increase in resources or services or a specific service has been developed or expanded (*n* = 25).
2. There is an increased use and availability of services to prevent out-of-home placements (*n* = 24).
3. Families are more engaged in services (*n* = 20).
4. There is improved assessment of child and family needs (*n* = 17).
5. There has been a philosophical shift in child welfare practices (*n* = 9).

Systems Level

Nearly two-thirds of the respondents "agreed" or "strongly agreed" (64.4 percent) the child welfare agency has experienced systems-level changes as a result of the fiscal flexibility provided through the title IV-E waiver demonstration (exhibit 10). Of those respondents, just over 50 percent thought "some" of the change was a result of the fiscal flexibility provided through the title IV-E waiver demonstration. Nearly 45 percent thought "quite a bit" or "a lot" of the change was a result of the fiscal flexibility provided through the title IV-E waiver demonstration.

Exhibit 10. Fiscal Flexibility and Systems-Level Changes

The child welfare agency has experienced systems-level changes as a result of fiscal flexibility provided through the title IV-E waiver demonstration.						
Respondents	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
N	2	8	22	44	23	5
Percentage	1.9	7.7	21.2	42.3	22.1	4.8

The amount of systems-level changes you think the child welfare agency has experienced as a result of fiscal flexibility provided through the title IV-E waiver demonstration					
Respondents	Very little	A little	Some	A lot	Quite a bit
N	1	3	34	22	7
Percentage	1.5	4.5	50.8	32.8	10.5

Respondents who agreed or strongly agreed were also asked to provide up to three brief examples of systems-level changes in the child welfare agency that have occurred because of fiscal flexibility. Nearly all the respondents provided at least 1 example (*n* = 65; 97.0 percent). The five most common themes that emerged, in order of frequency, were the following:

1. Services have increased to prevent out-of-home placements (*n* = 16).
2. Communication and collaboration have increased among systems or agencies (*n* = 12).
3. Changes to procedures for assessing child and family needs have been implemented (*n* = 11).
4. New services have been developed or expanded (*n* = 9).
5. There has been an expanded use of continuous quality improvement, data-driven decision making, and implementation science (*n* = 7).

Factors Influencing the Jurisdiction's Ability to Use Title IV-E Funding Flexibly

Section C questions on the survey asked about the factors that influenced the child welfare agency's ability to use its title IV-E funding in a flexible manner.

Internal Organizational Factors

Exhibit 11 shows approximately 85 percent of the respondents thought internal organizational factors enhanced the child welfare agency's ability to use title IV-E funding flexibly "some," "a lot," or "quite a bit." Within that subgroup of 88 respondents, approximately 66 percent selected "a lot" or "quite a bit" in response to the question.

Exhibit 11. Internal Organizational Factors That Enhanced the Jurisdiction's Ability to Use Title IV-E Funding Flexibly

The amount that internal organizational factors (e.g., leadership) enhanced the child welfare agency's ability to use title IV-E funding flexibly						
Respondents	Not at all	Very little	A little	Some	A lot	Quite a bit
N	2	1	12	30	37	21
Percentage	1.9	1.0	11.7	29.1	35.9	20.4

Respondents who thought internal organizational factors enhanced the child welfare agency's ability to use title IV-E funding flexibly were asked to provide up to three brief examples. Nearly all the respondents provided at least 1 example (*n* = 93; 92.1 percent). The four most common themes that emerged, with a three-way tie for the fifth most common theme, are the following:

1. Agency leadership support for the waiver demonstration/capped allocation (*n* = 24)

2. The use of data to identify needs or problem areas (*n* = 9)
3. Clear, consistent communication and messaging about the waiver demonstration (*n* = 8)
4. The specific qualities of the staff members (e.g., the agency has experienced fiscal staff who have been able to think critically about funding flexibility) (*n* = 7)
5. Three themes: (1) the phased-in process of implementation; (2) staff buy-in for the waiver demonstration; and (3) a structure created to develop and monitor implementation (e.g., an implementation team) (*n* = 2)

Exhibit 12 shows nearly 75 percent of respondents thought internal organizational factors had little to no influence in inhibiting the child welfare agency's ability to use title IV-E funding flexibly. Only 4.1 percent (4 respondents) thought internal organizational factors inhibited the child welfare agency's ability to use title IV-E funding flexibly "quite a bit" or "a lot."

Exhibit 12. Internal Organizational Factors That Inhibited the Jurisdiction's Ability to Use Title IV-E Funding Flexibly

The amount that internal organizational factors (e.g., leadership) inhibited the child welfare agency's ability to use title IV-E funding flexibly						
Respondents	Not at all	Very little	A little	Some	A lot	Quite a bit
N	36	22	14	22	3	1
Percentage	36.7	22.5	14.3	22.5	3.1	1.0

Respondents who thought internal organizational factors inhibited the child welfare agency's ability to use title IV-E funding flexibly were asked to provide up to three brief examples. Nearly all the respondents provided at least 1 example (*n* = 56; 90.3 percent). The five most common themes that emerged, in order of frequency, were the following:

1. A variety of fiscal challenges, such as competing budgets or lack of knowledge about flexible funding (*n* = 12)
2. Changes in leadership (*n* = 11)
3. A lack of buy-in by child welfare supervisors and/or caseworkers (*n* = 10)
4. Shortages or turnover in child welfare staff (*n* = 6)
5. Challenges related to child welfare agency policy or procedures for developing contracts with service providers (*n* = 6)

External Organizational Factors

Exhibit 13 shows approximately 53 percent of the respondents thought external organizational factors enhanced the child welfare agency's ability to use title IV-E funding flexibly "some," "a lot," or "quite a bit." Approximately 47 percent thought external organization factors had little to no influence on the child welfare agency's ability to use title IV-E funding flexibly.

Exhibit 13. External Factors That Enhanced the Jurisdiction's Ability to Use Title IV-E Funding Flexibly

The amount that external organizational factors (e.g., the organization's relationship with the court system) enhanced the child welfare agency's ability to use title IV-E funding flexibly						
Respondents	Not at all	Very little	A little	Some	A lot	Quite a bit
N	15	18	13	30	17	5
Percentage	15.3	18.4	13.3	30.6	17.4	5.1

Respondents who thought external organizational factors enhanced the child welfare agency's ability to use title IV-E funding flexibly were asked to provide up to three brief examples. Nearly all the respondents provided at least 1 example (*n* = 76; 91.6 percent). The five most common themes that emerged, in order of frequency, were the following:

1. Aspects of the court system and/or working with the court system (including training and communication with judicial staff) (*n* = 24)
2. Interagency collaboration with agencies other than the courts. Specific agencies mentioned key collaborative partners including schools, police departments, behavioral health agencies, and the department of health (*n* = 19).
3. General support and involvement/buy-in from the community (*n* = 5)
4. Communication about the demonstration to increase external stakeholders' understanding and awareness of the demonstration (*n* = 4)
5. Medicaid agency involvement with the demonstration or paying for some of the services offered as part of the demonstration (*n* = 2)

Exhibit 14 shows the majority of respondents (61.8 percent) did not perceive external organizational factors to have inhibited the child welfare agency's ability to use title IV-E funding flexibly. Only 38 percent of respondents reported external organizational factors inhibited the agency's use of flexible funding "some, "a lot," or "quite a bit," and only 10 percent reported external factors had "a lot" or "quite a bit" of inhibiting influence.

Exhibit 14. External Factors That Inhibited the Jurisdiction's Ability to Use Title IV-E Funding Flexibly

The amount that external organizational factors (e.g., the organization's relationship with the court system) inhibited the child welfare agency's ability to use title IV-E funding flexibly						
Respondents	Not at all	Very little	A little	Some	A lot	Quite a bit
N	29	17	14	27	9	1
Percentage	29.9	17.5	14.4	27.9	9.3	1.0

Respondents who thought external organizational factors inhibited the child welfare agency's ability to use title IV-E funding flexibly were asked to provide up to three brief examples. Nearly all the respondents provided at least 1 example (*n* = 62; 91.2 percent). The five most common themes that emerged, in order of frequency, were the following:

1. Judicial system (judges, attorneys, court-appointed special advocates) practices impede implementation/outcomes (*n* = 25).

2. Federal or state policies challenge implementation (*n* = 8).
3. An external stakeholder or organization opposes the waiver demonstration (*n* = 6).
4. Issues exist relating to collecting and/or accessing data (*n* = 5).
5. Lack of coordination exists with another organization (*n* = 4).

Waiver Demonstration and Policies That Promote the Use of Fiscal Flexibility

Section D survey questions asked about policies that may have been developed and implemented by the child welfare agency to support its efforts to use title IV-E funds in a flexible manner.

Half of the respondents (50.5 percent) noted policies have been developed and implemented that enhanced the child welfare agency's ability to use funding flexibly through the waiver demonstration (exhibit 15). However, nearly 30 percent of respondents said they "don't know" if policies had been developed and implemented.[21] For those respondents who said policies had been developed and implemented, nearly all (95.9 percent) thought the capacity was "average," "high," or "very high." Nearly 50 percent thought the capacity of the policies to enhance the ability to use funding flexibly was "high" or "very high."

Exhibit 15. Waiver Demonstration and Policies That Promote the Use of Fiscal Flexibility

Policies have been developed and implemented by the child welfare agency through the waiver demonstration that enhance the ability of the agency to use funding flexibly.					
Respondents	Yes		No		Don't know
N	49		19		29
Percentage	50.5		19.6		29.9
The capacity of the policy(ies) to enhance the ability of the child welfare agency to use funding flexibly					
Respondents	Very high	High	Average	Low	Very low
N	8	6	23	2	0
Percentage	16.3	32.7	46.9	4.1	0.0

Practice, Program, and Policy Decision Making in a Capped Allocation Environment

Section E survey questions asked about operating in a capped allocation environment and the impact it had (or did not have) on the child welfare agency. A capped allocation environment is one in which a distribution of monies is limited to a predetermined amount. In the case of waiver jurisdictions, the capped allocation is based on the amount of title IV-E funding the jurisdiction would have received in absence of the waiver.

Practice-Level Decision Making in a Capped Allocation Environment

Exhibit 16 shows just over 34 percent of respondents "disagreed" or "strongly disagreed" operating in a capped allocation environment has influenced practice-level decision making by child welfare workers when working with children and families involved in the waiver demonstration; approximately a fifth of

[21] The primary areas of activity for those respondents who indicated they "don't know" included Evaluation (37.9 percent), Practice (6.9 percent), Developing Programs or Policies (34.4 percent), Organizational Oversight and Management (10.3 percent), and Other (10.3 percent).

the respondents (19.8 percent) "agreed" or "strongly agreed." At the same time, almost 30 percent of respondents said they "don't know" if operating in a capped allocation environment has influenced practice-level decision making by child welfare workers.[22] For those respondents who agreed or strongly agreed, nearly 90 percent thought at least "some" of the practice-level decision making was influenced by operating in a capped allocation environment.

Exhibit 16. Practice-Level Decision Making in a Capped Allocation Environment

Operating in a capped allocation environment has influenced decision making by child welfare workers when working with children and families involved with the waiver demonstration.						
Respondents	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
N	13	20	16	14	5	28
Percentage	13.5	20.8	16.7	14.6	5.2	29.2
The amount of influence operating in a capped allocation environment has had on decision making by child welfare workers when working with children and families involved with the waiver demonstration						
Respondents	Very little	A little	Some	A lot	Quite a bit	
N	1	1	8	6	2	
Percentage	5.5	5.6	44.4	33.3	11.1	

Respondents who agreed or strongly agreed were also asked to provide up to three brief examples of how operating in a capped allocation environment has influenced practice-level decision making. Nearly all the respondents provided at least 1 example (*n* = 17; 94.4 percent). Only two themes emerged:

1. Child welfare workers have more flexibility in service planning (*n* = 4).
2. Families are more likely to receive preservation services; fewer children are removed from the home (*n* = 4).

Program-Level Decision Making in a Capped Allocation Environment

Approximately half of the respondents (49.5 percent) "agreed" or "strongly agreed" operating in a capped allocation environment has influenced decision making at the program level, while a fifth (20.0 percent) said they "don't know" (exhibit 17).[23] For those respondents who agreed or strongly agreed, just over half (51.1 percent) thought "some" of the decision making at the program level was influenced by operating in a capped allocation environment. Nearly 45 percent thought "quite a bit" or "a lot" of the decision making at the program level was influenced by operating in a capped allocation environment.

[22] The primary areas of activity for those respondents who indicated they "don't know" included Evaluation (35.7 percent), Practice (14.2 percent), Developing Programs or Policies (28.5 percent), Fiscal/Accounting (7.1 percent), Organizational Oversight and Management (10.7 percent), and Other (3.5 percent).

[23] The primary areas of activity for those respondents who indicated they "don't know" included Evaluation (36.8 percent), Practice (5.2 percent), Developing Programs or Policies (47.3 percent), Fiscal/Accounting (5.2 percent), and Other (5.2 percent).

Exhibit 17. Program-Level Decision Making in a Capped Allocation Environment

Operating in a capped allocation environment has influenced decision making at the program level (e.g., how programmatic resources are distributed).						
Respondents	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
N	3	8	18	36	11	19
Percentage	3.2	8.4	19.0	37.9	11.6	20.0
The amount of influence operating in a capped allocation environment has had on decision making at the program level (e.g., how programmatic resources are distributed)						
Respondents	Very little	A little	Some	A lot	Quite a bit	
N	2	0	24	16	5	
Percentage	4.3	0.0	51.1	34.0	10.6	

Respondents who agreed or strongly agreed were also asked to provide up to three brief examples of how operating in a capped allocation environment has influenced decision making at the program level. Most of the respondents provided at least 1 example (*n* = 40; 85.1 percent). The four most common themes that emerged, in order of frequency, were the following:

1. The capped allocation limits spending on services for families (*n* = 10).
2. Increased services prevent out-of-home placement (*n* = 6).
3. The distribution of resources is based on program performance or outcomes (*n* = 4).
4. There was a general expansion or improvement of services (*n* = 3).

Policy-Level Decision Making in a Capped Allocation Environment

Exhibit 18 shows over a third of the respondents "agreed" or "strongly agreed" (36.8 percent) operating in a capped allocation environment has influenced decision making at the policy level, while over a quarter (27.4 percent) responded they "don't know."[24] For those respondents who agreed or strongly agreed, just over 45 percent thought "quite a bit" or "a lot" of the decision making at the policy level was influenced by operating in a capped allocation environment. The same percentage of respondents thought "some" of the decision making at the policy level was influenced by operating in a capped allocation environment.

Exhibit 18. Policy-Level Decision Making in a Capped Allocation Environment

Operating in a capped allocation environment has influenced decision making at the policy level (e.g., contracting with service providers, union relations, organization mission and direction).						
Respondents	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
N	3	9	22	26	9	26
Percentage	3.2	9.5	23.2	27.4	9.5	27.4

[24] The primary areas of activity for those respondents who indicated they "don't know" included Evaluation (34.6 percent), Practice (7.6 percent), Developing Programs or Policies (38.4 percent), Fiscal/Accounting (7.6 percent), Organizational Oversight and Management (7.6 percent), and Other (3.8 percent).

The amount of influence operating in a capped allocation environment has had on decision making at the policy level (e.g., contracting with service providers, union relations, organization mission and direction)					
Respondents	Very little	A little	Some	A lot	Quite a bit
N	1	2	16	13	3
Percentage	2.9	5.7	45.7	37.1	8.6

Respondents who agreed or strongly agreed were asked to provide up to three brief examples of how operating in a capped allocation environment has influenced decision making at the policy level. Nearly all the respondents provided at least 1 example (*n* = 33; 94.3 percent). The four most common themes that emerged, in order of frequency, were the following:

1. Influenced contracting with service providers (*n* = 13)
2. Engaged new partners to provide services and/or new interagency collaborations (*n* = 6)
3. Influenced financial decision making (*n* = 5)
4. Influenced the selection of services that prevent out-of-home placements (*n* = 2)

Data Systems Awareness, Use, and Improvements

Section F questions asked about the impact the waiver demonstration has had on the awareness and use of data and the development and improvement of data systems.

Over three-quarters of respondents (77.7 percent) "agreed" or "strongly agreed" the waiver demonstration has led to an increase in the awareness of data. A comparable percentage of respondents (78.7 percent) "agreed" or "strongly agreed" it has led to an increased use of data (exhibit 19). Similarly, nearly three-quarters of the respondents (72.3 percent) noted the waiver demonstration has led to an increase in the use of data for continuous quality improvement.

Exhibit 19. Data Systems Awareness and Use

The waiver demonstration has led to an increase in the awareness of data.						
Respondents	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
N	4	3	13	42	31	1
Percentage	4.3	3.2	13.8	44.7	33.0	1.0
The waiver demonstration has led to an increase in the use of data.						
Respondents	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
N	4	4	11	53	21	1
Percentage	4.3	4.3	11.7	56.4	22.3	1.0
The waiver demonstration has led to an increase in the use of data for continuous quality improvement.						
Respondents	Yes		No		Don't know	
N	68		11		15	
Percentage	72.3		11.7		16.0	

Respondents who thought the use of data for continuous quality improvement had increased were asked to provide up to three brief examples of how data usage has changed since the implementation of the waiver demonstration. Nearly all the respondents provided at least 1 example (*n* = 66; 97.1 percent). The five most common themes that emerged were the following:

1. Data are used to make decisions on program changes, for continuous quality improvement, and to monitor fidelity (*n* = 24).
2. Data on outcomes are monitored more frequently or closely (*n* = 17).
3. New measures have been developed or implemented to track features of program implementation (*n* = 13).
4. Data are shared with waiver demonstration staff, child welfare staff, providers, and/or external stakeholders (*n* = 10).
5. More data are available to monitor progress (*n* = 3).

Exhibit 20 shows the largest percentage of respondents (44.1 percent) answered "no" when asked if the waiver demonstration has led to enhancements or improvements in the Comprehensive Child Welfare Information System (or a comparable child welfare information system). Questions about other child welfare information systems or new data systems also had large percentages of "no" responses (40.9 and 44.1 percent, respectively). The highest percentages of "don't know" responses included those related to enhancements or improvements to the Comprehensive Child Welfare Information System or a comparable child welfare information system (21.5 percent)[25] and enhancements or improvements in other child welfare information systems (35.5 percent).[26]

Exhibit 20. Data Systems Improvements

The waiver demonstration has led to enhancements or improvements in the Comprehensive Child Welfare Information System or a comparable child welfare information system.			
Respondents	Yes	No	Don't know
N	32	41	20
Percentage	34.4	44.1	21.5
The waiver demonstration has led to enhancements or improvements in other child welfare information systems (e.g., not the Comprehensive Child Welfare Information System or a comparable child welfare information system).			
Respondents	Yes	No	Don't know
N	22	38	33
Percentage	23.7	40.9	35.5
The waiver demonstration has led to the development and use of new data systems.			
Respondents	Yes	No	Don't know
N	38	41	14
Percentage	40.9	44.1	15.0

[25] The primary areas of activity for those respondents who indicated they "don't know" included Evaluation (5.0 percent), Practice (10.0 percent), Developing Programs or Policies (30.0 percent), Fiscal/Accounting (15.0 percent), Organizational Oversight and Management (30.0 percent), and Other (10.0 percent).

[26] The primary areas of activity for those respondents who indicated they "don't know" included Evaluation (21.2 percent), Practice (12.1 percent), Developing Programs or Policies (33.3 percent), Fiscal/Accounting (3.0 percent), Organizational Oversight and Management (27.2 percent), and Other (3.0 percent).

Summary of the Results[27]

Respondents clearly thought practice-level changes were occurring in their jurisdiction resulting from the fiscal flexibility afforded under the waiver demonstration. They reported that resources and services had increased, and that families were more engaged with services. Fewer respondents thought systems-level changes were occurring, though they reported an increase in communication and collaboration among organizations and changes to procedures for assessing the needs of children and families. Almost all respondents who agreed changes were occurring at the practice level and systems level thought at least some amount of change (more than a little) was occurring.

Respondents thought both internal and external organizational factors enhanced their child welfare agency's ability to use title IV-E funds flexibly, though a much larger percentage of respondents viewed internal organizational factors as helpful. Respondents cited agency leadership; the use of data; and clear, consistent communication and messaging about the waiver demonstration as key internal components. Helpful external components included the court system, interagency collaboration, and support and buy-in from the community. A smaller percentage of respondents thought internal and external organizational factors were inhibiting the efforts of their child welfare agency, though a higher percentage of respondents felt external factors were inhibitors. Respondents reported external inhibitors such as judicial practices impeding implementation, federal or state policies impeding implementation, and external stakeholders' opposition to the waiver demonstration. Internal organizational inhibitors included competing budgets and lack of knowledge about flexible funding, lack of buy-in by front-line workers and supervisors, and changes in leadership.

A large percentage of respondents did not know whether their child welfare agency had developed and implemented policies to enhance its ability to use funding flexibly. This result may be because of the portion of the respondents who are outside the agency (e.g., evaluators). About half of the respondents indicated policies had been developed and implemented. Those respondents are split almost evenly between high/very high and low/average in their assessment of the capacity of the policies to enhance the agency's ability to use funding flexibly.

A large percentage of respondents said they did not know whether operating in a capped allocation environment had influenced decision making by child welfare workers. Again, the result may be because of the portion of the respondents who are outside the agency. A higher percentage of respondents thought operating in a capped allocation environment had not influenced child welfare worker decision making than thought that it did. This finding contrasts with the responses regarding decision making at the program level. For this, almost half of the respondents reported they agreed or strongly agreed operating in a capped allocation environment had influenced program-level decision making. Responses regarding policy-level decision making fell between the preceding two types of decision making, with just over a third of respondents agreeing or strongly agreeing with the assertion of the influence of operating in a capped allocation environment.

Several themes emerged in the responses to the question of how decision making was being influenced across the three levels. At the practice level, respondents reported child welfare workers have more flexibility in service planning and families are more likely to receive family preservation services. At the

[27] The intent of the survey was not to determine whether participating in the waiver caused various results (e.g., practice-level changes) in jurisdictions but to understand the experience of participating in a waiver demonstration.

program level, respondents noted that the capped allocation was having a limiting effect on service spending, and that resource distribution was based on program performance. Respondents also reported an increase in family preservation services, parallel to the finding at the practice level. At the policy level, examples of how the capped allocation environment influenced decision making included influencing contracting with service providers, engaging new partners and collaborations, and influencing financial decision making.

Respondents provided a solid indication that the waiver demonstration has had a positive impact on the awareness and use of data in general and data for continuous quality improvement efforts in particular. At the same time, the increased use of data did not seem to translate to the enhancement of existing data information systems.

Fiscal Flexibility Telephone Survey

Introduction

The Fiscal Flexibility Telephone Survey gathered information about the fiscal flexibility and the practice- and systems-level changes that occurred during the implementation of the waiver demonstrations in two cohorts of waiver jurisdictions. The questions in the Fiscal Flexibility Telephone Survey were similar to those posed in the Web-Based Survey, but the telephone interview format allowed for more detailed responses and a richer understanding of fiscal flexibility and operating in a capped allocation environment.

The Fiscal Flexibility Telephone Survey focused on jurisdictions from the 2012 and 2013 cohorts of waiver demonstrations for two reasons. First, the 2012, 2013, and 2014 cohorts of waiver demonstration jurisdictions entered into waiver terms and conditions under legislation different from the waiver demonstration jurisdictions funded in earlier years (known as the legacy jurisdictions). The Children's Bureau, after consultation with James Bell Associates, determined the difference between the two sets of jurisdictions was sufficient to exclude the legacy jurisdictions from the National Study. Second, the nature and scope of the survey questions, while not summative, better align with the longer implementation periods of the 2012 and 2013 cohorts.

This chapter summarizes the results from the Fiscal Flexibility Telephone Survey administered to the 2012 and 2013 cohorts of waiver jurisdictions. The chapter describes the methods used and the results of the analysis organized by survey topic, and summarizes what was learned.

How the Survey Was Administered and Analyzed

The Fiscal Flexibility Telephone Survey target sample was a purposive sample of 60 waiver jurisdiction representatives and evaluators drawn from 14 waiver jurisdictions representing the 2012 and 2013 cohorts. The sample included lead evaluators; jurisdiction demonstration leads[28]; jurisdiction fiscal leaders; and representatives from the local county/regional child welfare agency in the areas of practice, program, policy, fiscal, and research/evaluation. Demonstration leads in the 14 jurisdictions identified potential respondents. James Bell Associates sent introductory emails to potential respondents. James Bell Associates attempted multiple follow-up contacts (emails and phone calls) before eliminating potential respondents from the survey. James Bell Associates administered the Fiscal Flexibility Telephone Survey between September and November 2017.

The Fiscal Flexibility Telephone Survey (appendix 5) comprised 6 sections and 27 questions.[29] The first section contained two questions that focused on respondent characteristics. The remaining sections contained open-ended questions that focused on the Fiscal Flexibility Telephone Survey's areas of interest. All respondents were given the same questions. This report takes into consideration all submitted surveys even though some respondents who submitted written responses did not answer all the questions. James Bell Associates recorded and transcribed the telephone interviews. To code and analyze the responses, James Bell Associates used Dedoose qualitative software and predetermined codes based on the five areas of interest.

[28] The jurisdiction demonstration lead is typically an employee in the state or tribal child welfare agency designated to oversee the waiver demonstration.

[29] In some cases, additional probe questions were asked to clarify responses.

Survey respondents are the unit of analysis for this report. The data collection and analysis approach allowed James Bell Associates to efficiently obtain input and insight from individuals from a range of organizations. By using respondents rather than jurisdictions as the unit of analysis, James Bell Associates eliminated a likely complex and lengthy process of addressing multiple respondent analysis challenges in determining the "true" experience of each jurisdiction prior to analyzing the information across the jurisdictions. But this approach does have its limitations. The respondents were not equally familiar with all aspects of the demonstration in their respective jurisdictions, given the variety of organization affiliations and areas of professional activities; in some cases, they responded they did not know the answer. Therefore, respondents from the same jurisdiction may have given different or contradictory responses to questions.

The Respondents

James Bell Associates contacted 60 individuals who were identified by the demonstration project leaders as potential respondents. Thirty-eight individuals (individual response rate = 63 percent) completed the telephone interview (*n* = 31) or submitted written responses (*n* = 7) to the survey questions. The 38 respondents represented 13 jurisdictions, ranging from 1 to 5 individuals per jurisdiction (exhibit 21). Nonrespondents included 2 individuals who indicated they did not have the knowledge to participate in the survey and 20 individuals who did not respond to follow-up emails. At least 1 individual from 13 of the 14 jurisdictions participated in the survey (jurisdiction response rate = 93 percent).

