

## Summary of Child Welfare Waiver Demonstrations by Jurisdiction

A total of 25 states, the District of Columbia, and one tribe implemented 28 child welfare waiver demonstrations: 10 demonstrations were approved for implementation in fiscal year (FY) 2014<sup>1</sup>; 8 demonstrations were approved for implementation in FY 2013<sup>2</sup>; 9 demonstrations received approval to implement in FY 2012; and extensions and revisions were also approved for 4 “legacy” demonstrations initially approved under the original waiver authority<sup>3</sup>. Nearly all jurisdictions whose demonstrations were scheduled to be completed before September 2019 applied for and received extensions from the Children’s Bureau to continue implementation through the end of the authority on September 30, 2019. As summarized in the table below, title IV-E agencies implemented a wide range of interventions, including specific evidence-based or promising programs that aimed to improve child safety and permanency, with a special emphasis on trauma and increased child and family well-being. Title IV-E agencies’ plans included a variety of screening and assessment tools to measure changes in child and family development and functioning over time. The waiver demonstrations expanded the child welfare knowledge base regarding what works to improve safety, permanency, and well-being for children and their families.

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
AZ 7/1/16–9/30/19	Began in Maricopa County and ultimately expanded statewide.  Targeted all children aged 0–18 who were in a congregate care placement.	The state’s intervention, known as Fostering Sustainable Connections, consisted of three components: <ul style="list-style-type: none"> <li>• Expanding Team Decision Making to the targeted population</li> <li>• Introducing techniques of the Family Finding model</li> <li>• Enhancing availability of in-home reunification services with placement stabilization or other needed services</li> </ul>	<ul style="list-style-type: none"> <li>• Lengths of stay in congregate care</li> <li>• Rates of exits from congregate care</li> <li>• Permanency</li> <li>• Foster care re-entry rates</li> <li>• Restrictiveness of living situation</li> <li>• Social and emotional well-being</li> </ul>	Capped allocation of title IV-E funding: <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS, training, and preplacement activities for candidates)</li> </ul> Excluded costs associated with youth aged 18–21
AR 7/31/13–9/30/19	Implemented statewide. However, specific interventions were rolled out in phased implementation stages across selected counties or service areas.	Improved array of community-based services, including: <ul style="list-style-type: none"> <li>• Nurturing Parenting Program</li> <li>• Enhanced assessment (Child and Adolescent Needs and Strengths, or CANS)</li> <li>• Permanency Round Tables<sup>4</sup></li> <li>• Team Decision Making</li> </ul>	<ul style="list-style-type: none"> <li>• Entry rates</li> <li>• Time to exit/permanency</li> <li>• Exits to permanency</li> <li>• Child and family well-being</li> <li>• Repeat maltreatment</li> </ul>	Capped allocation of title IV-E funding: <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded training,</li> </ul>

<sup>1</sup> Texas and Rhode Island were approved for waiver demonstrations in FY 2014 but opted not to implement them.

<sup>2</sup> Montana and Idaho were approved for waiver demonstrations in FY 2013 but opted not to implement them.

<sup>3</sup> The legacy states included California, Florida, Indiana, and Ohio.

<sup>4</sup> Arkansas discontinued Permanency Round Tables in April 2018 after preliminary findings revealed inconsistent implementation and a lack of positive outcomes.

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
	Targeted all children referred to child welfare services for child abuse/neglect or already receiving services.	<ul style="list-style-type: none"> <li>Targeted recruitment of foster care providers</li> <li>Differential Response</li> </ul>		<p>SACWIS, and non-SACWIS automated systems costs)</p> <p>Excluded costs associated with youth aged 18–21</p>
<p>CA</p> <p>7/1/07–9/30/19</p>	<p>Continued implementation in Alameda and Los Angeles County Child Welfare and Probation Departments (cohort 1). Expanded implementation to the following seven counties: Butte, Lake, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma (cohort 2)<sup>5</sup>.</p> <p>Targeted all title IV-E eligible and non-IV-E eligible children aged 0–17 who were in or at risk of entering or re-entering out-of-home placement .</p>	<p>The state’s demonstration included two core service interventions:</p> <ol style="list-style-type: none"> <li>Wraparound: Probation departments in participating counties provided Wraparound services to youth exhibiting delinquency risk factors that put them at risk of being placed in foster care. Specific elements of the Wraparound model included case teaming, family and youth engagement, individualized strength-based case planning, and transition planning.</li> <li>Safety Organized Practice/Core Practice Model (SOP/CPM): Child welfare departments in participating counties implemented this initiative to improve safety, permanency, and well-being outcomes for children, youth, and families. The SOP/CPM intervention was organized into (1) foundational skills, which are common throughout all participating counties, and included Solution Focused Interviewing, Appreciative Inquiry, and Cultural Humility; and (2) core components/tools which included Behaviorally Based Case Plans, Child’s Voice (Voice and Choice), Coaching, Safety Planning, and Teaming (Networks of Support). Use of the core components/tools was based on family need.</li> </ol> <p>In addition to these two core service interventions, participating counties implemented up to two child welfare and/or probation interventions, including but not limited to Kinship Support Services, Triple- P, Enhanced Prevention and Aftercare, Functional Family Therapy, and Multi-Systemic Therapy</p>	<ul style="list-style-type: none"> <li>Entries/re-entries into out-of-home care</li> <li>Entries into least restrictive placement settings</li> <li>Recurrence of maltreatment</li> <li>Placement stability</li> <li>Length of stay in out-of-home care</li> <li>Timeliness of permanency</li> <li>Permanency</li> <li>Further system involvement</li> <li>Re-offenses among children and youth on probation</li> <li>Child and family well-being</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>Foster care maintenance costs</li> <li>Foster care administrative costs (excluded training, SACWIS, title IV-E claims from nonparticipating counties, title IV-E in-placement administration and provider management claims, and maintenance payments for youth at least 18 but not yet 21 years old)</li> </ul>