Exhibit 21. Potential Respondents Referred and Number of Completed Surveys

Jurisdiction	Number Referred	Number Completed
2012 Cohort		
Arkansas	4	2
Colorado	5	3
Illinois (IB3)	5	4
Massachusetts	4	1
Michigan	4	2
Pennsylvania	4	1
Washington	4	3
Wisconsin	5	5
Utah	4	4
2013 Cohort		
District of Columbia	4	2
Hawaii	5	5
Nebraska	3	0
New York	5	4
Tennessee	4	2
Total	60	38

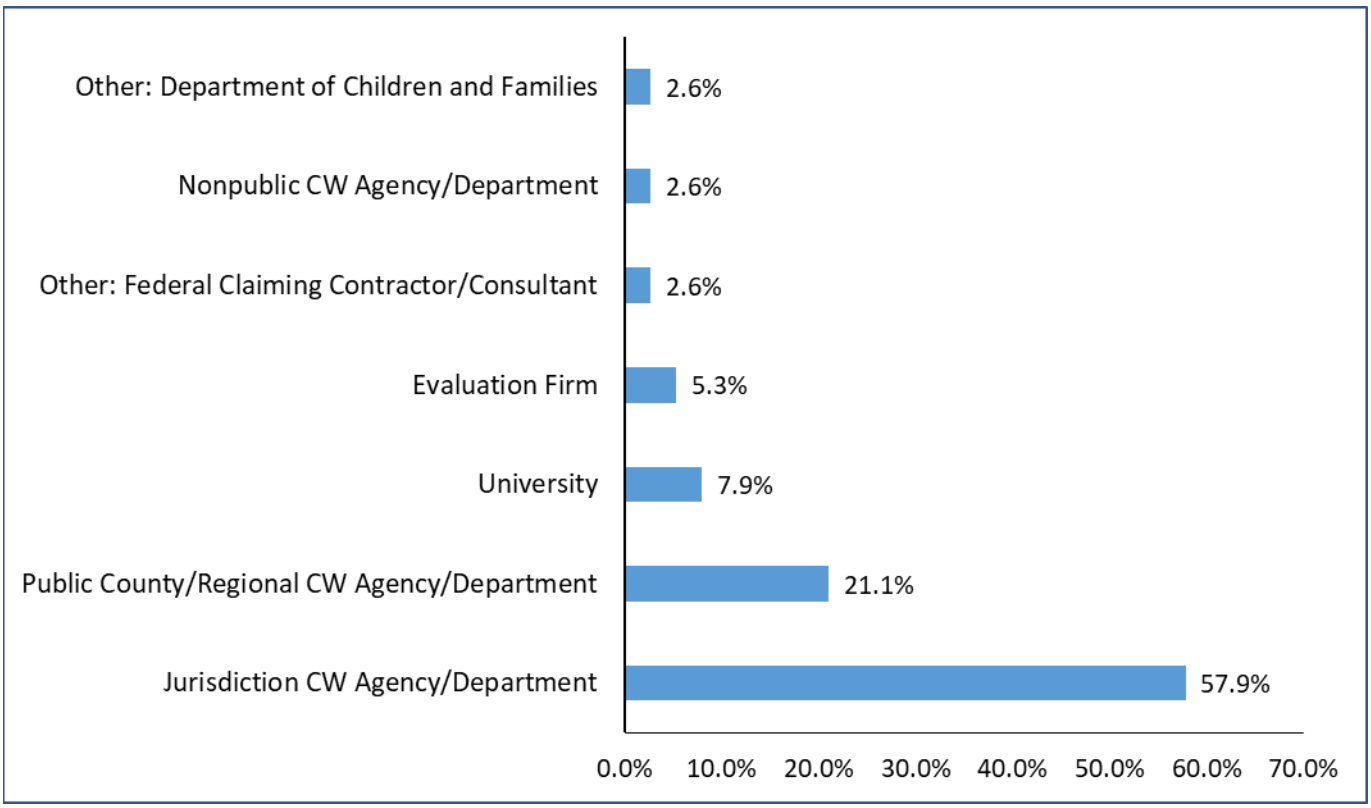
Note: IB3 refers to Illinois Birth Through Three.

Section A of the Fiscal Flexibility Telephone Survey provided information on respondent characteristics. Exhibit 22 identifies the primary organizational affiliation for all respondents, with the majority of respondents associated with the jurisdiction child welfare agency/department (57.9 percent) followed

by the public county/regional child welfare agency/department (21.1 percent), universities (7.9 percent), and evaluation firms (5.3 percent).

Respondents ranked up to three areas of activity for their current position (exhibit 23). A total of 35 respondents identified a primary area of activity, with fewer respondents identifying secondary and tertiary areas of activity. Nearly half of the respondents represented leadership—their primary activity was organization oversight and management (48.6 percent). Others' primary activity included developing and implementing programs (22.9 percent) and evaluation (11.4 percent).

Exhibit 22. Primary Organization Affiliation



Note: CW refers to child welfare.

Exhibit 23. Areas of Activity for Respondent's Current Position

Respondent's Current Position	Primary		Secondary		Tertiary	
Area of Activity	*N*	Percentage	*N*	Percentage	*N*	Percentage
Evaluation	4	11.4	0	0	6	25.0
Direct Practice	0	0	1	3.8	0	0
Supervising/Overseeing Direct Practice	0	0	3	11.5	0	0
Developing and Implementing Programs	8	22.9	8	30.8	6	25.0
Developing and Implementing Policy	3	8.6	9	34.6	7	29.2
Fiscal/Accounting	3	8.6	3	11.5	1	4.2
Organization Oversight and Management	17	48.6	2	7.7	4	16.7
Other	0	0	0	0	0	0
Total Responses	**35**		**26**		**24**	

Similar to the Web-Based Survey, the use of a purposive sampling procedure for the Fiscal Flexibility Telephone Survey was feasible and appropriate for the context of the study. Given the procedures for identifying potential respondents, James Bell Associates anticipated the majority of respondents would be from jurisdiction child welfare agencies or departments and likely have organization oversight and management as their primary focus. However, respondents were not evenly distributed across jurisdictions; the lack of respondents focused on direct practice or supervising/overseeing direct practice is of particular concern. The results should be considered with these contextual factors in mind.

What Was Learned From the Respondents

This section of the report summarizes James Bell Associates' discussions with the respondents. It follows the organizational structure of the Fiscal Flexibility Telephone Survey. The numbers in parentheses provide context for the extensiveness of the responses. The denominator is not always 38 (i.e., the total number of respondents) because some respondents did not answer every question or because the denominator is based on a particular kind of response. For example, 35 respondents indicated the practice-level changes in their jurisdiction were significant; 31 of the 35 (*n* = 31 of 35) felt the changes ranged from moderately significant to highly significant; and 4 of the 35 (*n* = 4 of 35) thought the changes were more modest when compared with other projects.

Fiscal Flexibility and Practice- and Systems-Level Changes

James Bell Associates asked respondents if the child welfare agency experienced practice- and systems-level changes because of the fiscal flexibility provided through the title IV-E waiver demonstration. Practice-level change refers to change at the level of implementation, the level at which caseworkers and other child welfare staff interact with children and families. Systems-level change refers to change that takes place at the organizational level, both within the organization and in its relationship with its external environment. In both cases, 37 respondents answered the questions. The following two sections describe their responses.

Practice-Level Changes

Nearly all the respondents (*n* = 36 of 37) reported their child welfare agency experienced practice-level changes because of the fiscal flexibility provided through the title IV-E waiver demonstration. Based on the analysis, James Bell Associates organized respondents' descriptions of practice-level changes into two categories: (1) changes in child welfare casework activities and (2) changes in the approach to services for families involved with the child welfare system. James Bell Associates subsequently organized the changes in child welfare casework activities category into four subcategories: (1) assessment of children and families, (2) case planning, (3) interacting with children and families, and (4) case decision making. Responses grouped into the four subcategories include the following:

1. Assessment of children and families
    a. Enhanced the assessment process to provide information about the child and family
    b. Increased the use of evidence-based assessment tools that focus on the strengths and needs of the family, screen for trauma, and can be used as a family engagement tool
2. Case planning
    a. Increased the use of information gathered from assessments in the planning process
    b. Enhanced safety planning

    c. Increased the amount of case management provided
    d. Improved court/legal reporting that focuses not only on compliance but also on the behavior of the child and family
    e. Approached working with the family from the strengths and needs perspectives in the planning process
    f. Increased data use in developing service plans for families
3. Interacting with children and families
    a. Increased time to work with families, resulting in a focus on specific strengths and needs
    b. Shifted the focus from compliance monitoring to intervention
    c. Improved engagement with families
    d. Improved home visits
    e. Approached family from strengths and needs
    f. Worked more collaboratively with families
4. Case decision making
    a. Increased monitoring and joint decision making between supervisors and child welfare workers
    b. Increased the use of the child and family team model to make decisions
    c. Increased collaborative decision making about which services to provide

Respondents characterized changes in the approach to services for families in the child welfare system as changes in the orientation of practice methods and focus rather than changes to specific interventions. James Bell Associates organized the responses into three categories: (1) family orientation, (2) service referral and access orientation, and (3) mental health orientation. Responses include the following:

1. Family orientation
    a. Focused on placement prevention and early intervention
    b. Focused on finding relative family placements
    c. Engaged families and supporting kin through concrete supports and resource referrals
    d. Enhanced in-home services
    e. Worked with families post-reunification
    f. Focused on attachment
    g. Increased the role of family advocates
2. Service referral and access orientation
    a. Streamlined service referral process
    b. Enhanced the ability to target and procure services based on family need
    c. Extended services beyond emancipation
    d. Offered services not previously available
    e. Moved toward providing services in the home rather than at the agency
3. Mental health orientation
    a. Enhanced connections between child welfare workers and mental health workers
    b. Focused on trauma
    c. Made available additional mental health services not covered by Medicaid

When survey participants were asked about the significance of the practice-level changes that occurred in their jurisdictions (i.e., Can you characterize how significant the key practice-level changes have been?), their responses (*n* = 31 of 35) ranged from moderately significant to highly significant. Some acknowledged their jurisdiction's efforts under the waiver had been incorporated into their practice

model and changed the way they worked with children and families, allowing them to focus on placement prevention and providing services in the home. Others noted caseworkers had more tools and resources at their disposal and were better able to identify and meet the needs of children and families. Some respondents (*n* = 4 of 35) thought practice-level changes were important yet more modest when compared with other projects and, in some cases, a continuation of practice-level change efforts in the jurisdiction that began prior to the waiver demonstration.

Systems-Level Changes

Most respondents (*n* = 33 of 37) reported the child welfare agency experienced systems-level changes because of the fiscal flexibility provided through the title IV-E waiver. Respondents talked about a variety of ways child welfare agencies changed both internally and in their relationships with environments external to the organizations; consequently, several broad categories of responses emerged. Categories and responses include the following:

- Shifts in the culture/orientation of the child welfare agency
  - Increased focus on trauma—that is, child trauma, how trauma affects parents and parenting, and the secondary trauma experienced by child welfare workers
  - Emphasized the goals of prevention, reunification, and maintaining child-parent relationships
  - Increased the amount of attention paid to the use of evidence-based programs and assessments
- Changes that resulted from practice-level changes
  - Created a new intake process; created new staffing units; developed new policies and procedures; developed new partnerships with the community
  - Improved vertical and horizontal internal communication and coordination
  - Improved child welfare agency and private agency communication and coordination
  - Improved partnerships with other agencies (e.g., law enforcement, mental health, health)
- Changes in the processes for implementation/how implementation is approached
  - Increased coaching at the supervisory level to improve the practice of child welfare workers
  - Improved post-training supports (e.g., feedback loops and support for adaptation and implementation of what was learned)
  - Created new processes for rolling out interventions (e.g., state-level body with regional representation, conversations with regions prior to rollout followed by training for regional administrators and supervisors on the intervention prior to workers' training)
  - Formed implementation teams
  - Increased technical assistance infrastructure and capacity to support implementation
- Streamlined processes
  - Improved the procedures for contracting
- Improvements in organizational infrastructure
  - Developed a more sophisticated client service referral system
- Encouragement of creative thinking and flexibility
- Increase in the awareness of the benefits of flexible funding
- Pursuing of other funding opportunities
- Improvements in the partnerships with other agencies

  - Enhanced relationships with mental health, substance abuse, health, the court system, and juvenile probation
  - Partnered with other divisions within the public agency to enhance the sustainability of child welfare outcomes
  - Created data sharing agreements to track family outcomes
- Changes related to community-based organizations
  - Made changes to contracting process with community-based organizations
  - Gave access to new community-based organization providers
  - Provided greater capacity to work with community-based organizations to tailor services
  - Increased communication with community-based organizations
  - Increased efforts to break down barriers
  - Increased community-based organizations' ability to take advantage of contracts under the waiver (e.g., adopt new interventions, make staffing changes)
- Improvements in internal and external messaging

For many respondents (*n* = 25 of 31), significant systems-level changes occurred in their jurisdictions. Several of the changes stood out: improved partnerships and relationships with other organizations, improved focus of the child welfare agency, and improved internal and external communication. Several respondents also noted the waiver was different from other systems-level change efforts because it enabled the change to occur across the entire system, rather than in only a particular area of the child welfare system. In contrast, several respondents (*n* = 6 of 31) thought the systems-level changes were either not significant when compared with previous systems-level changes or not as significant as expected.

Some respondents (*n* = 4 of 37) reported systems-level changes did not occur from the fiscal flexibility provided through the title IV-E waiver demonstration. One respondent indicated changes had occurred at the practice level but not at the systems level. Two respondents reported systems-level changes did not occur because the demonstration had not been designed to encourage systems-level change.

Factors Influencing Jurisdictions' Ability to Use Title IV-E Funding Flexibly

Respondents were asked to identify factors internal and external to their jurisdiction that enhanced or inhibited their jurisdiction's ability use title IV-E funding in a flexible manner under the waiver. Most provided at least 1 factor internal to the jurisdiction (*n* = 34 of 38) and 1 external to the jurisdiction (*n* = 31 of 38) that played a role in enhancing the jurisdiction's ability to use funding in a flexible manner. Just over three-quarters (*n* = 29 of 38) provided at least 1 factor internal to the jurisdiction and approximately two-thirds (*n* = 19 of 38) provided at least 1 factor external to the jurisdiction that played a role in inhibiting the jurisdiction's ability to use funding in a flexible manner.

Enhancing Factors Internal to the Jurisdiction

Nearly three-quarters of the respondents (*n* = 24 of 34) expressed leadership was an important factor in ensuring the waiver demonstration was successful and funding was used in a flexible manner. Respondents cited several leadership characteristics, including—

- Expertise (e.g., fiscal/budget expertise, knowledge of resources)
- Supportiveness

- Engagement
- Flexibility/openness to change
- Experience
- Empowering

Over half of the respondents (*n* = 18 of 34) expressed the organization's culture and/or climate played a role in enhancing the jurisdiction's ability to use funding in a flexible manner. Organizational cultural and/or climate elements included—

- A philosophy and focus on working with the community
- A mission to listen to families and keep children in the community
- A shared nature of the organization's direction and goals
- A culture open to innovation, reform, and systems improvement
- A culture open to taking interventions/programs to scale
- A culture open to accepting outside expertise
- A culture focused on data
- A strong continual quality improvement culture
- A culture of thinking jointly about fiscal and program needs

Many respondents (*n* = 10 of 34) said specific policies or procedures played a role in enhancing the jurisdiction's ability to use funding in a flexible manner. These policies and/or procedures included—

- Flexibility and the reduction of barriers in the process to contract/procure services
- Increased training infrastructure
- An assessment tool to help define needs and direct the focus of services
- Improved data and accounting systems
- Bulk buying of concrete goods
- Implementation staff dedicated to the waiver

Finally, several respondents stated the nature of the waiver itself helped enhance the jurisdiction's ability to use funding in a flexible manner. Examples included the following:

- The phrase "flexible funding" fostered creativity and enhanced autonomy and ownership.
- The programmatic response to the waiver did not have to be one-size-fits-all; regions/counties/localities could tailor initiatives to meet their own needs and context.

Enhancing Factors External to the Jurisdiction

Over two-thirds of the respondents (*n* = 21 of 31) said collaborative relationships with community service providers, partner organizations, and external organizations such as the Children's Bureau, James Bell Associates, Casey Family Programs, and Chapin Hall enhanced the jurisdiction's ability to use funding in a flexible manner. Besides the necessary services, community service providers offered leadership, knowledge and expertise, and the ability to respond flexibly to service needs. Collaborative relationships with partner organizations like mental health departments, juvenile justice departments, police departments, the courts/attorneys, and other stakeholders helped ensure children and families had access to services and provided opportunities for the development of new service options.

Relationships with external organizations provided guidance and access to various forms of technical assistance.

Over a third of the respondents (*n* = 11 of 31) expressed the external climate played a role in enhancing the jurisdiction's ability to use funding in a flexible manner. These cultural and/or climate elements included—

- Statewide focus on strengthening families and protecting children
- Legislatures focused on improving child welfare
- Supportive local governments (e.g., mayor, county commissioners)
- Supportive consent decree monitor

Inhibiting Factors Internal to the Jurisdiction

For many respondents (*n* = 20 of 29), shifting their organization's culture was challenging, particularly as it related to spending money. One respondent noted having fiscal flexibility requires thinking about things flexibly and in a new way—characteristics not consistently present. Another respondent noted an ingrained conservative approach to fiscal matters challenged the jurisdiction's ability to use resources flexibly. Several respondents stated competing priorities, such as multiple initiatives and finding the balance between in-home services and foster care, also played a role in inhibiting the jurisdiction's flexible use of funds. Several respondents noted that, even when spending was approved, the contracting and procurement processes were slow and time consuming.

For several respondents (*n* = 14 of 29), staffing issues played a role in constraining the jurisdiction's ability to use title IV-E funds flexibly. These respondents listed insufficient staffing, staff turnover, and overworked staff as major issues, and staffing shortages in key demonstration initiative roles. The staffing issues extended to leadership, for which respondents noted changes in high-level management positions also had a limiting effect.

Inhibiting Factors External to the Jurisdiction

Many respondents (*n* = 11 of 19) stated relationships with various partner organizations complicated the flexible use of title IV-E funds. Several respondents described a lack of buy-in from partners, notably from judges and attorneys. Issues with federal agency partners included reporting requirements and an inability to access other funding sources (e.g., Medicaid). Challenges with local service provider partners included difficulty in developing programs (e.g., training issues, startup costs) and staff retention issues.

Respondents (*n* = 8 of 19) noted aspects of the jurisdiction's political environment played an inhibiting role in the use of flexible title IV-E funds. Challenges included a state's financial crisis, legislative action, and a high-profile child fatality case that shifted the jurisdiction's focus from providing in-home services to an increased use of foster care.

Policies That Promote the Use of Fiscal Flexibility

James Bell Associates asked respondents about policies that were developed and implemented to enhance the jurisdiction's ability to use title IV-E funding flexibly for the child welfare agency. For most respondents (*n* = 29 of 38), new policies—which related to enhancing the agency's ability to use funding

flexibly to varying degrees (see Enhancing Factors Internal to the Jurisdiction)—had been implemented because of the waiver demonstration.

Types of Policy Changes

Consistent with the overall purpose of title IV-E waivers, jurisdictions made broad policy changes that expanded the use of title IV-E funding to pay for services the funds did not cover before the waiver was enacted. Because of these policy changes, eligible children and families can participate in the demonstration regardless of whether the child remains at home or is placed in out-of-home care.

Beyond the general policy changes made to enable flexible funding use, to ensure the interventions are implemented as intended, jurisdictions made policy changes unique to the interventions being implemented as part of the waiver demonstration. The types of new policies implemented are as varied as the jurisdictions' interventions and include the following:

- Development of a crisis response team and new policies for required responders, safety tools, and communication
- Time lines for the use of assessment tools
- Authorization for caseworkers to spend funds on concrete goods for clients
- Authorization to provide monetary incentives to foster parents for participation in program and evaluation activities
- Authorization to provide childcare to foster parents participating in an intervention
- Development of a differential response to traditional child maltreatment investigations and policies related to eligibility criteria and associated casework procedures
- Requirements for third party-facilitated family meetings
- Development of a formal protocol for an emergency response system
- Requirements for the use of relative and kin care when out-of-home placement is necessary
- Requirements for trauma screening for children and youth
- Limitations on staff caseloads
- Revision of contracts with service providers to increase funding and delineate new requirements for the contracted providers

Challenges

A few respondents (*n* = 5 of 38) discussed challenges to implementing the policies developed for the waiver demonstration. Some difficulties stemmed from developing new policies before new interventions were implemented. After the interventions were implemented and quality assurance data were collected, it was determined changes to the new policies were necessary. For example, in one jurisdiction, eligibility criteria for a differential response program were revised after the program's implementation to ensure all appropriate families were being referred to the program. Other challenges related to difficulties adhering to new policies in practice, despite continued support for the policy in theory. For example, respondents reported challenges in maintaining reduced caseloads for child welfare caseworkers or completing assessment tools within specified time frames. One respondent reported increasing the daily board rate for foster parents enrolled in an evidence-based program was not successful in increasing foster parents' participation.

No Policy Changes

Some respondents (*n* = 9 of 38) reported no new policies had been developed and implemented through the waiver demonstration. Reasons respondents listed include the following:

- Concern about burdening child welfare staff with too many changes at once
- Development of new policies was not necessary
- Change in agency focus or priorities because of changes in child welfare agency leadership
- Budget cuts and fiscal constraints

Practice, Program, and Policy Decision Making in a Capped Allocation Environment

The questions in this section asked respondents if operating in a capped allocation environment influenced decision making at the worker level, the program level, and the policy level of the child welfare agency. James Bell Associates did not include respondents from jurisdictions not operating in a capped allocation environment at the time of the survey (Illinois and Michigan) in this part of the analysis. One respondent did not answer the question about worker-level decision making, and two respondents did not answer the program-level and policy-level questions.

Decision Making at the Worker Level

Most respondents reported either that operating in a capped allocation environment did not influence decision making by child welfare workers (*n* = 20 of 31) or that they did not know if it did (*n* = 9 of 31). Several respondents indicated operating in a capped allocation environment should not be a concern or worry of child welfare workers, as their focus should be on the needs of children and families. Other respondents said child welfare workers likely did not know about the capped allocation in their jurisdiction and, if they did, the knowledge did not influence their decision making for children and families and services. As one respondent noted—

> *I would say no because line staff really don't have any direct involvement with the fiscal stuff in that sense. … Their job is to look at the safety of children, and that's really what they're about.*

However, two respondents reported operating in a capped allocation was influencing worker-level decision making. One respondent indicated that in her locality (within a jurisdiction) the organizational culture encouraged the responsible management of available funding and the responsibility extended to child welfare workers. The other respondent noted child welfare workers are asked to think about children and how they would qualify for the various evidence-based programs provided in their jurisdiction.

Decision Making at the Program Level

Over half of the respondents (*n* = 17 of 30) reported operating in a capped allocation environment influenced decision making at the program level. The influence came in several forms. The capped allocation environment provided a structure for decision making based on a predetermined dollar amount and expenditure time horizon. The characteristics of the capped allocation environment also

provided a structure for monitoring programmatic activities, both internally and with contracted partners. As one respondent noted—

> *I think it gave us the opportunity to look at things a little bit differently. … In this case, it was capped, so we knew exactly what our allocation was year-to-year, so we could plan and monitor effectively that way.*

Some respondents reported more decision making was taking place, data were being used more in decision making, and the relationship between cost and outcomes was being considered. But as one respondent noted, the new program decision-making environment now required decision makers to grapple with the questions of what to do if interventions and programs were not achieving the intended outcomes.

Some respondents also described a shift in orientation toward prevention, early intervention, reunification, and expediting permanency services, and away from services related to foster care.

For five respondents, operating in a capped allocation environment did not influence program-level decision making. These respondents generally agreed the decision-making process was similar to the process in operation before the onset of the capped allocation environment. Similar to the question about worker-level decision making, eight respondents did not know if operating in a capped allocation environment influenced program-level decision making in their jurisdiction.

Decision Making at the Policy Level

A third of the respondents (*n* = 10 of 30) reported operating in a capped allocation environment had influenced policy-level decision making. However, the follow-up responses did not provide clear examples of such influence beyond those previously noted in the Enhancing Factors Internal to the Jurisdiction section. In two cases, the connection was more apparent. One respondent described the intent to develop policies in relation to provider organizations that uphold the expectations of the waiver.

Eight respondents indicated they did not perceive a connection between operating in a capped allocation environment and decision making at the policy level in their jurisdiction. Just over a third of respondents (*n* = 12 of 30) expressed they did not know if operating in a capped allocation environment influenced decision making at the policy level.

Data Systems Awareness, Use, and Improvements

Respondents were asked a series of questions about data systems in their jurisdiction; the following sections discuss their responses. For each question, some respondents did not have information to answer the question. Two respondents did not know if data use had increased, three respondents did not know if improvements had been made to the Comprehensive Child Welfare Information System or a similar child welfare information system, and five respondents did not know if new data systems were developed or used as a result of the waiver demonstration.

Data Use

Most respondents (*n* = 32 of 38) saw an increase in data use because of the waiver demonstration. The extent to which jurisdictions increased data use ranged from fairly small (e.g., *We are looking at some different things*) to a major shift (e.g., *There's been an immense increase in the use of data as a result of the waiver*).

Based on the responses, James Bell Associates determined the involvement of an independent evaluator and the implementation of new or expanded assessment tools and services are the primary reasons for an increase in data use. The requirement for jurisdictions to conduct an evaluation provides increased resources for collecting data, performing analyses, and reporting findings to the child welfare agency and demonstration project leaders. Evaluators have also provided technical assistance on data use and have built the capacity for quality data collection and use by child welfare staff and administrators through presentations and trainings. Jurisdictions that are implementing new or expanded assessment tools and services are collecting and using additional data to determine eligibility for services, to gain a better understanding of the characteristics and needs of the children and families served, to monitor program fidelity, and to identify practices that are working well and those that may need to be revised or improved.

A few respondents (*n* = 4 of 38) said the waiver demonstration did not increase data use, primarily because the jurisdiction was already using data. Some respondents noted data were increasingly being used within the child welfare agency, but this trend was not because of the waiver. Instead, it was because of broader changes in the field, with increased emphasis on data-based decision making and continuous quality improvement.

Data System Improvements

For many respondents (*n* = 22 of 38), the waiver demonstration improved or enhanced the jurisdiction's Comprehensive Child Welfare Information System or similar child welfare information system. Most expressed the changes were caused by the implementation of new or expanded assessment tools and services and the need to store the related data so they could be linked to other administrative data on outcomes, such as placement and permanency status. In several cases, new data elements were added to existing Comprehensive Child Welfare Information Systems to monitor program implementation and fidelity, and Comprehensive Child Welfare Information Systems were altered to enable the linking or merging of the Comprehensive Child Welfare Information System with other agencies' data systems.

According to a third of the respondents (*n* = 13 of 38), their jurisdiction's Comprehensive Child Welfare Information System experienced no improvements or enhancements, for a variety of reasons that include the following:

- The jurisdiction does not have a Comprehensive Child Welfare Information System.
- The current Comprehensive Child Welfare Information System is deemed sufficient.
- The limited duration of the waiver demonstration does not justify the resources required to make changes.
- There is a lack of leadership and funds.
- Comprehensive Child Welfare Information System is state run, but the waiver demonstration is not a statewide initiative.

New Data Systems

Over a third of the respondents (*n* = 14 of 38) indicated the waiver demonstration has resulted in the development and use of new data systems. The primary reasons respondents listed for their jurisdiction developing new data systems were the same as those for increasing data use and improving existing child welfare information systems, namely the development of new or expanded assessment tools and services and the need to track them. In some cases, jurisdictions developed new data systems to increase data accessibility; for example, one jurisdiction created a data dashboard to enable daily monitoring of key outcomes rather than relying on the generation of quarterly reports. In other cases, jurisdictions created new databases for specific assessment tools, such as the Child and Adolescent Needs and Strengths and the Treatment Outcome Package.

Half of the respondents (*n* = 19 of 38) said their jurisdiction developed no new data systems. For most of these respondents, new data elements or system enhancements were built into the existing Comprehensive Child Welfare Information System or similar child welfare information system; thus, new data systems were not needed.

Summary

The purpose of the Fiscal Flexibility Telephone Survey was to gather information about fiscal flexibility and the practice- and systems-level changes that have occurred during the implementation of the title IV-E waiver demonstrations in two cohorts of waiver jurisdictions. The Fiscal Flexibility Telephone Survey includes respondents from 13 of the 14 jurisdictions in the 2012 and 2013 cohorts of waiver demonstrations, and those respondents are the unit of analysis for this report. The following section highlights the important findings from the five areas of the study.

Fiscal Flexibility and Practice- and Systems-Level Changes

Practice-level changes include the following:

- Child welfare agencies appeared to experience significant practice-level changes because of the fiscal flexibility provided through the title IV-E waiver demonstration.
- The practice-level changes can be organized into two categories: (1) changes in child welfare casework activities and (2) changes in the approach to services for families.
- Changes in work activities can be organized into four subcategories: (1) assessment (e.g., greater use of assessment tools); (2) planning (e.g., increased use of information from assessment tools); (3) interacting (e.g., improved engagement with families); and (4) decision making (e.g., increased collaborative decision making).
- Examples of the changes in the approach to services include focusing on placement prevention and early intervention, finding relative family placements, engaging families and supporting kin, enhancing in-home services, and working with families post-reunification.

Systems-level changes include the following:

- Child welfare agencies appeared to experience significant systems-level changes because of the fiscal flexibility provided through the title IV-E waiver demonstration.
- Examples of ways child welfare agencies changed internally and in their relationship with their external environment include shifts in the agencies' culture and orientation (e.g., focus on

trauma); organizational change resulting from practice-level change (e.g., improved communication); changes in implementation processes (e.g., use of implementation teams); improved partnerships with other agencies, including the courts; and changes in the working relationships with community-based organizations.

Factors Influencing Jurisdictions' Ability to Use Title IV-E Funding Flexibly

Factors that enhanced the jurisdictions' ability to use title IV-E funding flexibly include the following:

- Leadership—expertise, supportiveness, engagement, and flexibility/openness to change
- Culture/climate elements—philosophy and focus on working with the community, a mission to listen to families and keep kids in the community, and a shared nature of the organization's direction and goals
- Organizational policies and procedures—flexibility and the reduction of barriers to contracting/procuring services, increased staffing infrastructure, an assessment tool to help define needs, and improved data and accounting systems
- Underlying nature of the waiver—flexible funding fostered creativity, enhanced autonomy, and ownership
- Collaborative relationships—community service providers (e.g., leadership, knowledge, expertise); partner organizations like courts/attorneys, mental health departments, and juvenile justice departments (e.g., access to services, development of new services); and external organizations such as the Children's Bureau, James Bell Associates, Casey Family Programs, and Chapin Hall (e.g., technical assistance)

Factors that inhibited jurisdictions' ability to use title IV-E funding flexibly include the following:

- Shifting the culture of the organization—particularly as it related to spending money
- Staffing issues—insufficient staffing, staff turnover, and overworked staff
- Relationship with partner organizations—lack of buy-in and difficulty in developing programs
- Political environment—state financial crisis and legislative action

Policies That Promote the Use of Fiscal Flexibility

The policy changes jurisdictions made to promote the use of fiscal flexibility ranged from broad to specific. Examples of broad policy changes include the following:

- Expanding the use of funding to pay for services that were not reimbursable under title IV-E funding regulations prior to the waiver
- Expanding the use of funding to pay for services for children and families regardless of whether the child remains at home or is placed in out-of-home care

Jurisdictions made specific policy changes primarily to ensure interventions were implemented as intended. Examples include the following:

- Development of a crisis response team and new policies regarding required responders, safety tools, and communication
- Time lines for the use of assessment tools

- Authorization for caseworkers to spend funds on concrete goods for clients
- Authorization to provide monetary incentives to foster parents for participation in program and evaluation activities
- Authorization to provide childcare to foster parents participating in an intervention

Some respondents reported no new policies had been developed and implemented. Examples of why policies were not developed include the following:

- There was concern about burdening child welfare staff with too many changes at once.
- New policies to enhance flexible funding were not required.

Practice, Program, and Policy Decision Making in a Capped Allocation Environment

Operating in a capped allocation environment did not appear to influence decision making at the worker level.

Operating a capped allocation did appear to influence program-level decision making. The influence came in several forms, including the following:

- The capped allocation environment appeared to provide a kind of structure for decision making based on a predetermined dollar amount and expenditure time horizon.
- The characteristics of a capped allocation environment appeared to provide a structure for monitoring programmatic activities.
- More decision making occurred, the use of data in decision making increased, and a shift in thinking toward the relationship between program/service cost and outcomes occurred.

Some responses suggested operating in a capped allocation environment influenced decision making at the policy level, including in the areas of contracting/procuring services, the use of assessment tools, staffing infrastructure, and data usage.

Data Systems Awareness, Use, and Improvements

Data use appeared to increase as a result of the waiver demonstration. The increase in the use of data appeared to be due to the involvement of an independent evaluator and to the new or expanded use of assessment tools and services.

Data systems appeared to improve or experience enhancements as a result of the waiver demonstration.[30] Specifically, the reason for the improvements and enhancements was due to the increase in data resulting from the use of assessment tools and services.

Some responses suggested the waiver resulted in the development of new data systems, but most responses indicated data needs were met by expanding existing data systems rather than creating new ones.

[30] The Fiscal Flexibility Telephone Survey finding conflicts with the Web-Based Survey, which found the increased use of data did not seem to translate to the enhancement of existing data information systems. A possible explanation is the 2 relevant survey questions in the Web-Based Survey showed a high percentage of respondents "don't know" whether enhancements to the Comprehensive Child Welfare Information System or other data systems had occurred (21.5 percent and 35.5 percent, respectively), compared with 7.8 percent of the respondents to the relevant survey question in the Fiscal Flexibility Telephone Survey.

Measuring Well-Being Telephone Survey

Introduction

On May 14, 2012, the Children's Bureau issued an Information Memorandum (ACYF-CB-IM-12-05) inviting jurisdictions to submit proposals for new child welfare waiver demonstrations. In the Information Memorandum, the Children's Bureau highlighted the importance of well-being outcomes and indicated proposals designed to improve well-being outcomes would be given priority. The Children's Bureau noted the assessment and measurement of well-being outcomes for child welfare are less understood than the measurement of safety and permanency outcomes.

The 2012–2014 cohorts of waiver demonstrations include 23 jurisdictions[31]; 21 of those demonstrations are implementing interventions to improve well-being and have evaluations designed to measure and analyze well-being outcomes. The presence of numerous evaluations focused on well-being gave the Children's Bureau the opportunity to address a gap in the knowledge about well-being outcomes. James Bell Associates implemented the Measuring Well-Being Telephone Survey as part of the National Study to gather information from jurisdiction evaluators about how jurisdictions addressed the issue of measuring child well-being and caregiver well-being and the early insights that have emerged through their experiences. The Measuring Well-Being Telephone Survey has four areas of focus: (1) the definition of well-being, (2) the selection of the well-being measure or data source, (3) data collection challenges, and (4) insights into measuring well-being. Evaluators are typically involved in, if not responsible for, the first three areas of focus. As a result, they are likely the potential respondents with the most knowledge and insights into measuring well-being.

This chapter summarizes the results from the Measuring Well-Being Telephone Survey administered to the 2012–2014 cohorts of waiver jurisdictions addressing well-being. This chapter describes the methods used and the results of the analysis organized by topics addressed in the survey, and summarizes what was learned.

How the Survey Was Administered and Analyzed

The target sample for the Measuring Well-Being Telephone Survey was a census sample of waiver jurisdiction evaluators from the 21 jurisdictions that are measuring child or caregiver well-being as part of the evaluation of the waiver demonstration. James Bell Associates identified the 21 jurisdictions based on a review of evaluation plans and progress reports for the 23 jurisdictions in the 2012–2014 cohorts. James Bell Associates sent an introductory email to the jurisdictions' lead evaluators that described the purpose and process of the survey and requested the name and contact information for the person on the evaluation team who is most familiar with the measurement of well-being. After identifying potential respondents, James Bell Associates sent emails to schedule the telephone interviews, which occurred from July to November 2017. James Bell Associates contacted potential respondents up to three times before considering them unable to participate in the survey. All were given the option to submit written responses instead of participating in a telephone interview.

[31] The 2012, 2013, and 2014 cohorts of waiver demonstration jurisdictions entered into waiver terms and conditions under legislation different from the waiver demonstration jurisdictions funded in earlier years (known as the legacy jurisdictions). The Children's Bureau, after consultation with James Bell Associates, determined the difference between the two sets of jurisdictions was sufficient to exclude the legacy jurisdictions from the National Study.

The Measuring Well-Being Telephone Survey (appendix 4) was composed of 17 questions for jurisdictions that measure child and caregiver well-being and 10 questions for jurisdictions that measure child well-being only.[32] The questions were primarily open ended. Telephone interviews were recorded, and oral and written responses were transcribed prior to analyses. The unit of analysis for this report is jurisdictions. James Bell Associates used Dedoose qualitative data analysis software to code and analyze the survey questions with predetermined codes based on the topical areas from the survey.

The Respondents

A total of 17 evaluators from 17 jurisdictions responded to the survey—a response rate of 81 percent (exhibit 24). Five respondents opted to complete the survey in written format rather than through an oral interview. All respondents indicated their jurisdiction is measuring child well-being and 10 indicated their jurisdiction is also measuring caregiver well-being. The survey did not collect data on respondent characteristics other than that they were all members of the demonstration's evaluation team.

Exhibit 24. Jurisdictions With Completed Survey

Jurisdiction	Completed
2012 Cohort	
Arkansas	No
Colorado	Yes
Illinois (IB3)	No
Massachusetts	Yes
Michigan	Yes
Pennsylvania	Yes
Utah	No
Washington	Yes
Wisconsin	Yes
2013 Cohort	
District of Columbia	No
Hawaii	Yes
Nebraska	Yes
New York	Yes
Tennessee	Yes
2014 Cohort	
Arizona	Yes
Kentucky	Yes
Maine	Yes
Maryland	Yes
Oklahoma	Yes
Oregon	Yes
West Virginia	Yes

Note: IB3 refers to Illinois Birth Through Three.

[32] In some cases, additional probe questions were asked, to clarify responses.

What Was Learned From the Respondents

Respondents were asked a series of questions that fall into several categories about measuring child well-being and caregiver well-being. The categories include defining well-being, selecting the well-being measure or data source, data collection challenges, and insights into measuring well-being. They provide the organizing structure for the following section of the report that describes what was learned from the respondents.

Defining Child Well-Being

The definitions of child well-being provided by respondents fell within the four domains of well-being adapted by the Administration for Children, Youth, and Families: cognitive functioning, physical health and development, emotional/behavioral functioning, and social functioning (the latter two considered the social and emotional well-being domains).[33] Most jurisdictions defined well-being as a form of social-emotional functioning (e.g., interpersonal and intrapersonal strengths, risk behaviors, family involvement), but some jurisdictions included other areas, such as educational functioning, trauma symptoms, and health functioning.

The definitions of child well-being and the instruments used by jurisdictions to measure child well-being are tightly linked. When asked how their jurisdiction had arrived at the definition of child well-being, most respondents reported the definition was based on what the available instrument was designed to measure. In most cases, the instrument or data source (e.g., administrative data on child health functioning) drove how the jurisdiction defined child well-being. In some cases, an instrument was already in use in the jurisdiction and served as a ready source of data for the waiver evaluation. In other cases, the instrument served programmatic purposes (e.g., Child and Adolescent Needs and Strengths) and could also be used for the evaluation. As one respondent indicated—

> *It's mostly determined by the data we have available.*

Another respondent stated—

> *There wasn't a lot of thinking about how to operationalize child well-being. The focus was on how to measure it.*

In a small number of cases, respondents reported a more deliberate process to try to define child well-being took place prior to the implementation of the demonstration and selection of the measurement tool. Respondents described the use of committees made up of jurisdiction stakeholders and the use of consultants to explore a definition of well-being that aligned with the intended programs and evaluation.

[33] The four domains of well-being were issued in April 2012 in ACYF-CB-IM-12-04, "Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services." The four domains are adapted from a framework developed by Lou, C., Anthony, E. K., Stone, S., Vu, C. M., & Austin, M. J. (2008). Assessing child and youth well-being. *Journal of Evidence-Based Social Work, 5*(1), 91–133.

Selecting the Child Well-Being Measure or Data Source

This section's first subsection identifies the child well-being instruments and data sources used by the evaluations. The second subsection describes the process used to select the child well-being measures. The final subsection discusses whether changes were necessary in the use of child well-being instruments identified in the jurisdictions' evaluation plans.

The Selected Instruments

Respondents identified 12 instruments used to assess child well-being. The most commonly selected instrument is a version of the Child and Adolescent Needs and Strengths that, in most cases, has been tailored to the needs of the jurisdiction. A few jurisdictions use case record reviews or interviews with caregivers or youth in addition to administering a well-being instrument. Exhibit 25 displays all child well-being instruments and the number of jurisdictions that are administering them.

Exhibit 25. Child Well-Being Instruments and Number of Jurisdictions Using the Instrument

Instrument Name	Number of Jurisdictions
Child and Adolescent Needs and Strengths	10
Ages and Stages Questionnaire—Social Emotional	2
Family Advocacy and Support Tool	2
North Carolina Family Assessment Scales	2
Behavioral and Emotional Rating Scale II	1
Child Behavioral Health Screener	1
Devereux Early Childhood Assessment	1
Protective Factors and Well-Being Questionnaire	1
Trauma Symptom Checklist	1
Child Post-Traumatic Stress Disorder Symptom Scale	1
Treatment Outcome Package	1
Youth Quality of Life Instrument	1

Along with using instruments to assess child well-being, respondents reported using several kinds of indicators, drawn from available data sources, to assess child well-being:

- Mental health needs
- Substance abuse needs
- Emergency room use
- Hospital use
- Critical incidents reported (e.g., self-injuries, self-injurious behavior)

The Selection Process

Convenience and practicality appeared to be the driving force behind the selection process of child well-being measures for the majority of jurisdictions. In fact, the process could be described as the adoption of a child well-being measure rather than the selection of such a measure. Respondents reported the measures were selected because the jurisdiction was already using the measure as part of general child

welfare practice or for data collection in another project or grant. In some cases, this meant the waiver evaluation could adopt and adapt the same measurement tool for its purposes and align its data collection with data collection already underway. In other cases, it meant the waiver evaluation could use the child well-being data collected elsewhere in the jurisdiction as a data source and not have to conduct its own data collection. Both cases provided easier access to child well-being information than might have been available otherwise.

In the cases in which selection was the focus, the process typically entailed meetings and conference calls to discuss possible child well-being measurement tools. Some respondents reported the evaluation team compiled a list of potential child well-being measures and presented them to the demonstration leadership and/or executive committee for review and discussion. Respondents cited many factors as important to the selection process:

- Good psychometric properties
- Addressed a specific aspect of well-being of interest (e.g., social-emotional development, protective factors)
- Prior testing with child welfare populations
- Ease of administration
- Cost of the measure
- Amount of training required by the measure
- Amount of burden on the respondent
- Integral part of the intervention model

Caregiver input on child well-being measurement selection did occur, but only in a small number of jurisdictions. In one jurisdiction parents were involved with the development of child and family well-being questions on a caregiver survey; specifically, parents helped inform the wording of the survey questions. Another jurisdiction included peer parent mentors on the committee that developed the intervention for the waiver demonstration; these parents helped identify the dimensions of well-being most likely to improve through the demonstration. This jurisdiction is also consulting with a Youth Advisory Board for guidance on how to talk with youth about well-being in interviews.

Changes in the Selected Instruments

The majority of jurisdictions have been able to implement the child well-being measures specified in their original evaluation plans. The few that modified plans for collecting child well-being information did so because the data were unavailable or inaccessible. The reasons data could not be obtained include the following: (1) Data sharing agreements with other state agencies could not be developed as anticipated; (2) a well-being assessment tool was discontinued by the child welfare agency; and (3) survey response rates were too low to include in the evaluation. In all but one case, alternative child well-being data sources or indicators were identified and data were collected.

Child Well-Being Data Collection Challenges

Collecting information on child well-being is not without its challenges, and nearly all jurisdiction evaluators experienced barriers to collecting the necessary information. Most challenges involved

relying on a third party (i.e., child welfare or service provider staff) to collect and submit quality data in a timely manner. The most commonly noted challenge was a much lower than expected completion rate of the Child and Adolescent Needs and Strengths administration, particularly for the follow-up administration of the assessment tool. Respondents also noted low completion rates for other assessment tools (e.g., Trauma Symptom Checklist) that service providers complete.

Respondents noted the following additional challenges:

- Child well-being data could not be matched to other data because each data source used different case identification numbers.
- Data sharing agreements (i.e., with the state educational or health care system) were not created in a timely manner or were too difficult to establish.
- Assessment data were of questionable quality (e.g., low numbers of assessed needs and strengths compared with anticipated numbers) and required a lot of cleaning and follow-up communication before they could be analyzed.
- Assessment data were not available for children once they left the program.

Respondents indicated, however, that several actions were helpful in improving assessment completion rates and/or timely data submission to evaluators. Respondents described ongoing communication efforts (e.g., presentations, phone calls) to help child welfare agency staff and others understand the importance of collecting child well-being data. Other helpful actions included the following:

- Key child welfare agency administrators promoted the data collection.
- Evaluators changed a data system to enable easier entry of child well-being data.
- The responsibility for administering the Child and Adolescent Needs and Strengths was transferred from child welfare workers to service providers.
- Evaluators and program staff provided ongoing training and retraining of child welfare staff on the documentation of the Child and Adolescent Needs and Strengths and the associated data management system.

Insights Into Measuring Child Well-Being

The insights and recommendations for measuring child well-being respondents described highlight the inevitable tension in program evaluation between rigor and practicality. The importance of having stakeholders identify and agree on the specific aspects of child well-being targeted for change and measurement was the most common insight. Respondents noted it was important to specify the targeted aspect of child well-being early in the planning process. However, this ideal process was not feasible for most jurisdictions, where the definition and selection of child well-being measures were driven by convenience and practicality. The emphasis on convenience and practicality was reinforced by the flexible nature of the demonstrations' waiver evaluation requirements, which gave latitude to evaluators to respond to the local context.

Several respondents shared thoughts on the limitations of the Child and Adolescent Needs and Strengths as an evaluation measure, suggesting that, if it were not already in use in the jurisdiction, another measure might have been selected for the evaluation of the waiver demonstration.

Respondents noted concerns about the accuracy of the data (e.g., the proportion of children with scores within a certain range is lower than expected) and about the measure's usefulness in demonstrating significant change over time. As one respondent indicated—

> *Because the first assessment timepoint is so early in the case, workers may have little information about child well-being. So, when concerns arise later, it looks like well-being has decreased rather than it just being that information emerged later.*

Another respondent stated—

> *About 40 percent of cases being assessed for services by a child welfare worker are deemed to have no actionable needs, which we know is not likely true.*

Some respondents recommended building a measure of child well-being directly into the program delivery process to ensure quality data from program providers. One respondent noted a primary consideration for selecting a child well-being measure for the child welfare population is whether caseworkers view it as a tool that informs their practice, thereby increasing the likelihood the tool will be used.

Defining Caregiver Well-Being

Most jurisdictions defined caregiver well-being as a form of social-emotional well-being. As with child well-being, the definitions of caregiver well-being and the instruments jurisdictions used to measure it are tightly linked. Most respondents reported the definition of caregiver well-being was based on what an available instrument was designed to measure. For example, one respondent said caregiver well-being was defined as the number of strengths and needs on the caregiver section of the Child and Adolescent Needs and Strengths.

Availability of existing data from other systems (e.g., criminal justice) also determined the definition of caregiver well-being in some jurisdictions. Only one respondent reported the definition of caregiver well-being was based on the specific aspect of caregiver functioning the intervention is designed to address, namely substance abuse.

Selecting the Caregiver Well-Being Measure or Data Source

This section's first subsection identifies the caregiver well-being instruments and data sources the evaluations used. The second subsection describes the process used to select the caregiver well-being measures. The final subsection discusses possible changes to the use of caregiver well-being instruments identified in the jurisdictions' evaluation plans.

The Selected Instruments

The most commonly selected instrument for measuring caregiver well-being is a version of the Child and Adolescent Needs and Strengths that has, in most cases, been tailored to each jurisdiction's needs. Exhibit 26 displays all caregiver well-being instruments and the number of jurisdictions that are administering them.

Exhibit 26. Caregiver Well-Being Instruments and Number of Jurisdictions Using Them

Instrument Name	Number of Jurisdictions
Child and Adolescent Needs and Strengths—Caregiver Items	6
Adult Adolescent Parenting Inventory-2 (for caregivers receiving Nurturing Parenting Program)	2
Center for Epidemiological Studies	2
Family Advocacy and Support Tool	2
Parenting Stress Index	2
Addiction Severity Index	1
Alabama Parenting Questionnaire	1
Client Outcome Measure (for caregivers receiving Functional Family Therapy)	1
Depression Anxiety Stress Scale (for caregivers receiving Triple P)	1
North Carolina Family Assessment Scale	1
Parenting and Family Adjustment Scale (for caregivers receiving Triple P)	1

Along with these measures, the following indicators are being used to assess caregiver well-being:

- Mental health needs
- Substance abuse needs
- Emergency room use
- Hospital use
- Criminal behavior
- Housing status/stability

The Selection Process

As with the selection of child well-being measures, convenience and practicality appear to be the driving force behind the selection process of caregiver well-being measures for the majority of jurisdictions. Respondents reported the measures were selected because the jurisdiction was already using the measure as part of general child welfare practice or for data collection in another project or grant. The use of preexisting measures or measures comparable to those used on other projects provided easier access to caregiver well-being information than might have been available otherwise.

Among jurisdictions that provided additional details about the process of selecting measures of caregiver well-being, the selection process typically involved a steering committee or team comprising demonstration evaluators; demonstration program leadership; child welfare agency leadership; and, in one case, community service providers. Responders cited the following factors as important to the selection process:

- Cost of the measure
- Amount of burden on the respondent
- Evaluator's prior experience using the measure

- Addressed a specific aspect of well-being of interest (e.g., substance abuse)
- Integral part of the intervention model

Changes in the Selected Instruments

The majority of jurisdictions used caregiver well-being measures specified in their original evaluation plans. However, two jurisdictions modified the plans for collecting caregiver well-being data. One change was made because of the instrument's cost; the other was because the child welfare agency discontinued an assessment tool. In both cases, alternative caregiver well-being measures or indicators were identified.

Caregiver Well-Being Data Collection Challenges

Similar to data collection for child well-being, nearly all jurisdictions reported some challenges in collecting information on caregiver well-being. For the most part, the challenges reported were the same as the challenges or barriers reported for collecting data on child well-being, which largely stem from reliance on a third party to administer assessments and submit the data to the evaluation team. The only reported challenges unique to collecting data on caregivers were concerns about data quality. Specifically, one respondent noted caseworkers are more comfortable having conversations about a child and are less comfortable having conversations with the caregiver about the issues the caregiver may be facing, which may affect the quality of Child and Adolescent Needs and Strengths and Family Advocacy and Support Tool data on caregiver well-being. Another respondent noted the level of detail in case records is more inconsistent and lacking for caregivers than for children and youth.

The other data collection challenges respondents identified were the same as the challenges noted for collecting data on child well-being, including the following:

- Caregiver well-being data could not be matched to other data because each data source used different case identification numbers.
- Response rates to caregiver surveys or interviews were poor, partially because of incorrect or outdated caregiver contact information.
- Completion rates of assessments were inconsistent, incomplete, or low.
- Assessment data were of questionable quality and required a lot of cleaning and follow-up communication before they could be analyzed.
- Assessment data were not available for caregivers once they leave the program.

The following steps were taken to address data collection challenges:

- Offer incentives for parent participation in surveys and obtain additional support from child welfare staff in updating contact information for potential survey participants.
- Provide additional training on family engagement to decrease the number of caregivers who do not complete a program, which results in missing follow-up assessment data.
- Provide ongoing training, retraining, and technical assistance on Child and Adolescent Needs and Strengths data collection and submission.

- Change the procedure for tracking assessment completion so the evaluation team, not child welfare managers, is responsible for tracking.

Insights Into Measuring Caregiver Well-Being

Respondents' insights and recommendations for measuring caregiver well-being were the same as those pertaining to child well-being. The most common insight was the importance of having stakeholders identify and agree on the specific aspects of caregiver well-being to be targeted and measured by the demonstration. Some jurisdictions reported having more success measuring changes to caregiver well-being over time using measures specific to an evidence-based program as opposed to what they considered to be more global measures of well-being. As one respondent indicated—

> *With the Child and Adolescent Needs and Strengths, it is hard to measure change over time and credit that change to clinical services/supports.*

Summary

The purpose of the Measuring Well-Being Telephone Survey was to better understand the process of measuring well-being—the process of defining well-being and selecting the well-being measure or data source, the challenges to the process, and the insights about the process—by gathering information from those charged with completing the task. The evaluators, who represented 17 jurisdictions that assess well-being outcomes, provided valuable descriptions of their processes. The important findings in the four areas of the study are highlighted in the following section.

Defining Well-Being

- Most jurisdictions defined child and caregiver well-being as a form of social-emotional well-being.
- The definitions of child and caregiver well-being and the instruments jurisdictions used to measure well-being are tightly linked. In most cases, the instrument or data source (e.g., administrative data on child health functioning) drove how the jurisdiction defined child and caregiver well-being.

Selecting the Well-Being Measure or Data Source

- The most commonly selected instrument for measuring child and caregiver well-being is a version of the Child and Adolescent Needs and Strengths.
- Convenience and practicality appeared to be the driving force behind the selection process of well-being measures for the majority of jurisdictions. Respondents reported the measures were selected because the jurisdiction was already using them as part of general child welfare practice or for data collection in another project or grant.
- Caregiver input on child well-being measurement selection occurred in only a small number of jurisdictions.
- The majority of jurisdictions have been able to implement the child well-being measures specified in their original evaluation plans.

Data Collection Challenges

- Nearly all jurisdiction evaluators experienced challenges in collecting information on well-being. Most challenges involved relying on a third party (i.e., child welfare or service provider staff) to collect and submit quality data in a timely manner.
- Respondents indicated many actions were helpful in improving assessment completion rates and/or timely data submission to evaluators, including ongoing communication efforts with child welfare staff and others.

Insights Into Measuring Well-Being

- The insights and recommendations for measuring child well-being respondents described highlight the inevitable tension in program evaluation between rigor and practicality. The importance of having stakeholders identify and agree on the specific aspects of child well-being targeted for change and measurement was the most common insight.
- Respondents noted it was important to specify the targeted aspect of child well-being early in the planning process. However, this ideal process was not feasible for most jurisdictions, where the definition and selection of child well-being measures were driven by convenience and practicality.

Interim Evaluation Report Review

Introduction

As part of their agreements with the Children's Bureau, child welfare jurisdictions are required to retain a third-party evaluator to conduct an evaluation of interventions implemented by the jurisdiction under the waiver demonstration. The evaluations include a process study, outcome study, and cost study. Jurisdictions are required to submit an Interim Evaluation Report completed by their third-party evaluator 6 months after the first 10 quarters of a waiver demonstration. The outcome study portion of the Interim Evaluation Report is the focus of this review.

The Interim Evaluation Report Review was conducted to determine which interventions implemented by waiver jurisdictions were showing promising results on outcomes at the interim point of their evaluations. Twenty jurisdictions implementing 68 interventions across 3 cohorts of waivers approved in 2012, 2013, and 2014 were included in the review. The interventions were organized by their target populations to assist with the review and understanding of interventions showing promising results.

The chapter is divided into several sections. The first section describes how James Bell Associates conducted the review. The next section describes the findings from the review organized by target population categories. The last section reviews the main results and presents lessons learned. Appendix 1 contains brief summaries of the implementation status for each jurisdiction at the time of its Interim Evaluation Report.

Conducting the Review

The Interim Evaluation Reports from 20 jurisdictions were included in the Interim Evaluation Report Review. Three jurisdictions—Port Gamble S'Klallam Tribe, Maine, and Arizona—were not included because of the timing of the review and the submission dates of their Interim Evaluation Reports. To facilitate the review, the interventions were classified into target population categories. Findings from the Interim Evaluation Reports were reviewed and the interventions were organized into one of three categories: Only Promising Findings, Only Unexpected Findings, and Mixed Findings. This section briefly describes the jurisdictions, interventions, and target populations and describes in detail how James Bell Associates conducted the review.