<sup>5</sup> Effective June 30, 2017, Butte County exited the waiver demonstration. Lake County exited the demonstration effective September 30, 2017.  
*Summary of Child Welfare Waiver Demonstrations by Jurisdiction, March 2021*

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
		Child and family assessment tools implemented in conjunction with the two core service interventions included Child and Adolescent Needs and Strengths (CANS), Ages and Stages Questionnaire (ASQ), and Structured Decision Making (SDM).		
CO 7/31/13– 9/30/19	Statewide for three core interventions. Individual counties implemented specific trauma-informed treatment programs/ interventions.  Targeted children with screened-in reports of abuse/neglect and those who already had open child welfare cases.	Primary interventions included: <ul style="list-style-type: none"> <li>• Family engagement</li> <li>• Kinship supports</li> <li>• Permanency Round Tables</li> <li>• Trauma-informed screening, assessment, and treatment (e.g., Child-Parent Psychotherapy and Trauma-Focused Cognitive Behavior Therapy)</li> </ul>	<ul style="list-style-type: none"> <li>• Child trauma symptoms</li> <li>• Caregiver trauma symptoms</li> <li>• Out-of-home placement entry and re-entry rates</li> <li>• Placement with kin caregivers</li> <li>• New and repeat maltreatment episodes</li> <li>• Time to foster care exit/permanency</li> <li>• Congregate care placement rates</li> </ul>	Capped allocation of title IV-E funding: <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded training, SACWIS, and non-SACWIS automated systems costs)</li> </ul>
DC 4/25/14– 9/30/19	District-wide  Targeted all children and families involved with the District of Columbia’s Child and Family Services Agency (CFSA), including those who came to the attention of CFSA and were diverted from the formal child welfare investigation track to community-based services (family assessment).	The District implemented the following evidence-based programs: <ul style="list-style-type: none"> <li>• Project Connect (intensive in-home family preservation and/or reunification services)</li> <li>• Mobile Crisis Stabilization (MSS) and Parent Education and Support Project (PESP)</li> <li>• HOMEBUILDERS<sup>6</sup></li> </ul> In addition, the District expanded eligibility for existing prevention programs, including programs focused on father-child attachment, Parent and Adolescent Support Services, and a Parent Education and Support Project. These programs were later discontinued.	<ul style="list-style-type: none"> <li>• New reports of maltreatment</li> <li>• Repeat maltreatment</li> <li>• Time to exit/permanency</li> <li>• Exits to permanency</li> <li>• Initial entry and re-entry rates</li> <li>• Decreased re-entry rates</li> </ul>	Capped allocation of title IV-E funding: <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> Included costs associated with youth aged 18–21
FL 10/1/06– 9/30/19	Statewide  Two target populations: 1. Children aged 0–18 who were currently receiving	<ul style="list-style-type: none"> <li>• Contracts with Community-Based Care (CBC) Lead Agencies responsible for coordinating and providing services and supports</li> <li>• Improved array of community-based services, which included:</li> </ul>	<ul style="list-style-type: none"> <li>• Re-entry rates</li> <li>• Repeat maltreatment</li> <li>• Time to permanency</li> </ul>	Capped allocation of title IV-E funding: <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> </ul>

<sup>6</sup> Due to declining referrals, marginal outcomes, and the relatively high cost of the program, the District discontinued HOMEBUILDERS as a demonstration intervention in July 2017 and implemented MSS beginning in October 2017.