Jurisdictions and Interventions

The 20 jurisdictions were implementing 68 interventions. Some interventions had the same names (e.g., Child and Adolescent Needs and Strengths, Family Engagement), but jurisdictions developed their interventions based on local needs and context. As described in Appendix 1, the interventions varied in their focus (e.g., target population and outcomes); size; scope; implementation time line; and maturity at the point of their Interim Evaluation Report. The jurisdictions and their interventions, organized by cohort, are displayed in exhibit 27. The jurisdictions are listed in the order they started implementation.

Exhibit 27. Jurisdictions and Interventions by Cohort and Start of Implementation

Jurisdiction	Intervention
2012 Cohort	
Illinois	Child Parent Psychotherapy Nurturing Parent Program
Pennsylvania	Enhanced Assessment Evidence-Based/Evidence-Informed Programs Family Behavior Therapy Family Functional Therapy HOMEBUILDERS® Multi-Systemic Therapy Parent-Child Interaction Therapy Parents as Teachers SafeCare Trauma-Focused Cognitive Behavioral Therapy Triple P Family Engagement
Arkansas	Child and Adolescent Needs and Strengths Differential Response Family Advocacy Support Tool Nurturing the Families of Arkansas Permanency Roundtables Targeted Foster Family Recruitment Team Decision-Making
Colorado	Family Engagement Kinship Supports Permanency Roundtables Trauma-Informed Child Assessment Tools and Treatment
Michigan	Protect MiFamily Concrete assistance Family engagement and support Psychosocial screening Safety assessment and planning Strengthening Families framework Trauma screening checklist
Utah	HomeWorks Child and family assessments Caseworker training, skills, and tools Community resources
Wisconsin	Post-reunification Support Program
Massachusetts	Caring Together Continuum Services Follow-Along Stepping Out Family Partners
Washington	Family Assessment Response-Differential Response

Jurisdiction	Intervention
2013 Cohort	
New York	Strong Families New York City Attachment and Biobehavioral Catch-Up Caseload and supervisory ratio reductions Child and Adolescent Needs and Strengths-NY Partnering for Success
District of Columbia	HOMEBUILDERS® Home Visitation Services Parent and Adolescent Support Services Parent Education and Support Project Services Project Connect
Nebraska	Alternative Response Results Based Accountability/Provider Performance Improvement
Tennessee	Family Assessment and Screening Tool Keeping Foster and Kinship Parents Supported and Trained Reinforcing Efforts, Relationships, and Small Steps
Hawaii	Crisis Response Team Family Wrap Services Safety, Permanency, and Well-being Meetings Intensive Home-Based Services
2104 Cohort	
Maryland	Families Blossom Place Matters Child and Adolescent Needs and Strengths Functional Family Therapy Incredible Years Nurturing Parenting Program Parent-Child Interaction Therapy Partnering for Success/Cognitive Behavior Therapy Plus Solution-Based Casework Strengthening Ties and Empowering Parents Trauma Systems Therapy Workforce development activities to become a trauma-informed system
Nevada	Safety Management Services
Oregon	Leveraging Intensive Family Engagement Case Planning Meetings Enhanced Family Finding Family Engagement Parent Mentor Program
Oklahoma	Intensive Safety Services
Kentucky	Kentucky Strengthening Ties and Empowering Parents Sobriety Treatment Teams
West Virginia	Safe at Home West Virginia Wraparound Services

Target Populations

Target population categories were developed to organize the interventions in a way that aided in understanding their potential impact. The target population categories are based on nine possible phases (and goals) in a child welfare case trajectory, agreed on by the Children's Bureau and James Bell Associates. The nine target population categories are mutually exclusive: A child, a youth, or a family can be in only one of the categories at any point in time. However, in some cases, jurisdictions are implementing an intervention for multiple target populations. A 10th category includes waiver demonstration interventions that can be grouped into 3 or more target population categories. Exhibit 28 displays the target populations and their definitions.

Exhibit 28. Interim Evaluation Report Review Target Populations

Target Population Category	Target Population Category Definition
Maltreatment Prevention	Includes children/youth/families at risk of maltreatment prior to their coming to the attention of the child welfare system
Foster Care Prevention	Includes children/youth/families who have been reported to the maltreatment report hotline (or come to the attention of the child welfare agency through other means) and those children who were not removed at the point the allegation was substantiated, and who are at risk of a foster care placement
Removal—Pre-In-Home Case/Family Reunification	Includes children/youth/families removed because of substantiated allegation and in a foster care (including kin) placement prior to In-Home Case or Family Reunification identified as the case goal
In-Home Case	Includes children/youth/families with a case goal of keeping the child with his or her family
Family Reunification	Includes children/youth/families with a case goal of reuniting the child with his or her family
Long-Term Placement	Includes children/youth in a long-term foster care placement (kin, foster home, foster family agency, group home)
Post-Foster Care Readiness	Includes youth approaching emancipation from foster care
Post Dependency	Includes children/youth/families post-In-Home Case, Family Reunification, and Long-Term Placement
Legal Guardianship	Includes children/youth/families in a legal guardianship at any point in the case trajectory
Multiple Target Populations	Includes interventions implemented for three or more target population categories

How the Review Was Conducted

The interventions were assigned to a target population category based on information available in the Interim Evaluation Reports. James Bell Associates used the information on target populations and outcomes of interest provided by the jurisdictions in their Interim Evaluation Reports to assign the

interventions to the appropriate category or categories. It is important to note the interventions assigned to the target population categories are the interventions implemented by jurisdictions at the time of their Interim Evaluation Reports and do not necessarily reflect the current status of their waiver demonstrations.

Most of the interventions are implemented and evaluated by jurisdictions as individual (i.e., distinct) interventions. However, several jurisdictions are implementing interventions as a group and evaluating the group impact on outcomes. These jurisdictions include Massachusetts (Caring Together), Michigan (Protect MiFamily), Oregon (Leveraging Intensive Family Engagement), New York (Strong Families New York City), and Utah (HomeWorks). James Bell Associates assigned these groups of interventions to the appropriate target populations in the same manner as the individual interventions. The grouping of interventions in the beforementioned jurisdictions means the number of interventions listed in exhibit 27 is greater than the number of interventions assigned to target population categories (*n* = 68 versus *n* = 52).

Only interventions with findings data in the outcome study section of the Interim Evaluation Report were included in the Interim Evaluation Report Review. For the purposes of the Interim Evaluation Report Review, findings were defined as an outcome for clients served by the intervention that included a comparison with another group (e.g., retrospective or contemporary comparison group), with another time period (e.g., pre- and posttest), or with a preestablished benchmark (e.g., HOMEBUILDERS®), and where a difference was detected. Descriptive data (e.g., results reported on the number of children served by the intervention who returned home from foster care) were not included in the analysis. Neutral results or results indicating no difference relative to a comparison condition (e.g., between groups; pre- and posttest) were also excluded from the review.[34] James Bell Associates did not independently assess the results of a jurisdiction's outcome analysis. For example, if the Interim Evaluation Report reported the result was positive, James Bell Associates concluded the finding was in the direction expected by the jurisdiction's evaluator based on the underlying hypothesis.

The findings data were reviewed, and interventions were organized into one of three categories based on their results. Interventions with all of their results in the expected direction of the comparison were placed in the Only Promising Findings category. Interventions whose results were unexpected were placed in the Only Unexpected Findings category. Interventions whose results were a combination (expected and unexpected) were placed in the Mixed Findings category. The findings from the evaluations of the interventions are preliminary. However, the three categories were designed to differentiate the findings and to identify which interventions appeared to have promising results at the interim points of the jurisdictions' demonstration.

Findings in the Only Promising Findings category are further differentiated between intermediate outcomes (e.g., parental capabilities, interpersonal relations, behavioral dysfunction) and long-term safety, permanency, and well-being outcomes (e.g., recurrence of maltreatment, removal from home within 12 months). The results of the findings analyses for the interventions (or group of interventions) were compiled for each target population and are summarized in the following section of this chapter.

[34] Interventions from six jurisdictions were not included in the analysis because no outcomes were reported (Massachusetts, Oregon), no comparisons were made (Hawaii, New York), or neutral findings occurred (Wisconsin). Pennsylvania was not included in the analysis because the organizing structure of the analysis and reporting in the Pennsylvania Interim Evaluation Report did not align with the process used in the Interim Evaluation Report Review to summarize results.

Limitations

The findings reported in the Interim Evaluation Reports and in the Interim Evaluation Report Review are *preliminary*, meaning positive findings, negative findings, and findings of no difference relative to a comparison condition should be viewed as introductory and interpreted with caution. The jurisdictions were encouraged and supported by the Children's Bureau to undertake a deliberate and systematic approach to implementing their interventions, to promote quality and model fidelity. As a result, the time period covered by the Interim Evaluation Report focused on implementation and understanding the process rather than on generating robust information on outcomes for children and families. Such outcomes will be the focus of the final report for each evaluation.

The Interim Evaluation Reports reported a range of issues, including small sample sizes (e.g., low enrollment rates), low response rates to surveys and other data collection activities, delayed implementation of the intervention, and limited program maturity, affected the evaluations and their results.[35] While the Interim Evaluation Report Review provides an initial look at how well the interventions implemented by jurisdictions are performing, the findings should be viewed with caution.

The Interim Evaluation Report Review is not an independent assessment of the interventions' performance but a qualitative summary of reported results. The evaluations are responsive to local needs and vary in their design and approaches to data collection and analysis. The Interim Evaluation Reports have a consistent framework (process study, outcome study, and cost study) but they too vary depending on local reporting needs. In the process of conducting the qualitative summary of the Interim Evaluation Reports, James Bell Associates may have inadvertently miscategorized interventions, misinterpreted a result presented in an Interim Evaluation Report, or overlooked an important finding. The occurrence of such mistakes is unlikely given the precautions (i.e., reliability checks) built into the process, but their possibility should be acknowledged.

Results of the Interim Evaluation Report Review

Foster Care Prevention

Introduction and Overview of Interventions

Six jurisdictions are implementing interventions for the target population of children who come to the attention of the child welfare agency and are at risk of a foster care placement.[36] The following interventions are being implemented to enable children and youth to remain in their homes and prevent entry into foster care:

1. Alternative Response (Nebraska)*
2. Crisis Response Team (Hawaii)
3. Differential Response (Arkansas)*
4. Family Assessment Response-Differential Response (Washington)*
5. Nurturing Parent Program (Nurturing the Families of Arkansas) (Arkansas)

[35] Program maturity refers to the concept that programs can be identified on a developmental continuum starting with initial implementation and progressing toward full implementation.

[36] The jurisdiction for which findings from a given intervention are described is noted in parentheses throughout the remainder of this report.

6. Strengthening Ties and Empowering Parents (Maryland)*

Findings of Interventions

Of the six interventions for this target population, four had findings presented in their Interim Evaluation Reports (noted by an asterisk above). Delays in implementation time lines and low enrollment rates were among the reasons cited by those who did not report outcome data in their Interim Evaluation Reports. Of the available findings data, two interventions are associated with promising findings and two are associated with both promising and unexpected findings.

Interventions with Only Promising Findings

Promising findings for Strengthening Ties and Empowering Parents (Maryland) are extremely preliminary as a result of small sample sizes and are intermediate outcomes related to parental protective factors and family needs and strengths. Only a few parents (*n* = 3) who received Strengthening Ties and Empowering Parents completed Parent Assessment of Protective Factors surveys at intake and discharge from the program, but there were small increases at posttest on each subscale and total index score, suggesting greater protective factors after receiving the intervention.[37] The needs and strengths of children, caregivers, and families receiving Strengthening Ties and Empowering Parents were measured using the Family Advocacy and Support Tool. The Family Advocacy and Support Tool is administered to families upon intake into Strengthening Ties and Empowering Parents and at approximately 6 months follow-up. Eight of the 17 families served were administered the Family Advocacy and Support Tool at both intake and follow-up. The Needs and Strengths ratings for caregivers, children, and families all decreased from intake to 6 months, indicating fewer needs and greater strengths identified at the 6-month follow-up.

Preliminary long-term outcomes of Differential Response (Arkansas) indicate a reduction in subsequent maltreatment and subsequent case openings. Families receiving Differential Response had lower rates of subsequent reports of maltreatment and subsequent case openings within 3, 6, and 12 months of case closure than families in the comparison group (*n* = 5,832 demonstration group; *n* = 6,025 comparison group). For example, within 12 months of case closure, 20 percent of the demonstration group had a subsequent report of maltreatment compared with 30 percent of the comparison group. Within 12 months of case closure, 4 percent of the demonstration group had a subsequent case open compared with 8 percent of the comparison group. Families receiving Differential Response (Arkansas) also had a lower rate of subsequent removal of a child from the home than families in the comparison group at 3, 6, and 12 months after case closure. For example, 12 months after case closure, 3 percent of the families in the demonstration group experienced a removal, compared with 5 percent of the comparison group families.[38]

Interventions with Mixed Findings

The overall findings for Family Assessment Response-Differential Response (Washington) and Alternative Response (Nebraska) were mixed, with some positive and some neutral or unexpected findings associated with each intervention. Families that received Family Assessment Response-

[37] Tests of statistical significance were not conducted as a result of small sample sizes and low response rates. Implementation challenges are discussed in the Maryland section of Appendix 1.
[38] Tests of statistical significance were not reported for findings of Differential Response.

Differential Response (Washington) had lower removal rates than comparison group families at 3 months after initial intake ($p < .05$) but had similar removal rates at 6 and 12 months after initial intake. Removal rates for families that received Family Assessment Response-Differential Response remained slightly lower at all time points, but the differences were not statistically significant. For example, at 12 months postintake, 7 percent of Family Assessment Response-Differential Response families experienced a removal compared with 7.4 percent of comparison families (n = 12,588; n = 6,294 demonstration group and n = 6,294 comparison group).

Findings on the association between Family Assessment Response-Differential Response (Washington) and subsequent reports of maltreatment are also mixed. Analyses conducted on a random sample of intakes (n = 12,588; n = 6,294 Family Assessment Response-Differential Response intakes and n = 6,294 matched comparison cases) found families that received Family Assessment Response-Differential Response were more likely to have a re-referral than were families in the comparison group at 3, 6, and 12 months after initial intake ($p < .05$). While families that received Family Assessment Response-Differential Response had more re-referrals in general, many continued to be Family Assessment Response-Differential Response-eligible referrals, indicating risk levels had stayed consistently low for these families. Comparison group families were eligible for Family Assessment Response-Differential Response at the time of their first intake but generally had fewer subsequent Family Assessment Response-Differential Response-eligible referrals and, at 3 months after initial intake, had significantly more referrals than families in the demonstration group that were not Family Assessment Response-Differential Response-eligible, an indicator these families were facing greater challenges upon subsequent referral ($p < .05$).

As hypothesized, families receiving Alternative Response (Nebraska) reported higher overall satisfaction (n = 226) and were more likely to report their family was better off because of their involvement with the child welfare agency (n = 216) than families receiving traditional services ($p < .05$). Parents receiving Alternative Response also reported having a more collaborative relationship with their caseworker than parents in the comparison group, although the difference between groups was not statistically significant.

Alternative Response (Nebraska) is also associated with improvements to child well-being. Children in families receiving Alternative Response showed improvements in 3 domains of well-being (emotional symptoms, hyperactivity, and conduct problems) from the beginning to the end of the case (n = 124–133, depending on the domain; $p <. 05$).[39] Children in the demonstration group (n = 348–385) also exhibited higher well-being in 2 domains (hyperactivity and prosocial behavior) at case closure compared with children in the comparison group (n = 229–283; $p <. 05$). The unexpected finding associated with Alternative Response (Nebraska) was parental resilience ratings were significantly lower from pre-measure to post-measure (n = 59), indicating a decrease in parental resilience from the beginning to the end of the case (p = .036).

Interventions with Only Unexpected Findings

None of the interventions targeting the foster care prevention target population had Only Unexpected Findings.

[39] Child well-being was assessed using the Protective Factors and Well-Being Questionnaire, which includes items adapted from the Child Protection Best Practices Well-Being Checklist.

In-Home Case

Introduction and Overview of Interventions

Ten jurisdictions are implementing interventions for the target population of children who are at risk of removal, but for whom it is determined removal may be prevented with In-Home Case services. Twenty interventions are being implemented for this target population:

1. Child and Adolescent Needs and Strengths and Child and Adolescent Needs and Strengths-Family (Maryland)*
2. Family Advocacy Support Tool (Arkansas)*
3. Functional Family Therapy (Maryland)*
4. HOMEBUILDERS® (District of Columbia)*
5. Intensive Home-Based Services (Hawaii)
6. HomeWorks (Utah)*
7. Home Visitation Services (District of Columbia)
8. Incredible Years (Maryland)*
9. Intensive Safety Services (Oklahoma)*
10. Kentucky Strengthening Ties and Empowering Parents (Kentucky)*
11. Nurturing Parenting Program (Maryland)*
12. Parent and Adolescent Support Services (District of Columbia)
13. Parent Education and Support Project Services (District of Columbia)
14. Parent-Child Interaction Therapy (Maryland)
15. Partnering for Success (Maryland)
16. Protect MiFamily (Michigan)*
17. Safety Management Services Model (Nevada)*
18. Sobriety Treatment and Recovery Teams (Kentucky)
19. Solution-Based Casework (Maryland)
20. Team Decision-Making (Arkansas)*

Findings of Interventions

Of the 20 interventions for this target population, 12 had findings presented in jurisdictions' Interim Evaluation Reports (noted by an asterisk above). Those who did not report on outcomes in the Interim Evaluation Report cited low enrollment rates, implementation time lines, and missing data as among the reasons outcomes were not presented. Of the available outcome data, five interventions are associated with promising findings, five are associated with Mixed Findings, and two are associated with unexpected findings.

Interventions with Only Promising Findings

The five interventions with promising findings are Team Decision-Making (Arkansas), Kentucky Strengthening Ties and Empowering Parents (Kentucky), Functional Family Therapy (Maryland), Incredible Years (Maryland), and Nurturing Parenting Program (Maryland). Four interventions—Kentucky Strengthening Ties and Empowering Parents (Kentucky), Functional Family Therapy (Maryland), Incredible Years (Maryland), and Nurturing Parenting Program (Maryland)—were associated with at least one reportedly promising intermediate outcome related to elements of family functioning such as parental competency, stress, substance use, risk and protective factors, or child behavior.

Preliminary findings for families completing the 8-month Kentucky Strengthening Ties and Empowering Parents service period (n = 38) showed significant improvements on the North Carolina Family Assessment Scale in the safety and adult well-being domains of Environment, Parental Capabilities, and Family Safety compared with baseline ($p < .05$). Kentucky Strengthening Ties and Empowering Parents participants (n = 24) also showed significant improvement in 4 out of the 7 Addiction Severity Index, Self-Report Form domains after participating in the Kentucky Strengthening Ties and Empowering Parents program, including Drug Use ($p < .01$), Family/Social Status ($p < .01$), Employment Status ($p < .05$), and Psychiatric Status ($p < .05$).

Among families completing Functional Family Therapy, a small sample of caregiver ratings of youth symptoms on the Youth Outcome Questionnaire Self-Report (n = 15 caregivers representing 12 youth) showed statistically significant decreases from pretest to posttest for the total score ($p = .001$) and for the Intrapersonal Distress ($p = .002$), Interpersonal Relations ($p = .002$), and Behavioral Dysfunction ($p = .003$) subscales; decreases were not statistically significant for Somatic Complaints ($p = .069$) and Social Problems ($p = .071$) subscales. Youth self-rated symptoms did not change during treatment.

Families that completed Incredible Years (n = 15) showed statistically significant improvements related to parenting stress and child behavior. When examining pretest to posttest scores on The Parenting Stress Index—Short Form, parents showed significant decreases on the Parent-Child Dysfunctional Interaction subscale ($p = .010$). Pretest to posttest problem scores on the Eyberg Child Behavior Inventory also decreased significantly ($p = .001$) for the same families.

Families completing the Nurturing Parenting Program (n = 15) showed statistically significant changes in parenting attitudes specific to Alternatives to Corporal Punishment from pretest to posttest on The Adult Adolescent Parenting Inventory-2 ($p < .001$).

One intervention was linked to promising long-term outcomes. Among children in families receiving Team Decision-Making in Arkansas, 7 percent experienced a removal from home within 12 months of the team meeting (n = 1,109) compared with 22 percent of youth in the propensity score matched comparison group of pre-waiver cases (level of significance is not reported in the Interim Evaluation Report).

Interventions with Mixed Findings

The five interventions that have Mixed Findings across intermediate, safety, permanency, and well-being outcomes are HOMEBUILDERS® (District of Columbia), Child and Adolescent Needs and Strengths and Child and Adolescent Needs and Strengths-Family (Maryland), Protect MiFamily (Michigan), Intensive Safety Services (Oklahoma), and HomeWorks (Utah).

None of the 67 families completing HOMEBUILDERS® services in the District of Columbia had a substantiated report of abuse or neglect during their involvement with the intervention. This finding meets the established HOMEBUILDERS® standard of at least 75 percent of families having no substantiated reports during the HOMEBUILDERS® intervention. However, when examining this finding for a smaller sampler of families at 12 months after completion of services (n = 14 families), 21 percent of families had a substantiated report of abuse or neglect (n = 3 of 14). This finding does not meet pre-determined benchmarks. Only 3 percent (n = 2 of 67) of families that completed HOMEBUILDERS® services had a child enter foster care while receiving the services and 21 percent (n = 3 of 14) of families

that completed services had a foster care entry within 12 months of completion of services. This meets the established HOMEBUILDERS® benchmark of at least 70 percent of children served by HOMEBUILDERS® having no out-of-home placement within 6 months following closure of services.

In Maryland, 65 percent of families for whom the Child and Adolescent Needs and Strengths-Family was completed at 2 or more time periods (*n* = 4,279 families) had positive change in youth, caregiver, and family well-being over time, specifically a reduction in identified needs. Twenty-five percent of families had a negative change (i.e., showing greater overall needs) and 10 percent of families had no change over time in identified needs. Regarding changes in the same families' identified strengths over time, 33 percent had a positive change (increase in identified strengths), 31 percent had negative change (fewer identified strengths), and 35 percent had no change in strengths over time.

Among families completing the Protect MiFamily program in Michigan and for whom pre- and posttest Protective Factors Survey data were available (*n* = 110, or about 25 percent of families served by the program at the time of the Interim Evaluation Report), findings showed significant improvement on 3 of 4 subscales—Family Functioning, Parent Social/Emotional Support, and Parent Concrete Support—and on 3 of 5 Knowledge of Parenting/Child Development items—Parent Knowledge, Child Behavior, and Appropriate Discipline ($p < .05$). Pre- and posttests on the Devereux Early Childhood Assessment were completed for children from about 35 percent of families assigned to Protect MiFamily (*n* = 183 children). Findings indicate some improvements in child behavior during receipt of demonstration services; specifically, about 42 percent of children whose pretest behavior indicated "Area of Need" or "Typical" showed improvement in behavior at the posttest.

Protect MiFamily Category II cases[40] experienced no significant difference in subsequent maltreatment compared with the comparison group. However, risk of maltreatment significantly decreased when family risk levels were improved from the onset of services to the time of completion (e.g., family moving from high risk to low risk). Forty-three percent of families with no improvement in risk score were associated with subsequent maltreatment compared with only 22 percent of families that experienced at least some improvement in risk score. The level of statistical significance of this finding is not provided in the Interim Evaluation Report.

Results for Protect MiFamily showed no difference between families randomly assigned to the intervention and those assigned to the comparison group with respect to the likelihood of being removed from the home. However, when looking only at families that completed the full dose of Protect MiFamily services, children in these families were significantly less likely to be removed from the home compared with children assigned to the comparison group (4.6 percent of 128 versus 10.8 percent of 264), suggesting families are more likely to remain together when families complete Protect MiFamily services. The level of statistical significance of this finding was not provided in the Interim Evaluation Report.

Child well-being results showed 30 percent of children in families that completed Protect MiFamily had statistically significant improvements in well-being based on the Devereux Early Childhood Assessment Total Protective Factors score, 51 percent of children had no statistically significant change in their

[40] A Category II case is one in which there is a preponderance of evidence of child abuse/neglect and the risk assessment indicates a high or intensive risk. Services must be provided by Child Protective Services in conjunction with community-based services. Data were available for only Category II cases at the time of the Interim Evaluation Report review.

scores, and 19 percent of children demonstrated statistically significant worsening in their score (*n* = 183 children).

Families in Oklahoma randomly assigned to and that received Intensive Safety Services (*n* = 252) showed significant improvements in parental depression and distress symptoms, with the cumulative frequency of those showing moderate-to-severe levels of distress decreasing from 25 percent at baseline to 14 percent at stepdown to Comprehensive Home-Based Services[41] ($p < .01$). Families that received Intensive Safety Services also had significantly reduced negative parenting behaviors during the Comprehensive Home-Based Services stepdown service period, with statistically significant changes at 6-month follow-up in the following behavior subscales on the Conflict Tactics Scale2 Short Form: Injury Incidence ($p < .01$), Negotiation Incidence ($p < .05$), Psychological Aggression Incidence ($p < .01$), and Physical Assault Incidence ($p < .01$).

Families that received Intensive Safety Services (*n* = 252) experienced significantly larger reductions in safety threats (rated and monitored on Oklahoma Department of Human Services' Assessment of Child Safety form) at 6 months follow-up compared with those assigned to the comparison group ($p = .025$). Cumulatively between July 22, 2015, and July 22, 2017, children in families receiving Intensive Safety Services were removed from the home at significantly lower rates compared with those not receiving the service ($p < .0001$). Twenty-one percent of children receiving Intensive Safety Services were removed from the home, while 65 percent of children receiving services as usual were removed from the home. However, preliminary findings suggest that for children who are removed from the home, children receiving Intensive Safety Services are more likely to have a subsequent child welfare referral (22 percent) after the initial out-of-home placement than are children receiving services as usual (17 percent) ($p < .009$).

Results for families receiving HomeWorks in Utah during the intervention's startup phase varied by implementation office. Families receiving HomeWorks in the pilot offices (i.e., Ogden and Logan) during the startup phase were about half as likely to have a new supported allegation of abuse/neglect within 12 months after a Child Protective Services case opening compared with a pre-waiver demonstration cohort (OR = .45; 95 percent CI [.31, .63]). However, HomeWorks families receiving services in Phase 1 rollout offices (i.e., Bountiful, Clearfield, and Brigham City) were just as likely to have a new supported allegation of abuse/neglect within 12 months after a Child Protective Services case during these offices' startup phase compared with the pre-waiver demonstration cohort. HomeWorks was also associated with interim impacts on foster care entry for the target population. New foster care cases decreased in the pilot offices (Ogden and Logan) during the startup phase of HomeWorks services. After controlling for household nesting[42] and prior cases, this effect was statistically significant compared with a pre-waiver period cohort (OR = .23; 95 percent CI [.13, .40]). New foster care cases also decreased during the startup phase of HomeWorks services in Phase 1 rollout offices. Again, after controlling for household nesting and prior cases, this effect was statistically significant (OR = .06; 95 percent CI [.01, .22]).

[41] At the completion of Intensive Safety Services, families that are deemed eligible based on established criteria transition to Comprehensive Home-Based Services for continued, less intensive treatment for up to 6 months. Comprehensive Home-Based Services, a currently available service for families with children at moderate risk of removal, utilizes the SafeCare model.

[42] Evaluators created an algorithm that identifies any individuals who had shared child welfare cases with others to take into account that outcomes for two children in the same household (not necessarily siblings) could be more similar than those of two unrelated children because they share the influence of the same parent.

Interventions with Only Unexpected Findings

Interventions associated with results that were unexpected or in the opposite direction of what was hypothesized include Family Advocacy and Support Tool (Arkansas) and Safety Management Services (Nevada). Preliminary findings indicate Family Advocacy and Support Tool (Arkansas) was not affecting outcomes at the time of the Interim Evaluation Report (*n* = 4,561 families in the treatment group and *n* = 2,651 families in the comparison group). An unexpected finding was that fewer families in the treatment group had cases closed within 90 days of opening (13 percent) than did families in the comparison group (23 percent).[43]

More families and children receiving Safety Management Services (Nevada) experienced a new substantiated investigation of maltreatment compared with the comparison group at 90, 180, 270, and 360 days after the implementation of in-home safety services. For example, at 90 days after the implementation of in-home safety services, 3.3 percent (*n* = 15) of families in the intervention group experienced a new substantiated investigation compared with 0.5 percent (*n* = 1) of families in the comparison group. Also, unexpectedly, more families and children receiving Safety Management Services experienced a removal from the home within 12 months of the implementation of the in-home safety plan than the comparison group at 90, 180, and 360 days after the implementation of the in-home safety plan. For example, for families in the intervention group, 11.1 percent experienced a removal at 90 days after the implementation of the in-home safety plan compared with 2.9 percent of families in the comparison group (*n* = 6).[44]

Family Reunification

Introduction and Overview of Interventions

Nine jurisdictions are implementing interventions for the target population of children in out-of-home placement who have a case plan goal of family reunification. Ten interventions are being implemented for this target population:

1. Child and Adolescent Needs and Strengths (Arkansas)*
2. Child Parent Psychotherapy (Illinois-IB3)*
3. Family Wrap Services (Hawaii)
4. Keeping Foster and Kinship Parents Supported and Trained (Tennessee)
5. Kinship Supports (Colorado)*
6. Nurturing Parenting Program (Illinois-IB3)*
7. Project Connect (District of Columbia)*
8. Strong Families New York City (New York)
9. Targeted Foster Family Recruitment (Arkansas)
10. Trauma Systems Therapy (Maryland)

Findings of Interventions

Of the 10 interventions for this target population, 5 had findings presented in the jurisdictions' Interim Evaluation Reports (noted by an asterisk above). Those who did not report outcome data in their Interim

[43] Tests of statistical significance were not reported.
[44] Tests of statistical significance were not reported for Safety Management Services outcomes.

Evaluation Reports cited low enrollment rates, implementation time lines, and challenges identifying case-level comparison group matches. Of the available findings, two interventions were associated with promising findings, two were associated with both promising and unexpected findings, and one was associated with Only Unexpected Findings.

Interventions with Only Promising Findings

The Nurturing Parenting Program (Illinois-IB3) is associated with the intermediate outcome of improved parental competency. Examination of pre- and posttest differences in scores on the Adult and Adolescent Parenting Inventory-2 for parents and caregivers who completed the Nurturing Parenting Program (*n* = 171) indicated there was substantial improvement in parenting competencies among program participants. There were moderate-to-strong improvements[45] in four out of the five parenting and child rearing behaviors assessed, with the strongest improvements found in levels of parental empathy.

The IB3 evaluation examines long-term outcomes for children whose parents received Child Parent Psychotherapy or the Nurturing Parenting Program (and those who have received both) and does not separate out the effect of each intervention independently in the Interim Evaluation Report. Families are randomly assigned to the demonstration (Child Parent Psychotherapy and/or the Nurturing Parenting Program) group or comparison group (services as usual). The permanency outcomes examined for the IB3 Interim Evaluation Report included (1) return home rates, or the percentage of children returned to parental custody regardless of whether the legal case is closed; (2) reunification rates with case closure; and (3) permanency rates, which encompass reunification, adoption, and legal guardianships. There appeared to be an association between assignment to the demonstration group and return home rates (p = .06): For the demonstration group (n = 48), the rate of return to parents was 9.7 per 100 children compared with a rate of return in the comparison group (n = 30) of 6.4 per 100 children. Adjusting for an imbalance between groups in the amount of time since removal[46] reduced the difference between groups from 3.3 children per 100 to 2.5 children per 100 (p =.07). There were no statistically significant relationships between receipt of IB3 interventions and reunification rates or permanency rates.

The IB3 Interim Evaluation Report describes preliminary analysis of the association between rates of children returning home and the types of involvement parents and caregivers have had with the IB3 interventions (i.e., whether caregivers completed/were still attending the program, dropped out, were "no shows," or were in the comparison group). Results indicate a significant association between types of involvement with IB3 interventions and rates of return home was limited to the subgroup of children who were initially placed in nonkinship family settings under voluntary agency[47] management. Data suggest these children were more likely to return home if caregivers had completed or were still attending an IB3 program compared with children whose caregivers had dropped out, were no shows, or were in the comparison group (n = 945; p = .07). The pattern of association between IB3 exposure and odds of returning home is described in the Interim Evaluation Report as promising evidence of a positive impact of IB3 programs, at least for this subgroup of children.

[45] Effect sizes ranged from .50 to .79 depending on the Adult and Adolescent Parenting Inventory-2 subscale.
[46] The comparison agencies received a greater proportion of new cases than intervention agencies and may have lower permanency rates than intervention agencies only because they are managing more recent cases.
[47] As opposed to cases managed by the Illinois Department of Children and Family Services.

Interventions with Mixed Findings

Intermediate outcome findings for parents served by Project Connect (District of Columbia) are mixed but are based on a small sample size of 16 successfully discharged families. Average scores for the following Risk Inventory for Substance Abuse-Affected Families scales improved from baseline to discharge: Parent's Self-Efficacy, Quality of Neighborhood, and Supports for Recovery. Average scores for the following Risk Inventory scales worsened from baseline to discharge: Commitment to Recovery, Parent's Self-Care, Effect on Lifestyle, and Effect on Child Rearing. North Carolina Family Assessment Scales baseline and discharge scores were available for 8 of the 16 successfully discharged families. There was a decrease in risk on five of the eight North Carolina Family Assessment Scales across these families and an increase in risk on three of eight scales.[48]

The Kinship Supports intervention (Colorado) is associated with one statistically significant promising permanency finding. Specifically, the matched case analysis showed children and youth living with a kin caregiver who received Kinship Supports (n = 2,183) were 57 percent less likely to experience a substantiated or inconclusive re-report of abuse and/or neglect ($p < .05$) than similar youth living with a kin caregiver who had not received Kinship Supports (n = 1,536). Also, children and youth spent on average 16 more days in the placement with that caregiver than children and youth who began living with a kin caregiver prior to the start of the waiver who did not receive Kinship Supports ($p < .01$). Children who lived with kin caregivers who received Kinship Supports and whose parents received family engagement meetings (n = 1,283) were 14 percent more likely to reunify with their parents than children and youth who lived with kin caregivers who received Kinship Supports but whose parents did not receive family engagement meetings (n = 900; $p < .01$). This suggested a positive interaction effect between the two interventions in relation to family reunification.

Kinship Supports were also associated with some unexpected findings. Children and youth in the demonstration group (n = 2,183) were 41 percent more likely to experience 2 or more placement setting changes than children and youth in the comparison group (n = 1,536; $p < .01$) and had, on average, 255 fewer days to a re-report of abuse/neglect.

Interventions with Only Unexpected Findings

There were no preliminary improvements in findings for children/youth in the Arkansas demonstration who received a Child and Adolescent Needs and Strengths assessment (demonstration group) compared with those who had received a Family Strengths, Needs, and Risks Assessment (comparison group) (n = 5,210 demonstration group; n = 1,582 comparison group).[49] Unexpectedly, a higher percentage of youth in the demonstration group were still in out-of-home care at 3 and 6 months following the Child and Adolescent Needs and Strengths assessment than in the comparison group.[50] The average or median number of placement settings was similar between groups.

[48] Tests of statistical significance were not conducted as a result of small sample sizes.
[49] For the demonstration group, the sample size was reduced at the 3 and 6 months following the initial Child and Adolescent Needs and Strengths assessment to 4,401 and 3,195 children, respectively.
[50] Statistical significance of differences was not reported.

Long-Term Placement

Introduction and Overview of Interventions

This target population includes children/youth in a long-term foster care placement (kin, foster home, foster family agency, group home). Six interventions are being implemented for this target population category:

1. Keeping Foster and Kinship Parents Supported and Trained (Tennessee)
2. Kinship Supports (Colorado)*
3. Permanency Roundtables (Arkansas)*
4. Permanency Roundtables (Colorado)*
5. Safety, Permanency, and Well-being Meetings (Hawaii)
6. Strong Families New York City (New York)

Findings of Interventions

Of the six of interventions for this target population, three had any findings in the Interim Evaluation Report (noted by an asterisk above). Those who did not report outcome data cited a lack of a comparison group at the time of the Interim Evaluation Report and the early implementation stage of models affected the ability to assess program-specific effects.

Interventions with Only Promising Findings

No interventions had Only Promising Findings.

Interventions with Mixed Findings

Mixed results were found for two interventions—Permanency Roundtables (Colorado) and Kinship Supports (Colorado). The matched case analysis for Colorado's Permanency Roundtables revealed Mixed Findings for children and youth who received Permanency Roundtables. Outcome analyses were limited by small sample sizes and at least 1 systematic difference between the treatment and comparison groups for the target population of children and youth under the age of 16 years in care longer than 12 months with an Other Planned Permanent Living Arrangement goal.[51] While most permanency outcomes for both groups were not statistically significant, or were statistically significant in the unexpected direction, it was found youth aged 16 and older with an Other Planned Permanent Living Arrangement goal who received Permanency Roundtables (*n* = 239) spent, on average, 5 more days in kinship care than their matched counterparts (*n* = 139) who did not receive the intervention. Also, the average number of permanent connections for youth aged 16 and older with an Other Planned Permanent Living Arrangement goal increased significantly from a mean of 1.6 to a mean of 3.1 from their initial Permanency Roundtable meeting to the end of their out-of-home placement. The average number of permanent connections for youth under 16 years of age in care 12 months or longer with an Other Planned Permanent Living Arrangement goal also increased significantly from 1.2 to 2.4.

Colorado's Kinship Supports intervention revealed mixed outcomes. Children and youth living with a kin caregiver who received Kinship Supports (*n* = 2,183) were 57 percent less likely to experience a

[51] Specifically, 28.1 percent of treatment group youth were no longer in an out-of-home placement by the end of the observation period compared with 66.4 percent of matched comparison group youth.

substantiated or inconclusive re-report of abuse and/or neglect ($p < .05$) than were children in the comparison group ($n = 1,536$). The demonstration group spent, on average, 16 more days in the placement with that caregiver than children and youth who began living with a kin caregiver prior to the start of the waiver who did not receive Kinship Supports. However, children and youth in the demonstration group had, on average, 255 fewer days to a re-report of abuse/neglect and were 41 percent more likely to experience 2 or more placement setting changes than children and youth in the comparison group.

Interventions with Only Unexpected Findings

In general, preliminary findings indicate Permanency Roundtables (Arkansas) do not seem to have a positive impact on youth outcomes of duration of time in care following a Permanency Roundtable and discharge status (e.g., adoption, placement with relatives, reunification). For example, 92 percent of youth in the intervention group were still in care 3 months after the Permanency Roundtable, compared with 78 percent of youth in the comparison group.[52] Preliminary findings indicated more than half (51 percent) of Permanency Roundtables are conducted on youth aged 14–17 and 53 percent of youth aged out of care following their Permanency Roundtable, indicating Permanency Roundtables may be happening too late in a youth's time in care.

Multiple Target Population Category

Introduction and Overview of Interventions

In 10 jurisdictions, James Bell Associates interpreted the information available from the Interim Evaluation Reports to indicate the target population for a particular jurisdiction's intervention could be applied to 3 or more target population categories (see appendix 2 for a list of the target populations for each intervention). Ten interventions are being implemented for this multiple target population category:

1. Caring Together (Massachusetts)
2. Child Welfare Demonstration Project (Pennsylvania)
3. Family Advocacy and Support Tool (Tennessee)
4. Family Engagement (Colorado)*
5. Leveraging Intensive Family Engagement (Oregon)
6. Reinforcing Efforts, Relationships, and Small Steps (Tennessee)*
7. Results Based Accountability/Provider Performance Improvement (Nebraska)
8. Trauma-Informed Child Assessment Tools (Colorado)*
9. Workforce development activities to become a trauma-informed system (Maryland)
10. Wraparound Services (West Virginia)*

Findings of Interventions

Of the ten interventions for this target population, four had any findings in the Interim Evaluation Report (noted by an asterisk above). Five interventions did not report outcome findings. For those that did not report outcome data, reasons included a comparison group had not yet been identified to analyze child welfare outcomes, outcome data were not available for the intervention because of implementation challenges and revisions to the intervention were being planned, data to conduct

[52] Tests of statistical significance were not reported.

statistical tests for differences in outcomes were incomplete, and problems with county databases resulted in unavailable or unreliable data issues.

Interventions with Only Promising Findings

Of the available findings, Family Engagement (Colorado) is the intervention associated with only promising results. The matched case analysis for family engagement revealed positive long-term outcomes for children and youth who received family engagement meetings. Children and youth who received these meetings were 33 percent less likely to experience a re-report of abuse and/or neglect, 17 percent less likely to have 2 or more placement setting changes, and 6 percent more likely to have permanency at case closure than children and youth in the comparison group. Children and youth who received family engagement meetings spent, on average, 40 more days in kinship care than children and youth in the comparison group. Children and youth in cases that received family engagement at a high level of fidelity (i.e., all family engagement meetings on time and with all of the required participants in attendance) experienced additional beneficial safety and permanency outcomes; specifically, these cases were found to be 24 percent less likely than comparison cases to experience even 1 placement setting change, and spent, on average, 13 fewer days in foster care and 12 fewer days in congregate care than children and youth who did not receive the intervention.

Interventions with Mixed Findings

Changes in Trauma Symptom Assessment scores (Colorado) were examined for 32 of 76 children and youth who received trauma-informed treatment and had an initial and follow-up assessment. The trauma-informed assessments included the Trauma Symptom Checklist for Young Children for children aged 3–12 or the Child Post Traumatic Stress Checklist for children and youth aged 8–18. The mean difference in scores for children who received the Trauma Symptom Checklist for Young Children assessment (n = 17) was an increase of 3 points (over a possible range of 75 points) and the mean difference in scores for children who received the Child Post Traumatic Stress Checklist (n = 15) was a decrease of 3 points (over a possible range of 51 points). Findings are mixed, as higher scores indicate a greater frequency of trauma symptoms, and the statistical significance of the changes in scores was not reported because of the small sample size.

West Virginia's Wraparound Services reported Mixed Findings. Data from West Virginia's statewide automated child welfare information system (FACTS) were used to measure safety and permanency outcomes for youth and families in the demonstration group (n = 1,087) compared with outcomes for the historical comparison group (n = 1,087). Youth in the demonstration group spent fewer days in congregate care within 6 and 12 months of referral than youth from the comparison group. The differences between groups were statistically significant (p < .01). Also, fewer youth in the demonstration group had a maltreatment referral or an investigation after referral to the demonstration than did youth in the comparison group at 6 and 12 months from referral to the program (p < .01).

An examination of placement changes for youth at 6 and 12 months following referral for the demonstration and comparison groups indicates that at 6 months post-referral, a significantly (p < .001) higher percentage of youth in the demonstration group are at home and a lower percentage of youth are in congregate care facilities. This trend reverses at 12 months, at which a significantly (p < .05) higher percentage of Safe at Home youth are placed in congregate care compared with the comparison group. There were no statistically significant differences in the rates of congregate care reentry between

the demonstration and comparison group. To gain a better understanding of which populations Safe at Home best serves, stepwise regression analyses were performed to test the relationship between variables such as gender, race, age, Axis 1 psychiatric diagnosis, and juvenile justice involvement and outcome measures. Results indicated youth with an Axis 1 diagnosis are at higher risk of not achieving favorable outcomes than youth without a diagnosis. Conversely, Safe at Home appears to be working well for youth with juvenile justice involvement and youth who receive formal services. Also, Safe at Home youth referred while placed in congregate care show more favorable outcomes than comparison group youth referred while in such a setting. Unexpectedly, the foster care reentry rate was higher for the demonstration group than for the comparison group at both 6 and 12 months post-referral; this finding is statistically significant ($p < .05$) for the difference between groups at 6 months.

After implementation of the Reinforcing Efforts, Relationships, and Small Steps intervention (Tennessee), both the Reinforcing Efforts, Relationships, and Small Steps target counties (Reinforcing Efforts, Relationships, and Small Steps Region) and the comparison areas (Non-Reinforcing Efforts, Relationships, and Small Steps Region) showed lower rates of re-report for children receiving noncustodial services. After examining the results, whether the deviation from previous re-report trends in the Reinforcing Efforts, Relationships, and Small Steps Region is greater than that observed in the Non-Reinforcing Efforts, Relationships, and Small Steps Region was not clear. Interrupted time series analyses were used to formally test these hypotheses, and results indicated Reinforcing Efforts, Relationships, and Small Steps had the effect of decreasing rates of re-report by 6 percent (estimate = –0.06). However, the corresponding *p* value was nonsignificant ($p = .155$). At the time of the Interim Evaluation Report, the evaluators concluded the Reinforcing Efforts, Relationships, and Small Steps impact of a 6 percent drop in rates of re-report needed further investigation, with additional data (i.e., more time) before it can be determined whether there is a Reinforcing Efforts, Relationships, and Small Steps effect on re-reports.

Interventions with Only Unexpected Findings

No interventions have Only Unexpected Findings.

Summary, Concluding Thoughts, and Next Steps

Summary

As previously stated, the findings reported in the Interim Evaluation Reports and in the Interim Evaluation Report Review are *preliminary*, meaning positive findings, negative findings, and findings of no difference relative to a comparison condition should be viewed as introductory and interpreted with caution. Because of the preliminary nature of the findings, the Interim Evaluation Report Review has not included other assessment factors such as strength of evaluation design, sample size, and effect size. Inclusion of such assessment factors would likely have reduced the number of interventions that appear promising at the interim points of their evaluations. While the Interim Evaluation Report Review provides an initial look at how well the interventions implemented by jurisdictions are performing, the findings should be viewed with caution.

As described in the Conducting the Review section, only interventions with findings data were included in the Interim Evaluation Report Review. Neutral results or results of no difference relative to a

comparison condition (e.g., between groups; pre- and posttest) were excluded from the review.[53] The findings data were reviewed, and interventions were organized into one of three categories based on their results. Interventions with all of their results in the expected direction of the comparison were placed in the Only Promising Findings category. Interventions whose results were unexpected were placed in the Only Unexpected Findings category. Interventions whose results were a combination (expected and unexpected) were placed in the Mixed Findings category.

Exhibit 29 shows the interventions organized by their target population.[54] An initial assessment of the exhibit appears to indicate jurisdictions invested much of their resources toward the front end of the child welfare system (i.e., keeping children at home with their families). The exhibit shows 26 interventions were implemented to prevent placement into foster care or keep children in their homes after a maltreatment report had been substantiated. Ten interventions sought to reunify families after children were placed in foster care, while 6 focused on improving outcomes for children in long-term foster care placements. However, the assessment changes when the multiple target populations from the Multiple Target Population category are dispersed across the other target population categories (the individual target populations not shown in exhibit 29). The split evens out between the front end of the child welfare system (i.e., preventing foster care placement, working with children in their homes) and the back end of the system (i.e., returning children to their families, long-term placements).

[53] Interventions from six jurisdictions were not included in the analysis because no outcomes were reported (Massachusetts, Oregon), no comparisons were made (Hawaii, New York) or neutral findings occurred (Wisconsin). Pennsylvania was not included in the analysis because the organizing structure of the analysis and reporting in the Pennsylvania Interim Evaluation Report did not align with the process used in the Interim Evaluation Report Review to summarize results.

[54] The Target Population Categories Maltreatment Prevention, Removal—Pre-In-Home Case/Family Reunification, Post-Foster Care Readiness, Post-Dependency, and Legal Guardianship did not have interventions assigned to them. They were removed from the exhibit.

Exhibit 29. Interim Evaluation Report Review Target Populations and Interventions

Target Population Category	Intervention
Front End of the Child Welfare System	
Foster Care Prevention	Alternative Response (NE)* Crisis Response Team (HI) Differential Response (AR)* Family Assessment Response-Differential Response (WA)* Nurturing Parent Program (AR) Strengthening Ties and Empowering Parents (MD)*
In-Home Case	Child and Adolescent Needs and Strengths and Child and Adolescent Needs and Strengths-Family (MD)* Family Advocacy and Support Tool (AR)* Functional Family Therapy (MD)* HOMEBUILDERS® (DC)* Intensive Home-Based Services (HI) Home Visitation Services (DC) HomeWorks (UT)* Incredible Years (MD)* Intensive Safety Services (OK)* Nurturing Parenting Program (MD)* Parent and Adolescent Support Services (DC) Parent Education and Support Project Services (DC) Parent-Child Interaction Therapy (MD) Partnering for Success (MD) Protect MiFamily (MI)* Safety Management Services Model (NV)* Sobriety Treatment and Recovery Teams (KY) Solution-Based Casework (MD) Strengthening Ties and Empowering Parents (KY)* Team Decision-Making (AR)*
Back End of the Child Welfare System	
Family Reunification	Child and Adolescent Needs and Strengths (AR)* Child Parent Psychotherapy (IL-IB3)* Family Wrap Services (HI) Keeping Foster and Kinship Parents Supported and Trained (TN) Kinship Supports (CO)* Nurturing Parent Program (IL-IB3)* Project Connect (DC)* Strong Families New York City (NY) Targeted Foster Family Recruitment (AR) Trauma Systems Therapy (MD)
Long-Term Placement	Keeping Foster and Kinship Parents Supported and Trained (TN) Kinship Supports (CO)* Permanency Roundtables (AR)*

	Permanency Roundtables (CO)* Safety, Permanency, and Well-being Meetings (HI) Strong Families New York City (NY)
Multiple Target Populations	
Multiple	Caring Together (MA) Child Welfare Demonstration Project (PA) Family Assessment and Screening Tool (TN) Family Engagement (CO)* Leveraging Intensive Family Engagement (OR) Reinforcing Efforts, Relationships, and Small Steps (TN)* Results Based Accountability/Provider Performance Improvement (NE) Trauma-Informed Child Assessment Tools (CO)* Workforce development activities to become a trauma-informed system (MD) Wraparound Services (WV)*

* Interventions with findings included in the Interim Evaluation Report Review.

Exhibit 30 shows 54 percent of the interventions had outcome findings in their Interim Evaluation Report outcome study, while 46 percent reported no outcomes results, had only descriptive results, or had results in which no differences were observed. Jurisdictions reported a range of issues affecting the evaluations and the results, including small sample sizes and limited program maturity at the time of the Interim Evaluation Report. The In-Home Case target population category had the largest percentage of interventions with findings (*n* = 12; 60 percent) followed by the Family Reunification and the Long-Term Placement categories. However, the Family Reunification target population category had a greater number of interventions with findings (*n* = 5) than the Long-Term Placement category (*n* = 3).

Exhibit 30. Number of Interventions and Percentage With Findings by Target Population

Target Population	Total Number	Number With Findings	Percentage
Foster Care Prevention	6	4	33
In-Home Case	20	12	60
Family Reunification	10	5	50
Long-Term Placement	6	3	50
Multiple	10	4	40
Total	52	28	54

Exhibit 31 shows half of the interventions with findings reported in their Interim Evaluation Report (*n* = 14; 48 percent) had Mixed Findings, while just over one-third (*n* = 10; 34 percent) had Only Promising Findings. A smaller percentage had Only Unexpected Findings (*n* = 5; 17 percent). Long-Term Placement was the only target population category without at least one intervention with Only Promising Findings. The Foster Care Prevention and Multiple target population categories had no interventions with Only Unexpected Findings.

Exhibit 31. Number and Percentage of Interventions by Findings Categories and Target Populations

Target Population	Only Promising Findings		Mixed Findings		Only Unexpected Findings	
	N	Percentage	*N*	Percentage	*N*	Percentage
Foster Care Prevention	2	50	2	50	0	0
In-Home Case	5	38	5	38	3	23
Family Reunification	2	40	2	40	1	20
Long-Term Placement	0	0	2	67	1	33
Multiple	1	25	3	75	0	0
Total	10	34	14	48	5	17

Exhibit 32 shows the specific interventions with Only Promising Findings, Mixed Findings, and Only Unexpected Findings. Again, 10 interventions across 4 target populations had Only Promising Findings, while 14 (almost half) interventions across 4 target populations had Mixed Findings. The preliminary nature of the Interim Evaluation Reports makes interpretation challenging. The process study material from the Interim Evaluation Reports described in appendix 1 does not provide the necessary nuanced information to make direct links between implementation factors and findings. For the same reason, it is premature to assess whether certain categories of interventions (e.g., therapeutic, family-centered case management, parent education/mentoring) is more promising than other types of interventions.

Exhibit 32. Interventions by Findings Categories and Target Populations

Target Population	Only Promising Findings	Mixed Findings	Only Unexpected Findings
Foster Care Prevention	Differential Response (AR) Strengthening Ties and Empowering Parents (MD)	Alternative Response (NE) Family Assessment Response-Differential Response (WA)	
In-Home Case	Functional Family Therapy (MD) Incredible Years (MD) Kentucky Strengthening Ties and Empowering Parents (KY) Nurturing Parenting Program (MD) Team Decision-Making (AR)	Child and Adolescent Needs and Strengths and Child and Adolescent Needs and Strengths-Family (MD) HOMEBUILDERS® (DC) HomeWorks (UT) Intensive Safety Services (OK) Protect MiFamily (MI)	Family Advocacy Support Tool (AR) Safety Management Services (NV)
Family Reunification	Child Parent Psychotherapy and/or Nurturing Parenting Program (IL-IB3) Nurturing Parenting Program (IL-IB3)	Kinship Supports (CO) Project Connect (DC)	Child and Adolescent Needs and Strengths (AR)
Long-Term Placement		Kinship Supports (CO) Permanency Roundtables (CO)	Permanency Roundtables (AR)

Multiple	Family Engagement (CO)	High-Fidelity Wraparound Services (WV) Reinforcing Efforts, Relationships, and Small Steps (TN) Trauma Screening and Assessment (CO)	

Exhibit 33 is focused on Only Promising Findings and shows which interventions had promising findings for intermediate (e.g., parental capabilities, interpersonal relations, behavioral dysfunction) and/or long-term (e.g., recurrence of maltreatment, removal from home within 12 months) safety, permanency, and well-being outcomes. Ten interventions from five jurisdictions had Only Promising Findings. Six interventions from three jurisdictions had Only Promising Findings on intermediate outcomes, while four interventions from three jurisdictions had Only Promising Findings on long-term outcome.

Exhibit 33. Only Promising Findings for Intermediate and Long-Term Outcomes by Target Population

Target Population	Only Promising Findings	
	Intermediate Outcomes	Long-Term Outcomes
Foster Care Prevention	Strengthening Ties and Empowering Parents (MD)	Differential Response (AR)
In-Home Case	Family Functional Therapy (MD) Incredible Years (MD) Kentucky Strengthening Ties and Empowering Parents (KY) Nurturing Parenting Program (MD)	Team Decision-Making (AR)
Family Reunification	Nurturing Parenting Program (IL-IB3)	Child Parent Psychotherapy and/or Nurturing Parenting Program (IL-IB3)
Multiple		Family Engagement (CO)

Given the interim nature of the evaluations, the Interim Evaluation Reports provide limited information explaining either the positive or unexpected findings. Only Unexpected Findings have been attributed to—

- The increased scrutiny of families receiving the intervention (i.e., more contact with child welfare workers and/or service providers)
- The increased identification of needs and service provision resulting in prolonged case periods
- Challenges in implementing the intervention with fidelity.

Only Promising Findings have been attributed to—

- The locality's previous experience with the intervention enhancing the intervention's implementation during the demonstration
- High-fidelity implementation of the intervention
- Family satisfaction and willingness to engage with the intervention

Concluding Thoughts

Jurisdictions from the 2012, 2013, and 2014 cohorts have taken advantage of the flexibility under the waiver and have implemented a variety of interventions across multiple target population categories. The findings from this review are preliminary given that interim evaluations were conducted at the midpoint of the demonstrations. However, several considerations have emerged from the review of the Interim Evaluation Reports.