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	<p>in-home child welfare services or who were in out-of-home placement at the start of project implementation</p> <p>2. All families with a report of alleged child maltreatment during the demonstration</p>	<ul style="list-style-type: none"> <li>- Intensive early intervention services</li> <li>- One-time payments for goods and services (e.g., rental assistance, childcare)</li> <li>- Evidence-based, interdisciplinary, and team-based in-home services</li> <li>- Services that promote expedited permanency (e.g., Family Finding)</li> <li>- Improved needs assessment</li> <li>- Use of long-term supports to prevent placement recidivism</li> <li>• Integration of services for child welfare and behavioral health</li> <li>• Child welfare and physical health assessments</li> <li>• Implementation of the Quality Parenting Initiative</li> <li>• Promotion of trauma-informed care</li> </ul>	<ul style="list-style-type: none"> <li>• Exits to permanency through reunification or adoption</li> <li>• Child well-being</li> </ul>	<ul style="list-style-type: none"> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul>
<p>HI</p> <p>1/1/15–9/30/19</p>	<p>The demonstration was implemented on the islands of O’ahu and Hawai’i .</p> <p>Two target populations:</p> <p>1. Families who come to the attention of Child Welfare Services through a school or hospital referral or police protective custody, and who were likely to be placed into care for fewer than 30 days</p> <p>2. Children and youth who had been in foster care for 9 months or longer</p>	<p>For target population 1:</p> <ul style="list-style-type: none"> <li>• Crisis Response Team to determine the appropriate child welfare system response (e.g., voluntary case management services, mandatory in-home services, foster care)</li> <li>• Intensive Home-Based Services: Intervention included the use of the North Carolina Family Assessment Scale (NCFAS) and was based on the Homebuilders model</li> </ul> <p>For target population 2:</p> <ul style="list-style-type: none"> <li>• Safety, Permanency, and Well-Being (SPAW) Roundtables (multidisciplinary case staffing to facilitate permanency for youth placed out of the home for more than 9 months)</li> <li>• Wraparound Services (multidisciplinary, comprehensive service planning and delivery to keep youth in the home or the community)</li> <li>• Child and Adolescent Needs and Strengths (CANS) assessment to understand the strengths and needs of children accepted into SPAW and Wraparound</li> </ul>	<ul style="list-style-type: none"> <li>• Out-of-home placement entry and re-entry rates</li> <li>• Length of stay in placement</li> <li>• Placement with relatives</li> <li>• Permanency rates</li> <li>• New maltreatment reports</li> <li>• Placement in institutional settings</li> <li>• Family functioning</li> <li>• Child well-being</li> </ul>	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded training, SACWIS, and non-SACWIS automated systems costs)</li> </ul> <p>Excluded costs associated with youth aged 18–21</p>

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<p>IL<sup>7</sup> 7/1/13–9/30/19</p>	<p>Three target populations:  <u>1. AODA Initiative:</u> Cook, Madison, and St. Clair Counties.<sup>8</sup></p> <p>Target population for standard Recovery Coach Program (RCP) services included custodial parents whose children were in or entered out-of-home placement on or after July 1, 2013, including custodial parents who delivered infants testing positive for substance exposure.</p> <p>Target population for enhanced RCP services included families residing in Cook County who met the requirements for standard services and who were identified by the state’s Juvenile Court Assessment Program as low risk and likely candidates for expedited reunification.</p> <p><u>2. IB3 Initiative:</u> Cook County</p>	<p><u>1. Alcohol and Other Drug Abuse (AODA) Initiative:</u>  Enhanced the RCP implemented under the state’s previous waiver demonstrations through (1) the development and use of proactive and flexible early engagement and assessment practices, and (2) the establishment of a program to provide intensive planning, assessment, and pre- and post-reunification services for families identified as candidates for earlier reunification.</p> <p>Standard RCP services provided under the demonstration included clinical assessment and identification, recovery plan development, intensive outreach, and engagement to facilitate parents’ treatment participation and recovery, random urinalyses, housing resources, mental health services and recovery, domestic violence services, and ongoing follow-up after reunification to promote and sustain recovery and ensure child safety.</p> <p>Enhanced RCP services included benchmarking or bench cards (refers to a set of casework practices), recovery and reunification plan developed in collaboration with family court judges, caseworkers, and Recovery Coaches, and Strengthening Families (a strategy focused on increasing family strengths and building protective factors).</p> <p><u>2. IB3 Initiative</u></p> <ul style="list-style-type: none"> <li>• Nurturing Parenting Program</li> <li>• Child-Parent Psychotherapy</li> </ul>	<p><u>1. AODA Initiative</u></p> <ul style="list-style-type: none"> <li>• Rates of substance abuse treatment access</li> <li>• Participation in substance abuse treatment</li> <li>• Time between referral to and entry into substance abuse treatment</li> <li>• Number of children who exit foster care and are reunified with their custodial parent</li> <li>• Placement duration</li> <li>• Placement re-entry</li> <li>• Repeat maltreatment</li> </ul> <p><u>2. IB3 Initiative</u></p> <ul style="list-style-type: none"> <li>• Developmental progress for children and toddlers</li> <li>• Reunification rate</li> <li>• Time to exit/permanency</li> <li>• Re-entry rate</li> </ul> <p><u>3. Immersion Site Initiative</u></p> <ul style="list-style-type: none"> <li>• Permanency goal of independence</li> <li>• Placement stability in family-based care</li> <li>• Placement moves</li> <li>• Investigations while in care</li> <li>• Likelihood of permanent exit</li> </ul>	<p>Capped allocation of title IV-E funding:<sup>9</sup></p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded title IV-E allowable costs for sex trafficking administrative activities)</li> </ul>

<sup>7</sup> Illinois’ original waiver demonstrations, known as AODA and Birth to Three (IB3), were combined into one demonstration effective January 1, 2017. The scope of services under the consolidated demonstration was expanded to include a new Immersion Site intervention. The AODA demonstration was in its second 5-year extension before it was terminated as a separate demonstration on December 31, 2016 and rolled into the new expanded demonstration.

<sup>8</sup> Data from St. Clair County was not included in the evaluation of AODA due to the small number of enrollees and concurrent implementation of the Immersion Site model.

<sup>9</sup> While the cost neutrality methodology for the expanded Illinois demonstration was changed to a statewide capped allocation of title IV-E funding, the state continued to use experimental research designs to evaluate the AODA and IB3 initiatives.