Promising Interventions

Ten interventions stand out as promising at the midterm point of implementation. Differential Response (Arkansas) and Strengthening Ties and Empowering Parents (Maryland) showed promise with a foster care prevention target population, while Nurturing Parenting Program alone or a combination of Child Parent Psychotherapy and the Nurturing Parenting Program (Illinois-IB3) showed promise with a family reunification target population. Family Engagement (Colorado) showed promise across multiple target populations (e.g., foster care prevention, in-home case, family reunification, long-term placement). Functional Family Therapy (Maryland), Incredible Years (Maryland), Kentucky Strengthening Ties and Empowering Parents (Kentucky), Nurturing Parenting Program (Maryland), and Team Decision-Making (Arkansas) all showed promise with an in-home case target population.

Investment of Resources

The jurisdictions invested their resources (i.e., interventions) relatively evenly between the front end of the child welfare system and the back end of the child welfare system. Based on the information from the process study portions of the Interim Evaluation Reports, the distribution of resources reflects the needs of the jurisdictions. Because no interventions were implemented for the maltreatment prevention target population, jurisdictions will not be able to draw on their waiver experiences as they begin operating under Family First legislation.

Context of the Findings

The Interim Evaluation Reports are submitted 6 months after the halfway point (2.5 years) of a 5-year demonstration. As a result of this limited time frame, the understanding of how well the waiver interventions are performing remains limited in regard to implementation information and outcomes findings. Almost half of the interventions had no reported outcomes results in their Interim Evaluation Reports, had only descriptive results, or had results in which no differences were observed. Interventions with Only Promising Findings make up 19 percent of the 52 interventions implemented and evaluated. Interventions with Mixed Findings compose 27 percent, while interventions with Only Unexpected Findings make up 8 percent.

The results from the efforts of the 2012, 2013, and 2014 cohorts of jurisdictions should also be considered in the context of several different issues and challenges. Jurisdictions faced issues and challenges such as leadership and staff turnover; lack of internal and external stakeholder buy-in to the waiver demonstration; state, local, and organization policies unaligned with waiver demonstration efforts; and delayed implementation resulting from a variety of factors (appendix 1). Jurisdictions' evaluation efforts also faced issues and challenges. Along with issues such as small sample sizes and small changes in outcomes noted in the Conducting the Review section, evaluations sometimes encountered delayed program implementation, unavailable data, delays in data reporting, limited response rates, and challenging political climates. Although jurisdictions were affected by different

implementation and evaluation issues, it is expected all jurisdictions will be working toward eliminating such challenges to provide the best possible conditions for positive outcomes at the time of their final reports.

The results at the interim point of the evaluations may be the result of the interventions themselves, separate from the limited time frame of the Interim Evaluation Reports and by additional issues and challenges previously mentioned. Rather, the results may be due to a faulty underlying theory of change and program characteristics such as frequency, duration, and intensity.

Conclusions

Waivers present jurisdictions with a unique opportunity to use federal funds flexibly. In exchange for a capped allocation of their title IV-E dollars for 5 years (i.e., a ceiling on the dollars reimbursed under title IV-E), jurisdictions[55] have access to financial resources to serve children not eligible for services under traditional title IV-E rules and implement interventions that would not be fundable under traditional title IV-E rules. In effect, jurisdictions traded access to an open entitlement for a capped amount of money that allowed for greater flexibility in how the money could be spent, instead of using it only for federally eligible children and foster care maintenance and administrative expenses allowed under the traditional approach. Jurisdictions can generate savings by spending less than the amount of their annual capped allocation on traditional title IV-E foster care expenses and then reinvest the savings in other child welfare services. However, the waiver opportunity means jurisdictions must have, or must develop, the capacity to take advantage of the fiscal flexibility and ensure they do not exceed their capped allocation. Specifically, jurisdictions must work to develop and implement interventions that will reduce the number of children being placed in foster care, reduce the length of time children are in foster care, and lower the per case cost of foster care. The three requirements for successfully operating in a capped allocation funding environment align with the goals of keeping children out of foster care unless absolutely necessary; shortening their stays in foster care; and, when they have to be placed in foster care, ensuring they are living in as family-like a setting as possible (i.e., not in a group home).

Promising Interventions at the Interim

Waivers allowed jurisdictions to respond programmatically to local needs to improve outcomes for children and families. More than two-thirds of the jurisdictions developed and implemented interventions for multiple target populations. The jurisdictions invested their resources (i.e., interventions) relatively evenly between the front end of the child welfare system (i.e., preventing foster care placements) and the back end of the child welfare system (i.e., returning children to their families, long-term placements, preparing for post-foster care). Based on the information from the process study portions of the Interim Evaluation Reports, the distribution of resources reflects the varying needs of the jurisdictions. The experiences of jurisdictions in implementing and evaluating interventions under their waiver demonstrations will likely be useful as they prepare to operate under the opportunities and requirement of the Family First legislation.

Ten interventions stand out as promising at the midterm point of implementation. Differential Response (Arkansas) and Strengthening Ties and Empowering Parents (Maryland) showed promise with a foster care prevention target population, while the Nurturing Parenting Program alone or a combination of Child Parent Psychotherapy and the Nurturing Parenting Program (Illinois-IB3) showed promise with a family reunification target population. Family Engagement (Colorado) showed promise across multiple target populations. Functional Family Therapy (Maryland), Incredible Years (Maryland), Kentucky Strengthening Ties and Empowering Parents (Kentucky), Nurturing Parenting Program (Maryland), and Team Decision-Making (Arkansas) all showed promise with an in-home case target population.

The Interim Evaluation Reports are submitted 6 months after the halfway point (2.5 years) of a 5-year demonstration. As a result of this limited time frame, the understanding of how well the waiver interventions are performing remains limited with regard to implementation and outcomes findings. Almost half of the interventions had no reported outcomes results in their Interim Evaluation Reports, had only descriptive results, or had results in which no differences were observed. Interventions with

[55] Michigan used a fiscal mechanism tied to the randomized control trial design of its evaluation rather than a capped allocation. However, the state had the same fiscal flexibility for its demonstration as the other jurisdictions using the capped allocation fiscal mechanism.

Only Promising Findings make up 19 percent of the 52 interventions implemented and evaluated. Interventions with Mixed Findings compose 27 percent, while interventions with Only Unexpected Findings make up 8 percent.

The results from the efforts of the 2012, 2013, and 2014 cohorts of jurisdictions thus far should also be considered in the context of several different issues and challenges. Jurisdictions faced issues and challenges such as leadership and staff turnover; lack of internal and external stakeholder buy-in to the waiver demonstration; state, local, and organization policies unaligned with waiver demonstration efforts; and delayed implementation resulting from a variety of factors (appendix 1). Jurisdictions' evaluation efforts also faced issues and challenges. Along with issues such as small sample sizes and small changes in outcomes noted in the Conducting the Review section, waiver evaluators sometimes encountered delayed program implementation, unavailable data, delays in data reporting, limited response rates, and challenging political climates. Although jurisdictions were affected by different implementation and evaluation issues, it is expected all jurisdictions will be working toward eliminating such challenges to provide the best possible conditions for positive outcomes at the time of their final reports.

Defining and Measuring Well-Being

An ongoing challenge in child welfare evaluations has been the complexities of assessing well-being outcomes. The efforts of the 21 demonstration evaluation teams from the 2012–2014 cohorts working to address these challenges provided an opportunity to better understand how well-being is defined and how measures and data sources are collected.

The incentive for a demonstration evaluation to adopt well-being instruments and data sources already in use in a jurisdiction—thereby providing the evaluation with a preestablished definition of well-being—was strong given the availability of the instruments and data sources and their implied approval as useful measures. This indicates a broader discussion is necessary, separate from any specific evaluation, to define well-being for the locality (i.e., county, region, or state) at the systems level and to undertake a comprehensive review of possible instruments and sources of data from inside and outside the local child welfare system. Such a discussion would also need to include conversations about such topics as data collection and the role of assessment data in evaluations. For example, mental health (i.e., clinical) assessments conducted by child welfare workers may be a necessary component of programmatic best practices for case planning and monitoring client changes, but they may not be the best sources of child well-being information for an evaluation focused on broader changes for a larger sample of children and caregivers. However, depending on the local context, it may not be possible to implement an instrument focused solely on well-being. In such cases, data collection and sharing agreements with other human service organizations could make it easier to access well-being data or implement well-being measures rather than an evaluation relying on conveniently available assessment data. This would likely not be an easy undertaking but, if accomplished, could change the aforementioned incentives and provide a better local understanding of well-being.

Feasibility is a critical requirement when linking the definition of outcomes with data collection, and the incentive to select readily available well-being measures is understandable. However, evaluators should decide to adopt instruments already in use only after exploring alternatives. Given the challenging nature of collecting well-being information, conversations between the evaluator(s) and other waiver stakeholders (e.g., youth, caregivers, staff who may serve as data collectors) should begin as early in the evaluation planning process as possible. Engaging stakeholders through steering committees or advisory

boards can provide the necessary forum for discussing such topics as data collection cost, burden, and responsibilities and the mutual benefit that can be derived from the collected information. Stakeholder engagement cannot stop at the onset of the evaluation. As the respondents indicated, ongoing communication efforts with stakeholders is important to increasing the likelihood of data collection success.

Operating in a New Fiscal Environment

Fiscal flexibility in the waiver jurisdictions has spurred practice- and systems-level changes. As noted in the discussion of interventions, fiscal flexibility has resulted in interventions focused on an array of target populations to meet local needs. There appears to be a corresponding shift in the orientation of practice-level casework activities and in the approach to services for children and families, with an emphasis on assessments and case planning and a strengths-based orientation to families. Systems-level shifts have focused on addressing trauma and maintaining child-parent/family relationships. The changes suggest fiscal flexibility, rather than a more categorical approach to financing, supports practice- and systems-change efforts to focus on the front end of the system. The changes also suggest the capped nature of the fiscal structure (i.e., the need for jurisdictions to ensure expenditures stay within their capped allocations) may be encouraging or reinforcing a focus on supporting families rather than placing children in foster care.

However, the findings from respondents to the Web-Based Survey and the Fiscal Flexibility Telephone Survey contrast with those of the Interim Evaluation Report Review, which showed interventions to be almost evenly split between addressing the needs of target populations at the front end of the child welfare system (i.e., foster care prevention and in-home case) and the back end of the child welfare system (i.e., family reunification and long-term placement). The changes described by respondents may reflect a shift in the practice and culture of their child welfare systems rather than a shift in the type of interventions provided by the system.

The shift from the traditional title IV-E entitlement to a capped allocation required broad policy changes to reflect the new funding environment. The need for additional policy changes coalesced in jurisdictions acquiring and implementing services: procurement and contracting, training, and policies necessary to implement specific interventions. Procuring and contracting can be lengthy processes, typically to ensure particular policy goals, such as fairness through competitive bidding, are reached. Training needs and the jurisdiction's established training opportunities may not align. Both areas require a new degree of adaptability to help jurisdictions take advantage of the flexibility offered in the new funding environment. Jurisdictions may need to change policies and procedures to implement the interventions.

Factors may enhance or inhibit a jurisdiction's use of fiscal flexibility, depending on the circumstances. Child welfare agency leadership that has fiscal expertise, is engaged, and is flexible and open to change emerged as an important facilitator. Those leadership characteristics are likely important at all levels of the organization, and developing ways to nurture them in staff is a worthwhile endeavor. Because staffing issues present challenges to taking full advantage of the fiscal flexibility, sufficient attention must be paid to recruitment, retention, and workload reduction efforts. Organizational culture and climate elements need to align with the concepts of fiscal flexibility and operating in a capped allocation environment. A proactive approach of working with families in their homes and communities fits with the necessary capped allocation strategies of deemphasizing foster care placement. An organization's culture and climate should reflect and highlight the connection between its programmatic and fiscal

operations. Absent the connection between the two areas, taking advantage of fiscal flexibility and staying within the limits of the capped allocation are difficult goals to accomplish. Finally, collaborative relationships with local service providers, local agencies, and external technical assistance organizations provide both tangible returns (i.e., access to services and practical support) and intangible returns (i.e., buy-in and a positive climate). Having such a relationship with judicial stakeholders, including judges and attorneys, is particularly important given judges' unique role in approving or denying child welfare agencies' case recommendations.

A capped allocation is a finite amount of funding rather than the open-ended entitlement of traditional title IV-E funding. Operating in a capped allocation environment requires a different approach to organizational decision making than is necessary under traditional title IV-E funding. The capped allocation operating environment appeared to be having some influence on program-level decision making, less influence on policy-level decision making, and almost no influence on practice-level decision making. These findings suggest child welfare workers are not being asked to consider the fiscal impact of services, either singularly or in comparison with other services, when making decisions about service provision to families. According to respondents, a shift in program-level decision making did appear to be taking place, most notably in the areas of data-driven decision making and efforts to link costs to outcomes. This makes sense, given the purchase-of-services flexibility afforded under the waiver. Policy-level decision making also appeared to shift, primarily in the areas of contracting and the use of data, and data infrastructure appeared to be improving through the expansion of existing systems. However, to improve operations in a capped allocation environment, a deeper understanding is needed about the connections between program/service costs and outcomes, the management information systems necessary to inform decision making, and the working relationship between the programmatic and fiscal areas of a child welfare agency's day-to-day operations.

Final Thoughts

The fiscal flexibility provided through the title IV-E waiver appears to have resulted in practice- and systems-level changes, changes in program- and policy-level decision making, increases in data use, and improvements to data systems. This flexibility also appears to have provided opportunities to shift child welfare systems toward enhanced needs assessment, improved engagement with families, placement prevention, and increased collaboration with service providers. All are positive signs as the jurisdictions approach the end of the waiver authority and prepare to engage with the prevention and child welfare financing opportunities of the Family First Prevention Services Act.

Jurisdictions are working toward conducting their final analyses and preparing their Final Evaluation Reports. It is anticipated those jurisdictions that did not have outcomes to report at the interim point will have the necessary information to do so, and those that had outcomes to report at the interim point will build on those analyses for their Final Evaluation Reports. The Final Evaluation Reports will provide a second, more robust opportunity to understand the interventions implemented by jurisdictions and to assess their impact on improving outcomes for children and families.

Appendix 1. Implementation Status

Implementation Status at the Time of the Interim Evaluation Report

This section presents the implementation status for the three cohorts of waiver demonstrations. James Bell Associates reviewed and summarized information reported in the Interim Evaluation Reports on the focus of the interventions, information on model fidelity and/or implementation science, and implementation challenges.

Arkansas (2012)

Children, birth to 18 years old, who are referred to child welfare services because of a maltreatment allegation or who are already receiving child welfare services in Arkansas are the focus of the waiver demonstration. Intervention services include six statewide initiatives: Child and Adolescent Needs and Strengths and Family Advocacy and Support Tool assessments, Differential Response, Permanency Roundtables, Team Decision-Making, Nurturing the Families of Arkansas, and Targeted Foster Family Recruitment.

The six initiatives are at different stages of implementation. The Child and Adolescent Needs and Strengths/Family Advocacy and Support Tool are being implemented statewide. They are more comprehensive than the previous tool and assist in providing information to design a more comprehensive case plan; however, such a plan takes more time and is difficult to complete when caseloads are heavy. The time-consuming recertification process adds stress to an already stressful job. Statewide training was conducted for Differential Response, although staff have reported the need for more frequent training because of staff turnover. Although families receiving Differential Response report positive experiences, there have been challenges in implementing the program and meeting the time line requirement for meetings; this is partially a result of the long distances that specialists must travel to conduct the meetings. The reactions to Permanency Roundtables' effectiveness are mixed. Implementation of Permanency Roundtables has been challenging because of high caseloads; judges and attorneys being resistant to the process; the difficulty in traveling to Permanency Roundtables and the trainings; and the time it takes to conduct Permanency Roundtables, which often means meetings are not held as often as they should be.

The Team Decision-Making initiative has not yet been rolled out statewide. Parents felt included and listened to but did not feel Team Decision-Making changed the fact their children were removed. Staff have reported concerns about the lack of support for Team Decision-Making from local judges and legal teams. Staff buy-in for Team Decision-Making is a concern as well, especially since the meetings are time consuming and logistically challenging. The time frame for conducting Team Decision-Making is difficult to meet. The Nurturing the Families of Arkansas program is being implemented only in select areas of the state. Parents have given positive feedback about the program; however, there are not enough staff and classes to meet the need for this service. This shortage is a major concern, as it can potentially have major ramifications for the family or case (e.g., inability to meet requirements in a timely manner, cases staying open longer than needed). Some of the components of the Nurturing the Families of Arkansas program also conflict with staff's and families' religious and personal beliefs (e.g., a belief corporal punishment is wrong). Staff are also concerned about the strict referral criteria. The Targeted Foster Family Recruitment program is being implemented statewide, but there is confusion about the nature of the community engagement specialist's role, and staff feel the activities under Targeted Foster Family Recruitment are ambiguous. Currently, staff are not able to recruit families for specific needs or populations because the need for families in general is high.

Colorado (2012)

Children, birth to 18 years old, who are at risk of entering or who enter or reside in out-of-home care or congregate care are the focus of the interventions. Interventions include trauma-informed screening and trauma-informed assessment and treatment, family engagement, Permanency Roundtables, and Kinship Supports.

The majority of the counties in Colorado received waiver intervention funding, but there was some variation regarding the implementation of each intervention. During the first 2 years, most counties received funding to implement family engagement, roughly half of the counties received funding to implement Permanency Roundtables or Kinship Supports, and 10 counties received funding to implement trauma-informed interventions. Vacancies—resulting from staffing of the waiver-funded positions—presented a challenge for many counties. County administrators noted challenges as waiver funds do not support costs associated with training for these new positions, and they expressed concerns about sustainability once the waiver ends in 2019. State administrators noted entry of intervention data and county staff not understanding the purpose of these data was a challenge. Smaller counties also noted difficulties in pulling data and reports from the child welfare administrative data system (Trails).

The implementation of family engagement varied across the counties in (1) the target population, (2) referral and eligibility processes, (3) protocols for scheduling and inviting participants to family engagement meetings, and (4) approaches to determining who was invited to attend family engagement meetings. Family engagement meeting fidelity was assessed by examining the percentage of subsequent meetings that occurred on time and the percentage of meetings with required participant attendance. Overall, 63 percent of subsequent meetings occurred on time and required participant attendance was high across county size groups, with a caseworker present at 84 percent of the meetings and a parent present at 87 percent of the meetings. Key challenges to family engagement were the timely scheduling of meetings, resistance on the part of caseworkers and parents' attorneys, lack of clarity regarding the caseworker's role in relation to family engagement, and lack of resources for ongoing training.

Permanency Roundtable meeting fidelity was assessed by examining the percentage of subsequent meetings that occurred on time and the percentage of meetings with required participant attendance. For the target population of youth aged 16 and older with an Other Planned Permanent Living Arrangement goal, overall, 55 percent of subsequent meetings occurred on time; a caseworker was present at 95 percent of the meetings and a Permanency Roundtable facilitator was present at 94 percent of the meetings. Key challenges to implementing Permanency Roundtables were caseworkers' beliefs that Permanency Roundtables are not beneficial for all youth in the designated target population (e.g., youth with disabilities) and challenges related to developing an action plan that would truly lead to permanency. During the first year of the waiver, youth, service providers, and child welfare staff expressed confusion about the overlap in the family engagement and Permanency Roundtable interventions and target populations. Counties took varying approaches to diminish duplication of services.

Kinship Supports case fidelity was assessed by examining the percentage of kinship caregivers who received a Kinship Supports Needs Assessment and the percentage of kinship caregivers who received the assessment within 7 days of kinship placement. Across all counties, about half (55 percent) of the

eligible caregivers (*n* = 1,649) received a Kinship Supports Needs Assessment and 41 percent of those caregivers received the assessment within 7 days of placement. Key challenges to the implementation of Kinship Supports included child welfare staff not always knowing if and when placements were made with kin, especially in voluntary or non-court involved cases, and caseworker perceptions that the Kinship Supports Needs Assessment is not a useful tool. Most county staff reported no training for the Kinship Supports program. Waiver funding has enabled counties to hire new kinship support workers and provide concrete goods (e.g., clothing, furniture, car seats) to kinship caregivers.

For those youth who had a trauma screening and whose screen indicated signs or symptoms of trauma, 99 percent were referred for an additional trauma assessment. The assessment penetration rate was relatively low, with about 20 percent of children who were referred for assessment receiving one. However, the treatment penetration rate was higher, with approximately 75 percent of the 102 children for whom treatment was recommended beginning treatment. Key challenges to implementing the trauma-informed interventions included the length of time it takes for caseworkers to conduct a screening, the length of time it takes for a Colorado Mental Health Center clinician to conduct an assessment and the resulting lack of provider capacity and lengthy waiting periods for families, and staff ambivalence about the success of trauma-informed treatment for child welfare-involved families dealing with significant poverty and ongoing trauma.

District of Columbia (2013)

The interventions focus on all title IV-E-eligible and noneligible children and families involved with the District of Columbia's Child and Family Services Agency who are receiving in-home services, are placed in out-of-home care with a goal of reunification or guardianship, or come to the attention of Child and Family Services Agency and are diverted from the formal child welfare investigation track to Family Assessment (via the Child and Family Services Agency differential response). Priority access to demonstration services is provided to families with children birth to 6 years old, with mothers aged 17–25, or with children who have been in out-of-home care for 6–12 months with the goal of reunification. Intervention services include implementation of 2 new evidence-based practices, HOMEBUILDERS® (an intensive in-home crisis intervention, counseling, and life-skills education intervention for families with children at imminent risk of removal) and Project Connect (an intensive in-home services intervention for child welfare-involved, high-risk families affected by parental substance abuse), and the expansion of 2 existing programs, Parent and Adolescent Support Services (works cooperatively with families and service providers to reduce challenging behaviors, including truancy, running away, curfew violations and extreme disobedience, and other illegal behaviors before child welfare and/or juvenile justice intervention is needed, for young people under the age of 18) and Parent Education and Support Project (services include home visits, assessment of family needs, parenting groups, and other programming to address concrete needs).

At the time of the Interim Evaluation Report, enrollment in the demonstration was lower than expected across all programs except HOMEBUILDERS®. Most programs were achieving benchmark goals for timeliness of enrolling families into services, with an average process time of 13 days. The majority (79 percent) of approved families are enrolled in programs. The most frequently cited reasons why families were not enrolled is they refused, were nonresponsive, or were noncompliant. Staff focus groups and surveys revealed that, while staff were aware of the waiver initiative, fewer knew about specific programs and providers, referral processes, and eligibility requirements. Barriers to the referral process included a lack of client willingness/participation, lack of direct client contact, and lack of centralized

information. Implementation fidelity was conducted by the Institute for Family Development, the developers of HOMEBUILDERS®. Results of 2 site reviews indicated many of the implementation standards were met (e.g., immediate availability and response to referrals), but many standards needed improvement (e.g., 23.3 percent of cases were closed prematurely). Implementation fidelity for Project Connect was conducted by the Institute for Family Development, and preliminary findings from the 2016 site review indicated there was general adherence to structural and procedural fidelity in the case records, a high degree of parent satisfaction with services, and good overall progress. Project Connect fidelity procedures were still under development at the time of the Interim Evaluation Report.

Hawaii (2013)

The demonstration is being implemented on the islands of O'ahu and Hawai'i (Big Island) and focuses on 2 populations that receive different interventions: (1) Short Stayers (children who come to the attention of Child Welfare Services through a hospital referral or police protective custody and who are likely to be placed into foster care for fewer than 30 days); and (2) Long Stayers (title IV-E-eligible and non-IV-E-eligible children who have been in foster care for 9 months or longer). The two interventions for Short Stayers are the Crisis Response Team (a quick-response assessment team with referral to services) and the Intensive Home-Based Services program (a service plan that may include individual and family counseling, parent education and mentoring, intensive family preservation and reunification services, and referrals for appropriate behavioral and mental health services). The two interventions for Long Stayers are the Safety, Permanency, and Well-being Meetings (case-staffing system based on the Casey Family Programs Permanency Roundtable model) and Wrap Services (a family-driven model that brings together representatives from multiple service agencies involved with a family to find creative solutions and supports to keep youth in the home or in their community).

At the time of the Interim Evaluation Report, both successes and challenges were identified with the implementation of the Short Stayers interventions. The Crisis Response Team is responding to 1.5 times the number of children originally projected for the waiver demonstration. The structure of the Crisis Response Team units is slightly different, with the O'ahu unit set up as a stand-alone unit and the Hawai'i units set up as five regular intake units. Focus groups and surveys on the Crisis Response Team with Child Welfare Services staff revealed the following:

- After the first year of implementation, the Crisis Response Team was largely seen as a positive and needed addition to practice, but there is confusion about eligibility criteria.
- After 2 years of implementation, fewer than half of intake workers reported they would have referred appropriate sample cases to the Crisis Response Team.
- Large geographical distances seemed to influence the ability to meet the 2-hour response time during the first 2 years of implementation (43 percent on Hawai'i compared with 87 percent on O'ahu).

Intensive Home-Based Services is undersubscribed, operating at about half the numbers projected. Intensive Home-Based Services providers experienced a slow start because of staff turnover. Focus groups and surveys on Intensive Home-Based Services with Child Welfare Services staff revealed the following:

- The program has narrow eligibility criteria, resulting in some confusion about the referral process and the perception that many children and families would not be accepted into the service.
- After 2 years of the demonstration, fewer than half of Crisis Response Team workers reported they chose to refer an appropriate case to Intensive Home-Based Services.

Both successes and challenges were identified with the implementation of the Long Stayers interventions. Wrap is undersubscribed on O'ahu and oversubscribed on Hawai'i, while Safety, Permanency, and Well-being Meetings are the most undersubscribed intervention of the four interventions.

- After the first year of implementation, Child Welfare Services staff noted the training they received about the two Long Stayer interventions was not as thorough as that for the Short Stayer interventions, and as a result, referral criteria and the referral process for the Wrap intervention were unclear.
- After 2 years of the demonstration, an online survey with caseworkers revealed about half would refer an appropriate case to Wrap.
- Completion rates for the Child and Adolescent Needs and Strengths have been low, as Child Welfare Services caseworkers cite the burden of extra paperwork (completion is one of the requirements in the Wrap referral process).
- Caseworkers expressed support for the Safety, Permanency, and Well-being Meetings intervention but saw the completion of a Child and Adolescent Needs and Strengths assessment as a requirement for referral as a burden and a barrier.
- After 2 years of the waiver demonstration, fewer than 50 percent of Safety, Permanency, and Well-being Meetings had been informed by a completed Child and Adolescent Needs and Strengths assessment of the child's well-being.

Illinois-IB3 (2012)

The waiver demonstration focuses on children, birth through 3 years of age, who have been removed from their parents' custody and placed into the protective custody of child welfare authorities. Intervention services include a structured assessment of needs and referral to the selected interventions of Child Parent Psychotherapy (for those identified at high risk) and the Nurturing Parenting Program (for those identified at moderate risk), or both as needed.

Examination of the assessment of needs process found that many of the target population of children had received the screening as intended. The screening process identified more children at moderate and high risk than was originally anticipated, which affected the demonstration's ability to provide Child Parent Psychotherapy to high-risk children/families. These families were referred to the Nurturing Parenting Program while they waited for Child Parent Psychotherapy services. An examination of the assessment ratings did not reveal any biases in the ratings, as initially suspected. Some challenges for foster care parents in completing the Nurturing Parenting Program, including childcare, transportation, and the time of day of the classes, were identified. It was difficult to determine model fidelity for Child Parent Psychotherapy, although there were sufficient numbers of trained staff to implement the program. Based on the recommendation of the Nurturing Parenting Program, fidelity was assessed using posttests upon completion of each the Nurturing Parenting Program lesson. The findings provided indirect evidence the Nurturing Parenting Program was implemented with fidelity.