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	<p>Targeted children aged 0–3 entering out-of-home placement for the first time.</p> <p><u>3. Immersion Site Initiative:</u> Began in four sites (comprised of a single county or group of counties) in August 2016.</p> <p>Targeted all children in out-of-home care aged 0–17 who had a serious emotional disturbance, conduct/behavioral disorder, mental illness, developmental delays, and/or medical needs that are compounded by complex trauma.</p>	<p><u>3. Immersion Site Initiative</u></p> <ul style="list-style-type: none"> <li>• Core Practice Model – the model had three distinct elements: Family-centered, trauma-informed, strength-based (FTS) Child Welfare Practice Model, Model of Supervisory Practice (MoSP), and Child and Family Team Meetings (CFTM)</li> <li>• Service Array Development and Flexible Funding</li> <li>• Quality Reviews and Quality Assurance</li> <li>• Administrative Process Changes</li> </ul>	<ul style="list-style-type: none"> <li>• Time-to-permanent exit</li> <li>• Likelihood of re-entry</li> </ul>	
<p>IN</p> <p>1/1/98–9/30/19</p>	<p>Statewide</p> <p>Children at risk of or in out-of-home placement and their parents, siblings, or caregivers.</p>	<p>Sought to increase the array, intensity, and accessibility of services to prevent out-of-home placement. Interventions included:</p> <ul style="list-style-type: none"> <li>• Family Centered Treatment (FCT)</li> <li>• Child Parent Psychotherapy (CPP)</li> <li>• Sobriety Treatment and Recovery Teams (START) Program</li> <li>• Trauma Focused Cognitive Behavioral Therapy (TF-CBT)</li> <li>• Children’s Mental Health Initiative provided access to intensive wraparound and residential services for children who do not qualify for Medicaid.</li> <li>• Family Evaluations connected families to services when the severe mental, behavioral health, or developmental disability needs of the child put the family in or at risk of crisis.</li> </ul>	<ul style="list-style-type: none"> <li>• Initial and repeat maltreatment</li> <li>• Entry rates</li> <li>• Time to exit/permanency</li> <li>• Exits to permanency through reunification, adoption, or guardianship</li> <li>• Child and family well-being</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and non-SACWIS automated systems costs)</li> </ul> <p>Excluded costs associated with youth aged 19–21</p>

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<p>KY</p> <p>10/1/15–9/30/19</p>	<p>Two different target populations and geographic scopes.</p> <p>1. Sobriety Treatment and Recovery Teams (START) was active in part of the state prior to the start of the demonstration and was expanded to five additional counties (Jefferson, Kenton, Fayette, Boyd, and Daviess Counties).</p> <p>START targeted families with at least one young child (birth up to age 6) who entered the child welfare system with parental substance use as a primary risk factor.</p> <p>2. Kentucky Strengthening Ties and Empowering Parents (KSTEP) began and expanded in one child welfare region of the state (eight counties total).</p> <p>KSTEP served families with children under 10 years of age who were at moderate to imminent risk of being removed from the home after a confirmed abuse or neglect allegation, and in which parental substance use was a primary risk factor.</p>	<p>START integrated substance use disorder (SUD) services, family preservation, community partnerships, and best practices in child welfare and substance use disorder treatment. Families received quick access to holistic behavioral health assessments and treatment and were engaged in the decision-making process through family team meetings. Family Mentors provided peer-to-peer recovery coaching and helped navigate the child protective services (CPS) system. Flexible funding was also available for meeting basic needs such as housing, utility assistance, transportation, and childcare.</p> <p>KSTEP, a voluntary in-home services program, expanded the in-home services array. KSTEP included case coordination services, partnership with the family, and rapid access to and provision of clinical services including substance use treatment. Utilizing Solution-Based Casework, KSTEP facilitated family engagement and involvement in the assessment and case planning process to empower families and reduce high-risk behaviors. Selected evidence-based programs included Cognitive-Behavioral Therapy, Motivational Interviewing, Child-Adult Relationship Enhancement (CARE) skills, and Parent-Child Interaction Therapy (PCIT).</p>	<ul style="list-style-type: none"> <li>• Subsequent reports of abuse and neglect</li> <li>• Rates of out-of-home placement</li> <li>• Length of time in out-of-home placement</li> <li>• Increased permanency at case closure</li> <li>• Trauma experienced by children</li> <li>• Child, adult, and family well-being</li> <li>• Behavioral, emotional, and social functioning of children</li> <li>• Severity of parental drug and alcohol abuse</li> <li>• Primary caregiver depression</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul>