Kentucky (2014)

Children under 10 years of age who are at moderate or imminent risk of entering out-of-home care and whose parents have risk factors of substance use are the target population of the intervention services, which include (1) the Sobriety Treatment and Recovery Teams program, which targets families with at least 1 young child (birth to 6 years of age) who enters the child welfare system with parental substance use as a primary risk factor; and (2) the Kentucky Strengthening Ties and Empowering Parents program, which serves families with children under 10 years of age at moderate-to-imminent risk of being removed from the home, after a confirmed abuse or neglect allegation, for which parental substance use is a primary factor to child maltreatment. The Sobriety Treatment and Recovery Teams program has been implemented in four of the five counties and will be expanded to the fifth county in later in the demonstration, and the Kentucky Strengthening Ties and Empowering Parents program is being piloted in four counties and will be expanded over the course of the demonstration.

Surveys and focus groups identified strengths and challenges in the implementation of Kentucky Strengthening Ties and Empowering Parents and Sobriety Treatment and Recovery Teams. An initial examination of data from the organizational readiness assessment survey (completed between July 19 and August 9, 2016, with staff in the Division of Protection and Permanency; response rate of 36.4 percent) revealed strengths in the domain of self-efficacy while highlighting areas of concern within organizational support and staffing.[56] Guided by the results of the organizational readiness assessment survey, focus groups were conducted with Division of Protection and Permanency staff, including front-line workers, supervisors, and office support staff, to gather information regarding the challenges they are currently facing in their jobs and what they thought were priorities for Department for Community Based Services leadership to address. Key challenges identified through the focus groups included high caseloads, organizational inefficiencies, high staff turnover, worker safety,[57] and training.

Respondents completing the Kentucky Strengthening Ties and Empowering Parents or Sobriety Treatment and Recovery Teams Communication Collaboration Surveys (administered to all program staff, partners, administrators, and service providers in September 2017) identified strengths, including—

- Membership characteristics (members see the collaboration as in their self-interest; ability to compromise)
- Process and structure (members share a stake in both process and outcome; flexibility; appropriate pace of development)
- Communication (open and frequent communication; established informal relationships and communication links)
- Purpose (concrete and attainable goals and objectives; shared vision; unique purpose)
- Resources (skilled leadership)

[56] The findings are not specific to Sobriety Treatment and Recovery Teams or Kentucky Strengthening Ties and Empowering Parents but provide insight into employee perceptions.

[57] Worker safety concerns include a lack of trained professional security on site, workers feeling threatened by irate clients, and a lack of building maintenance.

Staff indicated the Kentucky Strengthening Ties and Empowering Parents Solution Based Casework Initial Training prepared them to implement the program. Survey respondents strongly agreed or somewhat agreed with the statement, "I will be able to apply what I learned during this session on the job" (90 percent of private providers; 87.5 percent of supervisors; 97 percent of Department for Community Based Services staff). Respondents also strongly agreed or somewhat agreed with the statement, "I was able to relate each of the learning objectives to the learning I achieved" (90 percent of private providers; 100 percent of supervisors; 97 percent of Department for Community Based Services staff). Results from a client satisfaction survey (administered at the completion of services) showed a majority of positive responses, suggesting respondents think their needs are being met by the services provided.

Maryland (2014)

Families Blossom❁Place Matters is being implemented statewide and focuses on children and youth at risk of entering out-of-home care for the first time and children and youth at risk of reentering out-of-home care after exiting to permanency. Specific interventions are being rolled out in phased implementation stages across selected counties or service areas and include the implementation of standardized trauma and trauma-informed assessments (Child and Adolescent Needs and Strengths and Child and Adolescent Needs and Strengths-Family), workforce development activities to become a trauma-informed system, and the implementation of evidence-based practices/promising practices, including—

- Solution-Based Casework in Baltimore City
- Incredible Years in Allegany County
- Parent-Child Interaction Therapy in Anne Arundel County
- Functional Family Therapy in Anne Arundel County
- The Nurturing Parenting Program in Harford County
- Partnering for Success/Cognitive Behavior Therapy Plus in Baltimore County
- Strengthening Ties and Empowering Parents in Washington County
- Trauma Systems Therapy in Washington County

At the time of the Interim Evaluation Report, the project-level activities were at different stages of implementation according to the National Implementation Research Network stages of implementation framework. At the project level, youth and parent engagement and workforce development are in the exploration stages, while communication planning is in both the exploration and installation stages depending on the type of communication (e.g., public, internal, partner). Several activities are in the installation stage, including the integration of the Trauma-Responsive Approach, the continuous quality improvement plan and data analytics framework, topic-specific workgroups, and cost tracking and reporting efforts. Two areas are in the initial implementation phase: the implementation structure for the project and the technical assistance support for continuous quality improvement and evidence-based practices. The areas in the full implementation stage include data utilization technical assistance, evaluation of evidence-based practices, and evaluation of Child and Adolescent Needs and Strengths-Family. Compliance monitoring of Child and Adolescent Needs and Strengths-Family revealed 67 percent of the jurisdictions in Maryland were "Meeting Expectations," while 29 percent of the jurisdictions in Maryland were "Getting Closer to Meeting Expectations" and 1 jurisdiction was not meeting expectations. Customized technical assistance (Child and Adolescent Needs and Strengths-Family) was

provided to address the concern that there has been an under-identification of the prevalence of both needs and strengths.

The evidence-based practices are at differing stages of implementation, with many experiencing challenges. Challenges include the following:

- Solution-Based Casework experienced implementation model challenges, including (1) staff (especially supervisors) needing more training, (2) staff not properly assigned to roles, (3) need for better alignment between programmatic components/requirements and protocols within the Family Preservation Unit, (4) staff turnover, and (5) unrealistic expectations of implementation. Also, there was confusion about data collection responsibilities and low online survey engagement to obtain information regarding Solution-Based Casework from child welfare workers.
- Incredible Years experienced lower-than-anticipated participation. The tracking of families has been challenging and the original study methodology of interviewing participants by phone experienced low success. Additional technical assistance was provided to address data tracking concerns and modifications were made to the participant feedback methodology.
- Parent-Child Interaction Therapy experienced lower-than-anticipated participation because of fewer referrals than initially projected, low staff buy-in, and low admission rates. There have also been some data quality issues, including incomplete and late data submissions.
- The Nurturing Parenting Program implementation required more resources than initially anticipated, requiring tasks and schedules to be shifted so child welfare workers could manage the workloads. Modifications were made to the curriculum because of the needs of group members (in consultation with a national Nurturing Parenting Program expert). Technical assistance is being provided to address challenges with recordkeeping for referrals and services. Data collection for participant satisfaction feedback was changed after the first cohort to increase the response rate.
- Functional Family Therapy served more youth than the initial projection of youth to be served annually, despite some initial challenges with the referral process. Nearly half of the youth exited prior to completion; the most common reasons for noncompletion included quitting treatment or being referred for other services. Data collection concerns are currently being addressed.
- Partnering for Success experienced delays from referral to enrollment because of the lack of trained therapists. The qualitative substudy suggests a need to train more therapists in Cognitive Behavior Therapy Plus, improve communication between child welfare and mental health staff, and increase the availability of resources and capacity.
- Strengthening Ties and Empowering Parents was in the early stages of implementation, so no information was available.
- Trauma Systems Therapy was in the early stages of implementation, so no information was available.

Massachusetts (2012)

Caring Together concentrates intervention efforts on children of all ages in state custody who are in congregate care and can return to a family setting, who are preparing for independence, or who are at risk of being placed in congregate care. The four programs being implemented as part of Caring Together are redesigned congregate care with an integrative approach: Follow Along Services (intensive

home-based services for youth transitioning home), Stepping Out Services (services to youth transitioning to independent living), Continuum Services (services for youth at risk of congregate care), and Family Partners (voluntary support service by families that have experience with the child welfare system).

Because of some contextual factors, including changes in leadership and the death of a child with an open Department of Children and Family Services case, the waiver demonstration experienced staffing shortfalls and a reduced tolerance for risk, which in turn led to significantly higher-than-planned use of congregate care. The enrollment in community-based services is also lower than anticipated. There is an ongoing need for training in Caring Together and for a comprehensive, multipronged communications plan, and materials need to be developed. The implementation of the family partners demonstration component has been delayed. Most of the providers met the fidelity measure for developing an individualized treatment plan within 30 calendar days of the youth's enrollment and for updating the individualized treatment plan quarterly (65 percent in FY 2015; 58 percent in FY 2016. Also, most records met the standards that the individualized treatment plan reflected the clinical formulation and the needs (goals) identified in the assessment(s) (75 percent in FY 2015; 81 percent in FY 2016). However, Department of Children and Family Services staff reported providers are still not clear on the time frame of submitting treatment plans and how plans are supposed to look. Record reviews indicated most providers met the standards for conducting quarterly treatment plan reviews (75 percent). The Child and Adolescent Needs and Strengths administration was roughly half (51 percent) in the first quarter of 2015 and lower in subsequent quarters. This may be due to different agencies using varying versions of the Child and Adolescent Needs and Strengths measure. Training has been instituted to address this concern.

Michigan (2012)

Protect MiFamily focuses on children, birth to 5 years old, who have been determined by Child Protective Services to be at high and intensive risk (Category II or IV) for future maltreatment and who reside in Kalamazoo, Macomb, and Muskegon Counties. Intervention services include the expansion of secondary and tertiary prevention services to improve outcomes for children and families, including the outcomes of safety, well-being, and strengthening parental capacity.

At the time of the Interim Evaluation Report, there was a significantly lower rate of referral for services than expected; service availability—particularly mental health, temporary shelter, and affordable housing—remains a significant barrier. Challenges include difficulties with the collaboration between Child Protective Services staff and Protect MiFamily staff, high staff turnover, and the hiring of qualified staff in a timely manner. Nearly one-third of families leave the program before completing the full 15 months. The assessment of model fidelity revealed fluctuations in scores, with challenges in adherence to contract standards; however, it also showed strengths in service delivery.

Nebraska (2013)

The target population is children birth to18 years old who, following a call to the state's hotline, are identified as meeting the eligibility criteria for Alternative Response and as being able to remain safely at home through the provision of in-home services and supports tailored to the family's needs, regardless of title IV-E eligibility. The demonstration is being implemented statewide, with the Alternative

Response initiative beginning with an initial pilot in Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff Counties. Intervention services include Alternative Response and Results Based Accountability.

The Interim Evaluation Report identified some challenges in the implementation and buy-in for the Results Based Accountability program. The Results Based Accountability performance measures were generally not accepted as important, relevant, or accurate indicators of successful outcomes by the contracted providers. In April 2016, DCFS began the transition from Results Based Accountability to Provider Performance Improvement. As of the Interim Evaluation Report, the transition was still in progress and it is unclear how this may influence the child outcomes measured by the evaluation. The Alternative Response Stakeholder Survey revealed stakeholders expressed general buy-in for the goal of the program; however, buy-in for specific program elements was mixed. The results suggest that communication could be improved between DCFS and all stakeholders and that DCFS could better explain how it intends to accomplish specific outcomes through Alternative Response. The initial training for Alternative Response front-line staff included a pre- and post-knowledge assessment, which showed significant knowledge gains; however, subsequent trainings did not include the assessment, and it is unclear if significant knowledge gains were obtained. Interviews with intake staff revealed they view the Alternative Response screening process positively; however, they indicated ongoing training would be useful.

Nevada (2014)

The state is implementing a Safety Management Services Model known as Safe@Home in Clark County (Las Vegas) using a phased approach; full implementation occurred in December 2016. Safe@Home focuses on children birth to18 years old who are in, or at risk of entering, out-of-home care, as determined by the state safety assessment tool known as the Nevada Initial Assessment. Within this broad population, two specific populations are targeted to receive safety management services: (1) families and children for whom impending danger is identified via the Nevada Initial Assessment, and a Safety Plan Determination justifies the use of an in-home safety plan; and (2) children who are currently in out-of-home care, the child(ren)'s family meets the Conditions for Return, and the Safety Plan Determination justifies the use of an in-home safety plan. Under this model, in-home safety plans that are informed by the Nevada Initial Assessment are developed for eligible children and families. In-home services and supports are provided to address key objectives in any of the five safety categories of behavior management, social connection, crisis management, resource support, and separation. Eligible children and families are assigned to safety managers, who are responsible for effectively managing, providing, and coordinating safety services as set forth in the in-home safety plans.

At the time of the Interim Evaluation Report, Safe@Home had exceeded the enrollment goals for the end of year 3 for families in the treatment and comparison groups. The goal of a safety plan being completed within 45 days of the Safety Plan Determination being approved and signed was exceeded (the goal is being met for 96.8 percent of treatment families and 98.5 percent of comparison families). The goal of the safety plan becoming effective within 1 day of the safety plan being completed was met for comparison families only (the goal is being met for 79.6 percent of treatment families and 99 percent of comparison families). The goal of decreasing contracted in-home safety services hours after 12 months of the implementation of in-home safety services is still in progress. The response rate for the primary caregiver survey was low (23.1 percent), with many respondents indicating they had multiple in-home safety managers with very different skill levels. Most of the respondents reported having positive experiences with the Safe@Home program and liked that they learned new skills to care for the family

and learned about community resources. The results of this first chart review indicated some areas of strength and some areas for improvement regarding completion of the Nevada Initial Assessment, Safety Plan Determination, and safety plans. Sites that had more experience than others in completing the assessments were better able to document support for findings on the assessments, ensure the Safety Plan Determination explicitly outlined the parameters of the danger to the child, and then create a safety plan that addressed each of the parameters outlined in the Safety Plan Determination. The evaluation experienced challenges with obtaining a comparison group, as the program was rolled out quicker than originally planned, resulting in a change in the design of the comparison group. The evaluation also experienced some challenges obtaining data and is currently working with the site to resolve these.

New York (2013)

All title IV-E-eligible and noneligible children and youth birth to 21 years old who are currently in out-of-home placement in regular family foster care in New York City and their parents and caregivers are the focus of the intervention services. The group of services, known as Strong Families New York City, include caseload and supervisory ratio reductions, the Child and Adolescent Needs and Strengths-NY, Partnering for Success (a workforce development framework that features clinical training for mental health practitioners on Cognitive Behavioral Therapy Plus and cross-training with foster care case planners on collaboration and partnership to support families), and Attachment and Biobehavioral Catch-up (a dyadic coaching intervention for parents and caregivers of children aged 6–48 months).

Because of changes in Administration for Children's Services leadership, the implementation of the waiver demonstration was delayed. Implementation began in late 2014 (almost a full year into the waiver period), with Initial Design and Implementation Report approved in June 2015 (approximately 1.5 years into the waiver period). Caseload reductions and shifts in supervisory ratios began in 2014. The Child and Adolescent Needs and Strengths was also rolled out in 2014, with Partnering for Success and Attachment and Biobehavioral Catch-up beginning in mid-2015. The Interim Evaluation Report indicated compliance with the Child and Adolescent Needs and Strengths-NY regulations has been variable—both across agencies and over time. Between 60 to 65 percent of newly admitted children are having at least 1 Child and Adolescent Needs and Strengths-NY completed on their behalf. It was unclear at the time of the Interim Evaluation Report if the low identification of children with actionable problems in any of the major domains was because of children not having moderate-to-severe problems or if workers need additional training to identify the children's issues. The Interim Evaluation Report also revealed fewer children than expected are being referred to Attachment and Biobehavioral Catch-up. A pilot study to learn about early staff experiences with Partnering for Success training, implementing Partnering for Success, and the perceived level of support for the initiative indicated staff reported both successes and barriers, including the following:

- Caseworkers did not use the Child and Adolescent Needs and Strengths-NY to decide who to refer to Partnering for Success for mental health services, and referrals were made for most children on their caseload.
- Communication improved between mental health providers and caseworkers.
- Service continuity improved since Partnering for Success implementation.
- Mental health needs were being identified sooner than before Partnering for Success.
- Staff turnover and the need for training for new staff quickly became important concerns.

- Judges declined requests to switch to Cognitive Behavioral Therapy Plus therapists to maintain clinician continuity in mental health service provision.

Oklahoma (2014)

The demonstration was first implemented in the Department of Human Services Region Three (Oklahoma County). The state expanded the demonstration into Region One in year 2, and ultimately will expand statewide during year 3 of the demonstration. Title IV-E-eligible and non-IV-E-eligible children birth to 12 years old who are at risk of entering or reentering foster care are the focus of the interventions. The project targets families with service needs that include substance abuse, domestic violence, parental depression, and concrete needs. Intervention services include (1) Intensive Safety Services, a 4- to 6-week intensive, home-based case management and service model for families with children birth to 12 years old who are at high risk (i.e., imminent risk) of entering or reentering foster care, and (2) Comprehensive Home-Based Services for continued, less intensive treatment for up to 6 months.[58]

Barriers were experienced by the project and the evaluation, including—

- Declining referrals of eligible cases since 2017
- Consistent difficulties obtaining eligibility data prior to a child safety meeting, where often irreversible placement decisions are made
- Poor documentation (data) exchanges with the evaluation team
- Data suggesting protocol violations are either common or are overrepresented in existing documentation
- Workers having only a basic understanding of the protocol and intent of the waiver demonstration
- Unexpected delays in the finalized versions of the data sharing agreements between Department of Human Services and the evaluators
- Delays in data collection because of delays in receiving Internal Review Board approval for the qualitative portions of the evaluation process study
- Implementation of the predictive risk eligibility model (The primary problem is that, when the court becomes involved prior to the identification of the case as eligible for referral, Intensive Safety Services is not an option for the family even if it meets the eligibility criteria.)

Several strengths for the project were identified:

- Case processing is closely following the protocol once an Intensive Safety Services referral is received.
- There has been a high rate of accepted services among the Intensive Safety Services Received group.
- When eligibility data arrive ahead of the child safety meeting, the waiver and child safety meeting initiatives have been working well together.
- The contracted Intensive Safety Services teams display responsiveness and competence.

[58] Upon completion of Intensive Safety Services, families that are deemed eligible based on established criteria transition to Comprehensive Home-Based Services.

- There has been good collaboration and responsiveness to various unanticipated scenarios by the Family Centered Services workers, Intensive Safety Services, and Core Waiver teams.
- The max Intensive Safety Services caseload sizes are suitable.
- The working alliance between Intensive Safety Services Received clients and providers appears to be higher than among workers and the Services As Usual and Intensive Safety Services Not Workable[59] clients.
- Intensive Safety Services Received clients report higher average satisfaction with services compared to the Services As Usual and Intensive Safety Services Not Workable clients.

Oregon (2014)

Long Stayers—children and youth who are more likely to remain in foster care for 3 or more years—are the focus of this demonstration, and the target population includes children who and their families that receive a score of 13 or higher using a predictive analytic model to identify the target population. The demonstration was phased in over time in child welfare branches in five counties: Multnomah, Clackamas, Josephine, Jackson, and Marion. Intervention services, known as Leveraging Intensive Family Engagement, include an intensive family engagement model developed by the state using (1) enhanced family finding strategies to identify and engage a broad network of family support and placement resources throughout the life of the case; (2) regular, ongoing, structured Case Planning Meetings and (3) a Parent Mentor program.

The process evaluation comprises three phases: developmental, formative, and fidelity and model testing. The developmental phase revealed the process designed to identify and involve families in Leveraging Intensive Family Engagement services is working well and the number of eligible cases has surpassed projections. Leveraging Intensive Family Engagement services are fully implemented in all the intervention counties, although there are some areas in need of further development, including addressing staff turnover, continuing training and technical assistance support, and increasing access to resources. There is early evidence some of the values of the Leveraging Intensive Family Engagement model, including strengths-based, trauma-informed practice, and the acknowledgment and inclusion of parents' voice, are reflected in practice. There have been some challenges, such as the inclusion of youth voice in Case Planning Meetings and identifying the extent the practices are culturally responsive. The formative evaluation phase revealed that Case Planning Meetings foster progress on case plans and that collaboration between Leveraging Intensive Family Engagement team members is central to preparing for Case Planning Meetings. Also, pre- Case Planning Meetings were very useful in preparing parents for the meetings.

Adjustments to the Leveraging Intensive Family Engagement model were identified during this phase, including—

- Specification of required family finding enhancement practices
- Specification and expansion of meeting preparation practices
- Increase in the expected time to first meeting from 14 to 30 days

[59] A subgroup of individuals who were assigned to Intensive Safety Services (meaning the family was eligible and randomized to Intensive Safety Services) did not actually receive Intensive Safety Services (typically because of logistical issues).

- Specification of the meeting facilitation practices to reinforce the commitment to values-based practice

The fidelity and model testing phase revealed service delivery is consistent with the Leveraging Intensive Family Engagement model, although youth voice is less evident, but this may be due to youth's lower attendance at Case Planning Meetings. A contextual factor that supports the success of Leveraging Intensive Family Engagement is that the Oregon Department of Human Services director recently highlighted the program as a key effort that demonstrates the Department of Human Services is better serving the residents of Oregon. Contextual factors that are challenges for Leveraging Intensive Family Engagement include staff turnover and the ability to facilitate meetings according to the Department of Human Services-Child Welfare practice model (Oregon Safety Model). Fidelity to the Oregon Safety Model varies widely across the offices, and low fidelity can create difficult dynamics on cases and between colleagues.

Pennsylvania (2012)

Interventions are focused on children, birth to 18 years old, who are at risk of entering or who enter or reside in out-of-home care in Allegheny, Crawford, Dauphin, Lackawanna, Philadelphia, and Venango Counties. Intervention services include family engagement meetings, evidence-based practices, and structured assessments such as the Family Advocacy and Support Tool, Child and Adolescent Needs and Strengths, and Ages and Stages Questionnaires.

Multiple organizational and statewide and county-specific policy changes affected the implementation of the waiver demonstration. There were gaps in the understanding of the waiver demonstration for many direct service staff and for legal and juvenile probation office informants. Many workers felt wary about implementing new practices, anticipating they would be replaced by other new practices in only a few years. The Interim Evaluation Report noted early implementation was more challenging and took longer than anticipated. The fidelity is relatively high to the five core elements of family engagement.[60] There was little variability across the counties with one exception: Counties are not doing equally well in reaching out to extended family and friends as part of the engagement process.

Tennessee (2013)

Specific interventions focus on 3 subgroups: (1) families and children birth to 17 years old who receive noncustodial services; (2) families and children aged 4–12 who receive custodial services (foster care); and (3) families that have an open child protective services or noncustodial case with the Department of Children's Services, who also have at least 1 child birth to 12 years old living in the home and who have been assessed as needing services in 2 or more specific areas, regardless of title IV-E eligibility. The demonstration will ultimately be implemented statewide, with implementation initially staggered by county or Department of Children's Services region. Intervention services include the implementation of a standardized risk and safety assessment protocol (Family Advocacy and Support Tool 2.1) and Keeping

[60] The five core elements of family engagement are (1) conferences are facilitated by neutral and trained staff, (2) effective partnerships are promoted among the child welfare agency and private/community services, (3) outreach is made to kin and/or other supportive people as potential caregivers or supports to the birth parents/family, (4) families and support persons are prepared for the conference, and (5) families are helped to identify and access appropriate and meaningful services.

Foster and Kinship Parents Supported and Trained. The interventions are supported by an enhanced casework strategy known as Reinforcing Efforts, Relationships, and Small Steps, an evidence-informed approach to improve family engagement and increase family participation in case planning and services.

Compliance with Family Advocacy and Support Tool regulations has been very high both across regions and over time. The majority of children (75 to 85 percent) are having at least 1 Family Advocacy and Support Tool completed within the 10 business days after the case is initiated. Interviews with senior leaders, supervisors, and front-line staff in spring 2016 indicated that, while there were issues with the timeliness of Family Advocacy and Support Tool completion, leaders expected the transfer of Family Advocacy and Support Tool from a stand-alone data system to the state's child welfare administrative data system should improve the timeliness of completion, as will additional training for staff. At the time these interviews were conducted, staff were struggling to find easily accessible community space and childcare providers to implement the Keeping Foster and Kinship Parents Supported and Trained groups. Because of a lack of both space and childcare, staff had to provide childcare, and some groups were held at Department of Children's Services county offices. Recruitment has gone well, and retention has been high for the Keeping Foster and Kinship Parents Supported and Trained groups. Foster parents are reportedly enjoying the groups and utilizing in their homes the techniques learned in the groups. Staff interviews noted the supervision under Reinforcing Efforts, Relationships, and Small Steps was helpful but was difficult to implement in their already full schedules.

Utah (2012)

HomeWorks focuses on children and families with a new in-home services case opened on or after October 1, 2013, who are determined to need ongoing services based on a Structured Decision Making safety and risk assessment. Intervention services include enhanced assessments; caseworker training, skills, and tools; and community resources (an array of evidenced-based, in-home services).

The Interim Evaluation Report identified several strengths, including the state child welfare agency leadership's commitment to and involvement with HomeWorks and their engagement of front-line staff. Challenges in the implementation of HomeWorks were also identified: concern by front-line staff about shared accountability (sustainability of the program will be difficult without establishing who is responsible for the components); lack of clearly established goals and outcome indicators for HomeWorks (especially at the individual family level); lack of clarity about what "success" means and how to sustain it; lack of availability of community resources and supports for HomeWorks, including funding for families that are not eligible for Medicaid; and lack of clear practice guidelines for in-home services. The fidelity ratings for the Systematic Training for Effective Parenting program are relatively low, which suggests more training and coaching are needed to implement this program. Saturation assessments of the waiver demonstration revealed that, after the second assessment, the northern region had reached saturation;[61] however, after one assessment, the southwest region had not reached saturation. The first saturation assessment was ongoing in the Salt Lake Valley region at the time of the Interim Evaluation Report.

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

Washington (2012)

The target population for the waiver focuses on children who and their families that are reported (screened in) to Child Protective Services for neglect and low-to-moderate physical abuse with a nonemergency, 72-hour response time. The intervention service, Family Assessment Response-Differential Response, includes the core components of Structured Decision Making, Safety Framework tools to assess child safety, a Structured Decision Making risk assessment and the Child and Adolescent Needs and Strengths, parent and community engagement strategies, concrete supports and voluntary services, and links to evidence-based programs as needed.

The staggered rollout of Family Assessment Response-Differential Response implementation was most strongly influenced by office staffing patterns, with fully staffed offices reporting smoother implementation of Family Assessment Response-Differential Response. The original training for Family Assessment Response-Differential Response was rated poorly by caseworkers, but improvements in training resulted in higher ratings in year 2. Two features of the Family Assessment Response-Differential Response enabling legislation were cited as barriers to implementing Family Assessment Response-Differential Response successfully: the requirement that families sign the Family Assessment Response-Differential Response agreement and the 45-day time limit for most Family Assessment Response-Differential Response cases. Caseworkers observed some families seemed particularly reluctant to sign the Family Assessment Response-Differential Response agreement because they did not trust "the state" and were worried they were admitting to wrongdoing, because of advice of legal counsel, or because of an active child custody case in which court involvement was desired. Changes were made to trainings and communication efforts regarding Family Assessment Response-Differential Response, and the language of the Family Assessment Response-Differential Response agreement was changed. Early indications show these changes have improved Family Assessment Response-Differential Response's implementation.

West Virginia (2014)

Safe at Home West Virginia focuses on youth aged 12–17 who are in or at risk of entering congregate care placement. The demonstration was initially implemented in eight counties in the West Virginia Bureau for Children and Families child welfare Region II and three counties in Region III using a phased approach and is currently being implemented statewide (as of March 2018). The core component of Safe at Home West Virginia is a wraparound service model with 4 phases: Engagement and Planning (first 90 days), Implementation (3 to 6 months), Maintenance (6 to 9 months), and Transition (9 months to 1 year). A trauma-informed assessment instrument, the West Virginia Child and Adolescent Needs and Strengths 2.0, is utilized to assess the strengths and needs of the youth and family to develop an individualized service plan for each family and inform the development of a full array of interventions to meet the needs of youth.