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<p>ME</p> <p>4/1/16–12/31/18<sup>10</sup></p>	<p>Implemented in region 1 (southern), region 2 (central), and region 3 (northern and eastern).</p> <p>All parents involved with the child welfare system who received in-home or out-of-home child welfare services, with at least one child between the ages of 0 to 5 and with the parent meeting the demonstration’s assessment criteria.</p>	<p>The state implemented the Matrix Model Intensive Outpatient Program, through which it sought to stabilize and reunify targeted children and families in a timelier manner by providing a coordinated, co-located intervention that included parental education and intensive outpatient substance abuse services. Eligible parents received substance abuse treatment along with parenting education through the Level 4 and/or Level 5 Triple P Positive Parenting Program.</p>	<ul style="list-style-type: none"> <li>• Number of children staying safely in their homes</li> <li>• Rates of reunification</li> <li>• Timeliness of reunification</li> <li>• Reports of repeat maltreatment</li> <li>• Child well-being</li> <li>• Parent behavior and parent risk behaviors related to substance abuse</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> <p>Excluded costs associated with youth aged 18–20</p>
<p>MD</p> <p>7/1/15–9/30/19</p>	<p>Statewide; specific interventions were rolled out in phased implementation stages across selected counties or service areas.</p> <p>Targeted all title IV-E eligible and non-IV-E eligible children involved with the child welfare system, including those in or at risk of out-of-home placement, and their parents. Specific sub-populations for the implementation of evidence-based and promising practices varied based on needs identified by local jurisdictions.</p>	<p>Included the implementation and expansion of the following:</p> <ul style="list-style-type: none"> <li>• Standardized trauma and trauma-informed assessments including Child and Adolescent Needs and Strengths (CANS) and the CANS-Family (CANS-F).</li> <li>• Workforce development related to the impact of trauma on children, families, and front-line staff.</li> <li>• Evidence-based /promising practices to address core areas of need. Specific interventions and locations for implementation were identified through a proposal process with local jurisdictions and private providers and included: <ul style="list-style-type: none"> <li>- Strengthening Ties and Empowering Families</li> <li>- Parent Child Interaction Therapy</li> <li>- Trauma Systems Therapy</li> <li>- Functional Family Therapy</li> <li>- Cognitive Behavioral Therapy+/Parenting for Success</li> <li>- Solution-Based Casework</li> <li>- Incredible Years</li> <li>- Nurturing Parenting Program</li> <li>- Sobriety Treatment and Recovery Teams</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Rates of reunification, adoption, or guardianship</li> <li>• Placement stability</li> <li>• Length of stay in foster care</li> <li>• Rates of entry and re-entry into foster care</li> <li>• Rates of residential treatment/group care placement among youth in care</li> <li>• Child and youth functioning</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul>

<sup>10</sup> Due to a variety of factors, Maine terminated its waiver demonstration early in December 2018.

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MA  1/1/14–6/30/18 <sup>11</sup>	Statewide  Targeted youth transitioning out of congregate care or at risk of congregate care placement.	<ul style="list-style-type: none"> <li>• Follow Along (intensive home-based family interventions and supports to children and their families and caregivers)</li> <li>• Stepping Out (comprehensive case management services for youth transitioning to independent living after receiving congregate care services)</li> <li>• Continuum Services (family treatment, care coordination, outreach, and crisis support services to enable family preservation)</li> <li>• Family Partners (a peer mentoring program for parents and caregivers)</li> </ul>	<ul style="list-style-type: none"> <li>• Placement stability</li> <li>• Placement re-entry rates</li> <li>• Length of stay</li> <li>• Permanency rates</li> <li>• Use of restraints on youth in congregate care</li> <li>• Transitional crises for youth</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> <p>Excluded costs associated with youth aged 18–21</p>
MI  8/1/13–9/30/18	Kalamazoo, Macomb, and Muskegon Counties  Targeted all families with children aged 0–5 who were investigated by child welfare and determined to be at high risk of child maltreatment.	<ul style="list-style-type: none"> <li>• Enhanced assessment (e.g., Trauma Screening Checklist for Young Children, Protective Factors Survey, Family Psychosocial Screen and Safety Assessment)</li> <li>• Based on assessments, interventions included but were not limited to the following: <ul style="list-style-type: none"> <li>○ Trauma-Focused Cognitive Behavioral Therapy</li> <li>○ Parent-Child Interaction Therapy</li> <li>○ Parent-Infant Psychotherapy</li> <li>○ Early Head Start</li> <li>○ Evidence-based home visiting (e.g., Nurse-Family Partnership, Healthy Families America)</li> <li>○ Concrete assistance (i.e., financial support, day care, support for meeting household needs)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Repeat maltreatment</li> <li>• Placement entry rates</li> <li>• Child well-being</li> </ul>	<p>Experimental design (cost neutrality calculated through comparison of cumulative experimental costs to cumulative cost neutrality limit for experimental cases)</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs (title IV-E cases only)</li> <li>• Cost of state contracts with private agencies providing case management, assessment, and referral services to experimental group families</li> </ul>
NE  7/1/14–9/30/19	Two interventions with different target populations and geographic scopes:  1. Alternative Response (AR) began in five counties (Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff) and expanded statewide.	Alternative Response, a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional Child Protective Services investigations. Included linkages to an expanded array of evidence-based programs and services such as: <ul style="list-style-type: none"> <li>• Parent Child Interaction Therapy</li> <li>• Positive Parenting Program (Triple P)</li> <li>• Wraparound Services</li> </ul>	<ul style="list-style-type: none"> <li>• Substantiated and repeat reports of maltreatment</li> <li>• Rates of entry into out-of-home care</li> <li>• Number of families assigned to AR who are re-assigned to traditional maltreatment</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul>

<sup>11</sup> Originally scheduled to end on December 31, 2018, the Massachusetts demonstration was terminated early by the state retroactive to June 30, 2018 due to financial considerations.

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
	<p>AR's target population was all children aged 0–18 who, following a call to the state hotline, were identified as meeting the eligibility criteria for AR and as being able to remain safely at home through the provision of in-home services.</p> <p>2. Results Based Accountability (RBA)/ Provider Performance Improvement (PPI) was implemented statewide<sup>12</sup>.</p> <p>RBA and PPI targeted all children aged 0–18 served by the child welfare agency who became eligible for RBA or PPI-monitored services during the demonstration.</p>	<p>Results Based Accountability was incorporated into the state's contract and performance management systems for contracted child welfare service providers to improve key child safety, permanency, and well-being outcomes. Like RBA, the PPI framework integrated performance measures and performance quality conversations with administrative data. The three services monitored were Agency Supported Foster Care, Family Support Services, and Intensive Family Preservation.</p>	<p>investigations due to alleged maltreatment</p> <ul style="list-style-type: none"> <li>• Increase in protective factors</li> <li>• Child and family behavioral and emotional functioning</li> <li>• Physical health and development</li> </ul>	<p>Excluded costs associated with youth aged 18–21</p>
<p>NV</p> <p>7/1/15–9/30/19</p>	<p>Clark County</p> <p>Children aged 0–18 in or at risk of entering out-of-home care, as determined by the state's safety assessment tool. Two specific populations were targeted: (1) families and children for whom impending danger was identified and a Safety Plan Determination justified the use of an in-home safety</p>	<p>Safety management services model and enhanced service array.</p> <p>Safety management services included development of in-home safety plans and the provision of in-home services and supports which were individualized based on families' needs. Services included crisis intervention and referral and linkages to services such as treatment or childcare, social supports, and resource acquisition. Safety managers managed, performed, and coordinated all safety services.</p>	<ul style="list-style-type: none"> <li>• Foster care entry and re-entry rates</li> <li>• Repeat maltreatment</li> <li>• Exits to permanency</li> <li>• Parental protective capacity</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> <p>Excluded costs associated with youth aged 18–21</p>

<sup>12</sup> In April 2016, the state modified RBA to integrate performance measurement data with individual provider performance data and renamed the initiative Provider Performance Improvement (PPI).

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
	plan and (2) children in out-of-home care whose families, following reassessment of safety, met the conditions necessary to implement an in-home safety plan.	Assessment and planning tools were implemented, including the Protective Capacity Family Assessment and the Protective Capacity Progress Assessment.		
<p>NY</p> <p>1/1/14–9/30/19</p>	<p>New York City.</p> <p>Targeted all children/youth aged 0–21 years placed in regular family foster care in New York City and their parents and caregivers.</p>	<p>New York City developed or expanded the following activities and programs:</p> <ul style="list-style-type: none"> <li>• Caseload and supervisory ratio reduction</li> <li>• Child and Adolescent Needs and Strengths—New York (CANS-NY)</li> <li>• Attachment and Bio-Behavioral Catch-Up (ABC)</li> <li>• Partnering for Success</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting/caregiver skills relevant to ABC</li> <li>• Placement stability</li> <li>• Time to foster care exit/permanency</li> <li>• Placement re-entry rates</li> </ul>	<p>Capped allocation of title IV-E funding, based on claims submitted for program costs expended by New York City Administration for Children’s Services (ACS)</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> <p>Included costs associated with youth aged 18–21</p> <p>Excluded costs from local social services districts within the state other than ACS and any such costs incurred directly by the title IV-E state agency</p>
<p>OH</p> <p>10/1/97–9/30/19</p>	<p>15 counties</p> <p>Targeted all children aged 0–17 at risk of, currently in, or who entered out-of-home placement during the demonstration period, as well as their parents or caregivers.</p>	<ul style="list-style-type: none"> <li>• Family Team Meetings</li> <li>• Kinship supports (activities specifically related to the kinship caregiver, including home assessment, needs assessment, support planning, and service referral and provision)</li> </ul>	<ul style="list-style-type: none"> <li>• Time to exit/permanency</li> <li>• Repeat maltreatment</li> <li>• Foster care entry and re-entry rates</li> <li>• Placement stability</li> <li>• Reunification rates</li> </ul>	<p>Comparison county approach (cost neutrality determined using annually-adjusted unit cost for each placement day, and a placement day budget adjusted to incorporate the actual experience of a selected group of comparison counties)</p>