At the time of the Interim Evaluation Report, surveys, interviews, and the case review tool highlighted successes and challenges experienced by Safe at Home West Virginia. Most staff reported regular communication between child welfare caseworkers and wraparound facilitators with the frequency of communication dependent on the needs of each particular case (contact between wraparound facilitators and caseworkers included daily, several times a week, and weekly contact). Successes included the following:

- Approximately half of the Department of Health and Human Resources caseworkers/supervisors and Local Coordinating Agency Wraparound Services facilitators/supervisors reported the training sufficiently prepared them for their work with the program.
- Most stakeholders agreed judges hold a powerful position in deciding placement for youth and reported several judges are strong supporters of the program (however, a few are highly resistant). Overall, there has been an increase in buy-in among judges since the beginning of the demonstration.
- Caseworkers, youth, and parents reported in most cases that wraparound facilitators were successful in getting youth to make active decisions in ongoing planning activities.
- The fidelity case reviews found scores generally improved when the most recent wraparound and crisis plans were compared with the initial ones.
- Fidelity to the Safe at Home model also increased from the first to the second assessment as wraparound facilitators gained more experience throughout the program's implementation.

Challenges/barriers to Safe at Home West Virginia included the following:

- On average, Local Coordinating Agencies completed initial wraparound plans within 45 days of referral, falling short of the time requirement by 15 days.
- Fidelity case reviews uncovered that not all youth have been able to receive all the services that were planned and needed.
- Caseworkers and facilitators cited two barriers to accessing services: (1) the lack of follow-through or motivation to succeed by the youth/families; and (2) a lack of availability of services, including placements for teenagers with mental health needs, mentoring programs, medication management, adolescent psychiatry, and services for youth with special needs.

Wisconsin (2012)

The waiver demonstration focuses on all children regardless of title IV-E eligibility who have reunified with their families after a temporary out-of-home placement and who are considered at high risk of re-entry into out-of-home care within 12 months of discharge based on their score on the predictive Re-entry Prevention Model developed specifically for the demonstration. A Child Welfare or Child Protective Services case type is also a prerequisite for eligibility. Intervention services include the following: Post-reunification case management services are provided for 12 months following reunification; family caseworkers develop and implement an individualized case plan in collaboration with the family; families are trained in motivational interviewing; and families receive additional evidence-based services as needed.

Interviews with county caseworkers, supervisors, and managers revealed all expressed a firm commitment to the program's philosophy and practice. Challenges with implementation included the need for additional supervisor and caseworker training to enhance case management skills, the need to clarify ongoing confusion related to completing the Child and Adolescent Needs and Strengths, the need to clarify the basic elements of the Post-reunification Support program requirements, and the need to enhance communication strategies with Department of Children and Family Services regarding the Post-reunification Support program. The fidelity assessment showed nearly three-quarters of the initial Child and Adolescent Needs and Strengths were completed as required; however, not quite half of the final assessments were completed, and case plans were completed in only approximately half of the cases. For families with data, data show they are receiving the supports and services that are planned, although there are some gaps, particularly for assessment services. Service data are incomplete for over 15 percent of the families, and service provision may differ for these families.

Appendix 2. Web-Based Survey

OMB Control No.: 0970-0495
Expiration Date: 03/31/2020

TITLE IV-E WAIVER DEMONSTRATIONS NATIONAL STUDY WEB SURVEY

Introduction: Thank you for participating in this survey. As you may know, James Bell Associates has been contracted by the Children's Bureau to conduct a study of the jurisdictions implementing waiver demonstrations. The purpose of the study is to understand the collective impact on outcomes, practice, system operations, and fiscal actions by synthesizing information across the waiver jurisdictions. The purpose of this survey is to elicit your feedback on practice, system operations, and fiscal actions in your title IV-E waiver jurisdiction. The survey will take approximately 20 minutes to complete.

Please respond to this survey by TBD.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Section A. Respondent's Characteristics

Section A gathers basic information about you and your area of activities in relation to the waiver demonstration.

A1. With which title IV-E waiver jurisdiction are you affiliated? Please select all that apply.
Arizona
Illinois-IB3
Wisconsin
REMAINING JURISDICTIONS TO BE ADDED

A2. What is your primary organization affiliation?
Jurisdiction (State, DC, PGST) Child Welfare Agency/Department
Public County/Regional Child Welfare Agency/Department
Evaluation Firm
University
Non-Public Child Welfare Agency/Department
Other, please specify _____

A3. Which of the following describes the area of activities for your current position? Please rank order up to three areas of activities.

_____ Evaluation
_____ Direct Practice
_____ Supervising/Overseeing Direct Practice
_____ Developing and Implementing Programs
_____ Developing and Implementing Policy
_____ Fiscal/Accounting
_____ Organization Oversight and Management
_____ Other, please specify _____

Section B. Fiscal Flexibility and Practice- and Systems-Level Changes

Section B asks about practice- and systems-level change as they relate to the fiscal flexibility provided through the title IV-E waiver demonstration. Practice-level change refers to change at the level of implementation, where case workers and other child welfare staff are interacting with children and families. Systems-level change refers to change that takes place at the organizational level, both internal to the organization and in the organization's relationship with its external environment.

B1. Please indicate the extent to which you agree or disagree with the following statement: "The child welfare agency has experienced practice-level changes as a result of fiscal flexibility provided through the title IV-E waiver demonstration."
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
Don't know

[IF STRONGLY DISAGREE, DISAGREE, NEITHER AGREE NOR DISAGREE, or DON'T KNOW, skip to B4]

B2. How much practice-level change do you think the child welfare agency has experienced as a result of fiscal flexibility provided through the title IV-E waiver demonstration?
Very little
A little
Some
A lot
Quite a bit

B3. Please provide up to three brief examples of how case workers and other child welfare staff interact differently with children and families as a result of the fiscal flexibility provided by the waiver:

Example 1:

_____

Example 2:

_____

Example 3:

_____

B4. Please indicate the extent to which you agree or disagree with the following statement: "The child welfare agency has experienced systems-level changes as a result of fiscal flexibility provided through the title IV-E waiver demonstration."

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
Don't know

[IF STRONGLY DISAGREE, DISAGREE, NEITHER AGREE NOR DISAGREE, or DON'T KNOW, skip to C1.]

B5. How much systems-level change do you think the child welfare agency has experienced as a result of fiscal flexibility provided through the title IV-E waiver demonstration?

Very little
A little
Some
A lot
Quite a bit

B6. Please provide up to three brief examples of systems-level changes in the child welfare agency that have occurred as a result of fiscal flexibility:

Example 1:

_____

Example 2:

_____

Example 3:

_____

Section C. Factors Influencing the Jurisdiction's Ability to Use Title IV-E Funding Flexibly

Section C asks about the factors that have had an influence on the child welfare agency's ability to use their title IV-E funding in a flexible manner.

C1. How much do you think that internal organizational factors (e.g., leadership) enhanced the child welfare agency's ability to use title IV-E funding flexibly?
Not at all
Very little
A little
Some
A lot
Quite a bit

[IF NOT AT ALL, skip to C3]

C2. Please provide up to three brief examples of internal organizational factors that enhanced the child welfare agency's ability to use title IV-E funding flexibly:

Example 1:
_____

Example 2:
_____

Example 3:
_____

C3. How much do you think that factors external to the organization (e.g., the organization's relationship with the court system) enhanced the child welfare agency's ability to use title IV-E funding flexibly?
Not at all
Very little
A little
Some
A lot
Quite a bit

[IF NOT AT ALL, skip to C5]

C4. Please provide up to three brief examples of factors external to the organization that enhanced the child welfare agency's ability to use title IV-E funding flexibly:

Example 1:
_____

Example 2:
_____

Example 3:

_____

C5. How much do you think that internal organizational factors (e.g., leadership) inhibited the child welfare agency's ability to use title IV-E funding flexibly?
Not at all
Very little
A little
Some
A lot
Quite a bit

[IF NOT AT ALL, skip to C7]

C6. Please provide up to three brief examples of internal organizational factors that inhibited the welfare agency's ability to use title IV-E funding flexibly:

Example 1:

_____

Example 2:

_____

Example 3:

_____

C7. How much do you think that factors external to the organization (e.g., the organization's relationship with the court system) inhibited the child welfare agency's ability to use title IV-E funding flexibly?
Not at all
Very little
A little
Some
A lot
Quite a bit

[IF NOT AT ALL, skip to D1]

C8. Please provide up to three brief examples of factors external to the organization that inhibited the child welfare agency's ability to use title IV-E funding flexibly:

Example 1:

_____

Example 2:

_____

Example 3:

_____

Section D. Waiver Demonstration and Policies That Promote the Use of Fiscal Flexibility
Section D asks about policies that may have been developed and implemented by the child welfare agency to support their efforts to use title IV-E funds in a flexible manner.

D1. Have policies been developed and implemented by the child welfare agency through the waiver demonstration that enhances the ability of the agency to use funding flexibly?
Yes
No
Don't know

[IF DON'T KNOW or NO skip to E1]

D2. How would you rate the capacity of the policy(ies) to enhance the ability of the child welfare agency to use funding flexibly?
Very high
High
Average
Low
Very low

Section E. Practice, Program, and Policy Decision Making in a Capped Allocation Environment

Section E asks about operating in a capped allocation environment and the impact that has had (or not) on the child welfare agency. A capped allocation environment is one in which a distribution of monies is limited to a predetermined amount. In the case of waiver jurisdictions, the capped allocation is based on the amount that the jurisdiction would have received in absence of the waiver.

E1. Please indicate the extent to which you agree or disagree with the following statement: "Operating in a capped allocation environment has had an influence on decision making by child welfare workers when working with children and families involved with the waiver demonstration."
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
Don't know

[IF STRONGLY DISAGREE, DISAGREE, NEITHER AGREE NOR DISAGREE, or DON'T KNOW skip to E4]

E2. How much influence, do you think, has operating in a capped allocation environment had on decision-making by child welfare workers when working with children and families involved with the waiver demonstration?
Very little
A little
Some
A lot
Quite a bit

E3. Please provide up to three brief examples of how operating in a capped allocation environment has had an influence on decision-making by child welfare workers when working with children and families involved with the demonstration project:

Example 1:
_____
Example 2:
_____
Example 3:
_____

E4. Please indicate the extent to which you agree or disagree with the following statement: "Operating in a capped allocation environment has had an influence on decision-making at the program-level (e.g., how programmatic resources are distributed)."
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
Don't know

[IF STRONGLY DISAGREE, DISAGREE, NEITHER AGREE NOR DISAGREE, or DON'T KNOW skip to E7]

E5. How much influence, do you think, has operating in a capped allocation environment had on decision-making at the program-level (e.g., how programmatic resources programmatic resources are distributed)?
Very little
A little
Some
A lot
Quite a bit

E6. Please provide up to three brief examples of how operating in a capped allocation environment has had an influence on decision-making at the program-level (e.g., how programmatic resources are distributed):

Example 1:

_____

Example 2:

_____

Example 3:

_____

E7. Please indicate the extent to which you agree or disagree with the following statement: "Operating in a capped allocation environment had an influence on decision-making at the policy-level (e.g., contracting with service providers, union relations, organization mission and direction)."
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
Don't know

[IF STRONGLY DISAGREE, DISAGREE, NEITHER AGREE NOR DISAGREE, or DON'T KNOW skip to F1]

E8. How much influence, do you think, has operating in a capped allocation environment had on decision-making at the policy-level (e.g., contracting with service providers, union relations, organization mission and direction)?
Very little
A little
Some
A lot
Quite a bit

E9. Please provide up to three brief examples of how operating in a capped allocation environment has had an influence on decision-making at the policy-level (e.g., contracting with service providers, union relations, organization mission and direction):

Example 1:

_____

Example 2:

_____

Example 3:

_____

Section F: Data Systems Awareness, Use, and Improvements

Section F asks about the impact the waiver demonstration has had on the awareness and use of data and the development and improvement of data systems.

F1. Please indicate the extent to which you agree or disagree with the following statement: "The waiver demonstration has led to an increase in the awareness of data."
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
Don't know

F2. Please indicate the extent to which you agree or disagree with the following statement: "The waiver demonstration has led to an increase in the use of data."
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree
Don't know

F3. Has the waiver demonstration led to an increase in the use of data for continuous quality improvement (CQI)?
Yes
No
Don't know

[IF DON'T KNOW or NO skip to F5]

F4. Please provide up to three brief examples of how data usage has changed since implementation of the waiver demonstration.

Example 1:
_____
Example 2:
_____
Example 3:
_____

F5. Has the waiver demonstration led to enhancements or improvements in SACWIS or a comparable child welfare information system?
Yes
No
Don't know

F6. Has the waiver demonstration led to enhancements or improvements in other child welfare information systems (e.g. not SACWIS or a comparable child welfare information system)?
Yes
No
Don't know

F7. Has the waiver demonstration led to the development and use of new data systems?
Yes
No
Don't know

Thank you for your time. We appreciate your input!

Appendix 3. Fiscal Flexibility Survey

OMB No.: 0970-0495
Expiration Date: 03/31/2020

Fiscal Flexibility and Practice and Systems-Level Change

For internal uses only:

State/DC/PGST Name: _____

Respondent Name: _____

Position Title: _____

Interviewer: _____

Date: _____

INSTRUCTIONS FOR INTERVIEWER:

****ADD ANY NECESSARY INSTRUCTIONS HERE****

Introduction

Hello. My name is _____. I am calling from James Bell Associates, the evaluation technical assistance provider for the Children's Bureau title IV-E child welfare waiver demonstrations. Our firm has been contracted by the Children's Bureau to conduct a study of the jurisdictions implementing waiver demonstrations. The purpose of the study is to synthesize information across the waiver jurisdictions to understand their collective impact on outcomes, practice, system operations, and fiscal policies. Today, we want to learn about fiscal flexibility and the practice and systems-level changes that have occurred during the implementation of the waiver demonstration in _____ (jurisdiction). Your participation is critical to this study. We expect that the interview will take about 60 minutes. Your privacy is important to us. Information you provide during the interview will be combined with answers from other jurisdictions and will not be associated with individual respondents.

Do you have any questions about what I've explained to you before we begin? I would like to first start out by asking you some basic questions about your background and history with the agency.

A. Background

[Interviewer: Please fill-in the appropriate bubble.]

A1. What is your primary organization affiliation?
Evaluation Firm
University
Jurisdiction (State, DC, PGST) Child Welfare Agency/Department
Public County/Regional Child Welfare Agency/Department
Non-Public Child Welfare Agency/Department
Other, please specify _____

[Interviewer: Please rank order up to three areas of activities.]

A2. Which of the following describes the area of activities for your current position? Please rank order up to three areas of activities.

_____ Evaluation
_____ Direct Practice
_____ Supervising/Overseeing Direct Practice
_____ Developing and Implementing Programs
_____ Developing and Implementing Policy
_____ Fiscal/Accounting
_____ Organization Oversight and Management
_____ Other, please specify _____

B. Fiscal Flexibility and Practice- and Systems-Level Changes

The next several questions are focused on whether fiscal flexibility has resulted in practice-level and systems-level change for the child welfare agency. Practice-level change refers to change at the level of implementation, where case workers and other child welfare staff are interacting with children and families. Systems-level change refers to change that takes place at the organizational level, both internal to the organization and in the organization's relationship with its external environment.

<u>B1. Practice-Level Changes</u>

B1a. Has the child welfare agency experienced practice-level changes as a result of fiscal flexibility provided through the title IV-E waiver demonstration?

B1b. **No** Please explain why you think the practice-level changes haven't occurred.

B1c. **Yes** Please describe the key practice-level changes that have occurred as a result of fiscal flexibility.
Probe: In what specific areas have these practice-level changes occurred?
Probe: Have the changes occurred in specific divisions of the organization?

Probe: Have the changes occurred in terms of agency policies related to practice or case management practices?
Probe: Did the practice level change vary by region or county or implementation area?

B1d. Can you characterize how significant the key practice-level changes have been?
Probe: Do the changes seem significant when compared to practice-level changes that have occurred in the past?

B2. Systems-Level Changes

B2a. Has the child welfare agency experienced systems-level changes as a result of fiscal flexibility provided through the title IV-E waiver demonstration?

B2b. **No** Please explain why you think the systems-level changes haven't occurred.

B2c. **Yes** Please describe the key systems-level changes that have occurred as a result of fiscal flexibility.
Probe: In what specific areas of the organization have these systems-level changes occurred?
Probe: Have changes occurred across government agencies associated with child welfare?
Probe: Have changes occurred with contracted and/or non-contracted community-based service providers?

B2d. Can you characterize how significant the key systems-level changes have been?
Probe: Do the changes seem significant when compared to systems-level changes that have occurred in the past?

C. Factors Influencing the Jurisdiction's Ability to Use Title IV-E Funding Flexibly
The next several questions are focused on which factors have inhibited or enhanced the jurisdiction's ability to use title IV-E funding flexibly for the county/regional child welfare agency.

C1. Enhancing Factors

C1a. What are the factors, internal to the jurisdiction, that have enhanced the jurisdiction's ability to use funding in a flexible manner?
Probe: Are there specific policies and/or procedures that play a role? How?
Probe: Does organization culture and/or climate play a role? How?
Probe: Does leadership play a role? How?

C1b. What are the factors, external to the jurisdiction, that have enhanced the jurisdiction's ability to use funding in a flexible manner?
Probe: Are there specific relationships with other organizations that have had an influence?

Probe: Is there a particular climate (e.g., political, economic) that has had an influence?

C2. Inhibiting Factors

C2a. What are the factors, internal to the jurisdiction, that have inhibited the jurisdiction's ability to use funding in a flexible manner?
Probe: Are there specific policies and/or procedures that play a role?
Probe: Does organization culture and/or climate play a role?

C2b. What are the factors, external to the jurisdiction, that have inhibited the jurisdiction's ability to use funding in a flexible manner?
Probe: Are there specific relationships with other organizations that have had an influence?
Probe: Is there a particular climate (e.g., political, economic) that has had an influence?

D. The Waiver Demonstration and Policies That Promote the Use of Fiscal Flexibility
The next several questions are focused on the policies that have been developed and implemented that enhance the jurisdiction's ability to use title IV-E funding flexibly for the child welfare agency.

D1. Have policies been developed and implemented by the child welfare agency through the waiver demonstration that enhances the ability of the agency to use funding flexibly?

D1a. **No** Why do you think such policies have not been developed and implemented? (**SKIP TO SECTION E.**)

D1b. **Yes** **GO TO D2 AND D3.**

D2. What kinds of policies have been developed and implemented?
Probe: Are there specific policies that were not implemented well? Describe.

D3. Have the policies been successful at enhancing the jurisdictions use of funding in a flexible manner?

E. Practice, Program, and Policy Decision-Making in a Capped Allocation Environment
The next several questions are focused on how operating in a capped allocation environment may have influenced decision making at the practice, program and policy levels. A capped allocation environment is one in which a distribution of monies is limited to a predetermined amount. In the case of waiver jurisdictions, the capped allocation is based on the amount that the jurisdiction would have received in absence of the waiver.

E1. Has operating in a capped allocation environment had an influence on decision-making by child welfare workers when working with children and families involved with the demonstration project? (**IF "DON'T KNOW," SKIP TO E2.**)

E1a. **No** Why do you think that operating in a capped allocation environment as not had an influence on decision-making at the worker-level?

E1b. **Yes** Please describe the influence and how decision-making is different.
Probe: Is the decision making different only for a subset of child welfare workers? Are there certain divisions that have been most affected by this change—example: investigatory unit, permanency, adoption unit? Was the decision making different at the state, county, and contracted agency levels?

E2. Has operating in a capped allocation environment had an influence on decision-making at the program-level (e.g., how programmatic resources are distributed)? (**IF "DON'T KNOW," SKIP TO E3.**)

E2a. **No** Why do you think that operating in a capped allocation environment has not had an influence on decision-making at the program-level?

E2b. **Yes** Please describe the influence and how decision-making is different.

E3. Has operating in a capped allocation environment had an influence on decision-making at the policy-level (e.g., contracting with service providers, union relations, organization mission and direction)? (**IF "DON'T KNOW," SKIP TO SECTION F.**)

E3a. **No** Why do you think that operating in a capped allocation environment has not had an influence on decision-making at the policy-level?

E3b. **Yes** Please describe the influence and how decision-making is different.

F. Data Systems Awareness, Use, and Improvements
The next several questions are focused on the possible awareness, use, and improvements of data systems as a result of the waiver demonstration.

F1. Has there been an increase in the use of data as a result of the waiver demonstration? (**IF "DON'T KNOW," SKIP TO F2.**)

F1a. **No** Why do you think that there has not been in increase in the use of data?

F1b. **Yes** Please describe how data are being used and how the increase is represented.
Probe: Is the increase because of specific aspects of the waiver demonstration?

F2. Has the waiver demonstration resulted in improvements or enhancements to SACWIS or a similar child welfare information system? (**IF "DON'T KNOW" SKIP TO F3**)

F2a. **No** Why do you think that there has not been improvement or enhancements?

F2b. **Yes** Please describe the improvements and/or enhancements to SACWIS or a similar child welfare information system.

F3. Has the waiver demonstration resulted in the development and use of new data systems? (**IF "DON'T KNOW," SKIP TO END.**)

F3a. **No** Why do you think that there has not been the development of new data systems?

F3b. **Yes** Please describe the new data systems that have been developed.
Probe: What kinds of enhanced capabilities do they have?
Probe: Do any of the new data systems capture fiscal data? Please explain.

Thank you.

This is the end of the interview.

We greatly appreciate your participation in this evaluation of child and caregiver well-being during the implementation of the waiver demonstration in _____ (jurisdiction).

Appendix 4. Measuring Well-Being Survey

OMB No.: 0970-0495
Expiration Date: 03/31/2020

Measuring Well-Being

For internal uses only:

State/DC/PGST Name: _____

Child Well-Being: Y / N Caregiver Well-Being: Y / N

Respondent Name: _____

Position Title: _____

Interviewer: _____

Date: _____

INSTRUCTIONS FOR INTERVIEWER:

Please be sure to indicate in the box above whether child well-being and caregiver well-being are being measured by the jurisdiction. If the jurisdiction is measuring only child well-being then Section C of the interview will not be conducted. For items noted as PREFILL, the interviewer will need to obtain this information prior to conducting the interview. This information may be gleaned from the approved evaluation plan, semi-annual progress reports, or interim evaluation reports.

Introduction

Hello. My name is _____. I am calling from James Bell Associates, the evaluation technical assistance provider for the Children's Bureau's title IV-E child welfare waiver demonstration. Our firm has been contracted by the Children's Bureau to conduct a study of the jurisdictions implementing waiver demonstrations. The purpose of the study is to synthesize information across the waiver jurisdictions to understand their collective impact on outcomes, practice, system operations, and fiscal policies. Today, we want to learn about the identification and measurement of child well-being and caregiver well-being **[only for jurisdictions where caregiver well-being is being measured]** during the implementation of the waiver demonstration in _____ (jurisdiction). Your participation is critical to this study. We expect that the interview will take about 60 minutes and is being recorded to assist with the data collection process. Your privacy is important to us. Information you provide during the interview will not be associated with specific individual respondents.

Do you have any questions about what I've explained to you before we begin?

A. Populations in which Well-Being is Measured

Now, we would like to clarify some background information on the populations you are measuring well-being in the waiver demonstrations evaluation.

A1. In the evaluation plan for [JURISDICTION], it states that you [ARE/ARE NOT] measuring child well-being.
Is this correct?

Yes
No (When did this change occur? _____)

A2. In the evaluation plan for [JURISDICTION], it states that you [ARE/ARE NOT] measuring caregiver well-being.
Is this correct?

Yes
No (When did this change occur? _____)

B. Child Well-Being

Now, we would like to obtain some information on how the jurisdiction is measuring well-being for children through the demonstration's evaluation.

B1. How does [JURISDICTION] define the concept of child well-being?
Probe: Does this include the concept of family well-being and/or caregiver well-being?

B2. How did [JURISDICTION] arrive at this definition?
Probe: Does this definition take into account the child's age/developmental stage?

B3. In [JURISDICTION], the evaluation plan identifies that you are measuring child well-being using the following measures:

Is this correct?

Measure (Prefill)	Yes	No	If no, when and why did this change?

B4. Are you using child well-being measures not initially identified in the evaluation plan that resulted in modifications to the originally approved evaluation plan?
No **SKIP TO B5**
Yes → Please identify what child well-being measures were added and why those changes occurred.
Probe: Were the changes made as a result of data availability or data collection issues? Who proposed the changes (e.g. evaluation representative, programmatic representative, etc.) and why?

B5. How were the child well-being measures selected in [JURISDICTION]?
Probe: Who was included in the discussion and/or selection process? What process was used to select the measures?
Probe: What factors were involved in selecting the measurement?
Probe: Did the process for the measurement selection include child/youth or caregiver input? If yes, how?

B6. Have you experienced challenges/barriers in collecting data on child well-being?
No **SKIP TO B7**
Yes → Please identify the challenges/barriers and the steps you took to resolve them.

B7. What early insights have emerged during your efforts to measure child well-being?
Probe: What recommendations do you have for other jurisdictions who want to measure child well-being?

[SKIP SECTION C IF JURISDICTION NOT MEASURING CAREGIVER WELL-BEING]

C. Caregiver Well-Being

Now, we would like to obtain some information on how the jurisdiction is measuring well-being for caregivers. **[SKIP THIS SECTION IF JURISDICTION NOT MEASURING CAREGIVER WELL-BEING]**

C1. How does [JURISDICTION] define the concept of caregiver well-being?

C2. How did [JURISDICTION] arrive at this definition?

C3. In [JURISDICTION], the evaluation plan identifies that you are measuring caregiver well-being using the following measures:

Is this correct?

Measure (Prefill)	Yes	No	If no, when and why did this change?

C4. Are you using caregiver well-being measures not initially identified in the evaluation plan that resulted in modifications to the originally approved evaluation plan?
No **SKIP TO C5**
Yes → Please identify what caregiver well-being measures were added and why those changes occurred.

Probe: Were the changes made as a result of data availability or data collection issues? Who proposed the changes (e.g. evaluation representative, programmatic representative, etc.) and why?

C5. How were the caregiver well-being measures selected in [JURISDICTION]?
Probe: Who was included in the discussion and/or selection process? What process was used to select the measures?

C6. Have you experienced challenges/barriers in collecting data on caregiver well-being?
No **SKIP TO C7**
Yes → Please identify the challenges/barriers and the steps you took to resolve them.

C7. What early insights have emerged during your efforts to measure caregiver well-being?
Probe: What recommendations do you have for other jurisdictions who want to measure caregiver well-being?

D. Closing

D1. What other comments would you like to share regarding child or caregiver well-being?

Thank you.
This is the end of the interview.
We greatly appreciate your participation in this evaluation of child and caregiver well-being during the implementation of the waiver demonstration in _____ (jurisdiction).

Appendix 5. Interventions and Target Populations in the Multiple Target Population Category

Interventions and Target Populations in the Multiple Target Population Category

Intervention and Jurisdiction	Target Populations
Caring Together (MA)	Family Reunification Long-Term Placement Post-Foster Care Readiness
Child Welfare Demonstration Project (PA)	Foster Care Prevention In-Home Case Family Reunification Long-Term Placement
Family Assessment and Screening Tool (TN)	Foster Care Prevention In-Home Case Family Reunification Long-Term Placement
Family Engagement (CO)	Foster Care Prevention In-Home Case Family Reunification Long-Term Placement
Leveraging Intensive Family Engagement (OR)	Family Reunification Long-Term Placement Post-Foster Care Readiness
Reinforcing Efforts, Relationships, and Small Steps (TN)	Foster Care Prevention In-Home Case Family Reunification Long-Term Placement
Results Based Accountability/Provider Performance Improvement (NE)	In-Home Case Family Reunification Long-Term Placement
Trauma-Informed Child Assessment Tools (CO)	Foster Care Prevention In-Home Case Family Reunification Long-Term Placement
Workforce development activities to become a trauma-informed system (MD)	Foster Care Prevention In-Home Case Family Reunification
Wraparound Services (WV)	Foster Care Prevention Family Reunification Long-Term Placement