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
<p>OK</p> <p>7/22/15–9/30/19</p>	<p>Began in Oklahoma County and expanded statewide.</p> <p>Targeted all children aged 0–12 who were at risk of entering or re-entering foster care.</p>	<p>Intensive Safety Services (ISS), an intensive home-based case management and service model, included:</p> <ul style="list-style-type: none"> <li>• Cognitive Behavioral Therapy</li> <li>• Healthy relationship building</li> <li>• Motivational Interviewing</li> </ul> <p>Families were also linked to services in the community, including:</p> <ul style="list-style-type: none"> <li>• Parent Child Interaction Therapy</li> <li>• Trauma Focused Cognitive Behavioral Therapy</li> <li>• Substance abuse services</li> <li>• Psychiatric services</li> </ul> <p>Referrals to ISS were made through a predictive risk model.</p>	<ul style="list-style-type: none"> <li>• Number of recurrent CPS events among those previously exposed to ISS</li> <li>• Elimination of safety threats</li> <li>• Initial entries into out-of-home care</li> <li>• Re-entries into out-of-home care</li> <li>• Caregiver protective capacities</li> <li>• Parenting skills and practices</li> <li>• Parental depressive symptoms, interpersonal conflicts, and substance abuse concerns</li> </ul>	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluding SACWIS, training costs))</li> </ul> <p>Also excluded in-placement administrative costs for services obtained through tribal/state agreements, court-appointed special advocates, or the Office of Juvenile Affairs</p>
<p>OR</p> <p>7/1/15–9/30/19</p>	<p>The demonstration was phased in over time in seven child welfare branches in five counties: Multnomah, Clackamas, Josephine, Jackson, and Marion.</p> <p>Targeted children and youth entering foster care who were more likely to remain in care for 3 or more years (“long-stayers”). A predictive analytic model was developed to identify the target population based on the characteristics of children who were long-stayers in foster care at the start of the demonstration.</p>	<p>Referred to as the Leveraging Intensive Family Engagement (LIFE) Project, the model aimed to reduce the likelihood of long-term foster care placements by addressing major barriers to permanency. LIFE had four components:</p> <ol style="list-style-type: none"> <li>1. Enhanced Family Finding</li> <li>2. Regular, ongoing, structured case planning meetings led by trained facilitators and informed by child and family input</li> <li>3. Parent mentor program</li> <li>4. Team collaboration</li> </ol>	<ul style="list-style-type: none"> <li>• Time to foster care exit/permanency</li> <li>• Reunification rate</li> <li>• Placement with relatives</li> <li>• Foster care re-entry rate</li> <li>• Repeat maltreatment</li> <li>• Placement stability</li> <li>• Youth well-being</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> </ul> <p>Excluded costs associated with youth aged 18–21</p>

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
<p>PA</p> <p>7/1/13–9/30/19</p>	<p>Six counties participated in the demonstration, including Allegheny, Crawford, Dauphin, Lackawanna, Philadelphia, and Venango Counties.</p> <p>Targeted all children aged 0–18 in or at risk of out-of-home placement.</p>	<ul style="list-style-type: none"> <li>• Family engagement strategies, such as Family Group Decision Making and Family Team Conferencing</li> <li>• Enhanced child and family assessments</li> <li>• Enhanced service array, including : <ul style="list-style-type: none"> <li>– Parent-Child Interaction Therapy</li> <li>– Multi-Systemic Therapy</li> <li>– Trauma-Focused Cognitive Behavioral Therapy</li> <li>– Homebuilders</li> <li>– Family Behavior Therapy</li> <li>– SafeCare</li> <li>– Parents as Teachers</li> <li>– Family Functional Therapy</li> <li>– Triple P</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Maltreatment recurrence</li> <li>• Out-of-home placement rates</li> <li>• Rate of placement in congregate/institutional care settings</li> <li>• Rate of placement in kinship care settings</li> <li>• Placement stability</li> <li>• Length of stay in out-of-home care</li> <li>• Re-entry from permanency</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded training and non-SACWIS automated systems costs)</li> </ul> <p>Excluded title IV-E claims from counties not participating in the demonstration</p> <p>Included costs associated with youth aged 18–21.</p>
<p>Port Gamble S’Klallam Tribe (PGST)</p> <p>1/21/16–9/30/19</p>	<p>Kitsap County, Washington, and the PGST Indian Reservation, which is located within Kitsap County.</p> <p>The target population for S’Klallam Strong Families included all tribal families, but with a primary focus being on new dependency cases. The target population for Family Group Decision Making (FGDM) included all families involved in the child welfare system.</p>	<ul style="list-style-type: none"> <li>• S’Klallam Strong Families, a customized parent education curriculum based on the Positive Indian Parenting course. Core components of the intervention included eight weekly sessions focused on addressing effects of historical trauma, strengthening parenting skills, and learning to work with children in age-appropriate and traditional S’Klallam ways.</li> <li>• Family Group Decision Making was expanded for use with all cases involved with the child welfare system and included a Family Group Decision Making (FGDM) coordinator.</li> </ul>	<p>Due to the small sample of children, the demonstration’s evaluation was primarily qualitative and focused on the following outcomes:</p> <ul style="list-style-type: none"> <li>• Systems-level changes</li> <li>• Parenting attitudes and behaviors</li> <li>• Re-entries into foster care</li> <li>• Time to case resolution</li> </ul>	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded TACWIS and non-TACWIS automated systems and training costs)</li> </ul>
<p>TN</p> <p>10/1/14–9/30/19</p>	<p>Statewide, with implementation staggered by child welfare region.</p> <p>Two target populations:</p> <ol style="list-style-type: none"> <li>1. All children aged 0–17 in noncustodial (non-placement) care</li> </ol>	<p>For target population 1:</p> <ul style="list-style-type: none"> <li>• Statewide Risk and Safety Assessment Protocol using the Family Assessment and Screening Tool (FAST)</li> </ul> <p>For target populations 1 and 2:</p>	<ul style="list-style-type: none"> <li>• Placement entry rate</li> <li>• Repeat maltreatment</li> <li>• Re-entry rate following exits to permanency</li> <li>• Placement stability</li> <li>• Length of time in out-of-home placement</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> </ul>

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
	2. Children in custodial care (out-of-home placement)	<ul style="list-style-type: none"> <li>Keeping Foster and Kin Parents Supported and Trained (KEEP)—for foster parents of children in custodial care</li> <li>Nurturing Parenting Program (implemented in six regions: Shelby, Northwest, Northeast, East, Smoky Mountain, and Knox)</li> </ul>	<ul style="list-style-type: none"> <li>Likelihood of achieving permanency</li> </ul>	<ul style="list-style-type: none"> <li>Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> <p>Excluded costs associated with youth aged 18–21</p>
UT 10/1/13–9/30/19	<p>Began in two child welfare offices (one serving an urban area and one serving a rural area), with eventual statewide expansion</p> <p>Targeted all children and families entering the child welfare system due to substantiated child abuse/neglect or dependency that were identified via standardized assessment tools as requiring ongoing services.</p>	<p>Improved array of community-based services, including:</p> <ul style="list-style-type: none"> <li>Enhanced child and family functional assessment (Utah Family and Children Engagement Tool, or UFACET, established using the CANS-Mental Health tool framework)</li> <li>Systematic Training for Effective Parenting (a parenting education and support program)</li> <li>Strengthening Families Protective Factors Framework</li> <li>National Child Traumatic Stress Network’s child welfare training curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Repeat maltreatment</li> <li>Placement entry rates</li> <li>Child and family well-being</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>Foster care maintenance costs</li> <li>Foster care administrative costs (excluded training, SACWIS, and non-SACWIS automated systems costs)</li> </ul>
WA 1/1/14–9/30/19	<p>Began in selected offices with eventual statewide expansion.</p> <p>Targeted families entering the child welfare system due to substantiated child abuse/neglect that were determined to present a low to moderate risk to the child’s immediate safety, health, and well-being.</p>	<p>Family Assessment Response, a differential response alternative, which included the expansion and provision of services such as:</p> <ul style="list-style-type: none"> <li>SafeCare (parenting education)</li> <li>Incredible Years (parenting education)</li> <li>Positive Parenting Program (Triple P) (parenting education)</li> <li>Promoting First Relations</li> <li>Concrete support and voluntary services such as food, clothing, utility assistance, mental health services, drug and alcohol treatment, and employment assistance</li> </ul>	<ul style="list-style-type: none"> <li>Repeat maltreatment</li> <li>Placement entry rates</li> <li>Child and family well-being</li> <li>Disproportionality</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>Foster care maintenance costs</li> <li>Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> <p>Excluded costs associated with youth aged 18–21</p>
WV 10/1/15–9/30/19	Initially implemented in eight counties in the West Virginia Bureau for Children and Families child welfare Region II and three counties in Region III. Over time, the	<p>Wraparound service model based on the National Wraparound Initiative Model.</p> <p>Incorporated evidence-based, evidence-informed, and promising practices to coordinate services for eligible youth and their families. The wraparound process was</p>	<ul style="list-style-type: none"> <li>Congregate care placement rates</li> <li>Length of stay in congregate care</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>Foster care maintenance costs</li> </ul>

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes Examined	Method To Measure Cost Neutrality and Included Cost Categories
	demonstration was implemented statewide. Targeted youth aged 12–17 in or at risk of entering congregate care placement.	specifically aimed at youth placed in highly structured congregate care in West Virginia or outside the state who may have needed specific state placement resources to step down to a less restrictive placement.  West Virginia Child and Adolescent Needs and Strengths (WVCANS) assessment was implemented universally across child-serving systems.	<ul style="list-style-type: none"> <li>• Number of youth remaining in their home communities</li> <li>• Placement entry and re-entry rates</li> <li>• Repeat maltreatment</li> <li>• Rate of reunification</li> <li>• Child well-being and educational achievement</li> <li>• Family functioning</li> </ul>	<ul style="list-style-type: none"> <li>• Foster care administrative costs (excluded SACWIS and training costs)</li> </ul> <p>Excluded costs associated with youth aged 18–21</p>
WI  10/1/13–9/30/19	<p>Began in 35 of Wisconsin’s 71 counties. The transition between each subsequent year involved a review and selection of participating renewal county applications and new applications. 34 renewal and three new counties were selected to participate in year 5.</p> <p>Targeted families with children aged 0–5 who had reunified with their families after temporary placement in out-of-home care and were at risk of re-entry into care.</p>	The state’s Post-Reunification Support Program provided 12 months of post-reunification case management services to meet family needs, and linkages to community supports such as Parent-Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy.	<ul style="list-style-type: none"> <li>• Levels of parent stress, coping, and supports</li> <li>• Family functioning</li> <li>• Repeat maltreatment</li> <li>• Placement re-entry rates</li> <li>• Early education outcomes</li> <li>• Adjustments to trauma</li> <li>• Child health and emotional, behavioral, and social functioning</li> </ul>	<p>Capped allocation of title IV-E funding:</p> <ul style="list-style-type: none"> <li>• Foster care maintenance costs</li> <li>• Foster care administrative costs (excluded training, SACWIS, and non-SACWIS automated systems costs)</li> </ul>