

Summary of Child Welfare Waiver Demonstrations by Jurisdiction

A total of 26 states, the District of Columbia, and one tribe are currently implementing 28 child welfare waiver demonstrations: 10 demonstrations were approved for implementation in fiscal year (FY) 2014;¹ 8 demonstrations were approved for implementation in FY 2013;² 9 demonstrations were approved for implementation in FY 2012; and 4 demonstrations are operating under 5-year extensions. As summarized in the table below, title IV-E agencies will implement or have implemented a wide range of interventions, including specific evidence-based or promising programs that aim to improve child safety and permanency, with a special emphasis on trauma and increased child and family well-being. Title IV-E agencies' plans include a variety of screening and assessment tools to measure changes in child and family development and functioning over time. The waiver demonstrations will expand the child welfare knowledge base regarding what works to improve safety, permanency, and well-being for children and their families.

Table 1. Child Welfare Waiver Demonstrations

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes	Method To Measure Cost Neutrality and Included Cost Categories
AZ 7/1/16–9/30/19	Will begin in Maricopa County and ultimately expand statewide. Targets all children aged 0–18 who are in any congregate care placement.	To “right-size” the state’s current congregate care system to ensure children and youth receive the highest level of treatment and care needed in the least restrictive setting. A comprehensive approach will be used, including the following specific strategies: <ul style="list-style-type: none"> • Expansion of Team Decision Making • Family Finding • Expansion of in-home services 	<ul style="list-style-type: none"> • Reduced lengths of stay in congregate care • Increased timeliness of reunification • Increased rates of exits from congregate care • Increased permanency • Reduced foster care re-entry rates 12 months postpermanency • Reduced rates of subsequent substantiated reports of maltreatment at 12 months postpermanency • Decreased restrictiveness of living situation • Increased social and emotional well-being 	Capped allocation of title IV-E funding <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS, training, and preplacement activities for candidates) Excludes costs associated with youth aged 18–21

¹ Texas was approved for a waiver demonstration but terminated its demonstration early.

² Montana and Idaho were approved for a waiver demonstration but terminated their demonstrations early.

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes	Method To Measure Cost Neutrality and Included Cost Categories
AR 7/31/13–7/30/18	Initial implementation in year 1 focused on eight counties, with statewide expansion planned. Targets all children referred to child welfare services for child abuse/neglect or already receiving services.	Improved array of community-based services, including: <ul style="list-style-type: none"> • Nurturing Parenting Program • Enhanced assessment (Child and Adolescent Needs and Strengths, or CANS) • Permanency Round Tables • Team Decision Making • Targeted recruitment of foster care providers • Differential Response 	<ul style="list-style-type: none"> • Decreased entry rates • Decreased time to exit/permanency • Improved child and family well-being • Increased exits to permanency • Decreased repeat maltreatment 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding training, SACWIS, and non-SACWIS automated systems costs) <p>Excludes costs associated with youth aged 18–21</p>
CA ³ 7/1/07–9/30/19	Continued implementation in the Alameda County and Los Angeles County Child Welfare and Probation Departments. The state also began implementation of the demonstration in the following seven counties: Butte, Lake, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma.	<p>The state’s demonstration will include two core service interventions:</p> <ol style="list-style-type: none"> 1. Wraparound: Probation departments in participating counties will provide Wraparound services to youth exhibiting delinquency risk factors that put them at risk of being removed from their homes and placed in foster care. Specific elements of the Wraparound model will include case teaming, family and youth engagement, individualized strength-based case planning, and transition planning. 2. Safety Organized Practice/Core Practice Model (SOP/CPM): Child welfare departments in participating counties will implement this initiative to support the development of a statewide core practice model to further enhance social work practice. Specific elements of SOP/CPM include family engagement and assessment, behaviorally based case planning, transition planning, ongoing monitoring, and case plan adaptation as appropriate. 	<ul style="list-style-type: none"> • Decreased entries/re-entries into out-of-home care • Increased entries into the most appropriate and least restrictive placement settings • Decreased recurrence of maltreatment • Increased placement stability • Decreased length of stay in out-of-home care • Increased timeliness to permanency • Increased permanency • Decreased further system involvement • Decreased re-offenses among children and youth on probation • Improved child and family functioning and well-being 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding 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 years old, but not yet 21 years old)

³ California, Florida, and Indiana currently have second 5-year extensions, which were implemented effective October 1, 2014; October 1, 2013; and July 1, 2012 (retroactively), respectively. Indiana has requested a long-term extension through September 30, 2019, which is pending approval by the Children’s Bureau. Ohio is operating under a 3-year extension implemented effective October 1, 2016, through September 30, 2019.

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CA ³ 7/1/07–9/30/19 (continued)	Targets all title IV-E eligible and non-IV-E eligible children and youth aged 0–17 who are currently in out-of-home placement or who are at risk of entering or re-entering foster care.	<p>Specific services to be implemented as part of SOP/CPM include Safety Mapping/Networks, effective safety planning at foster care entry and exit, Capturing the Children’s Voice, solution-focused interviewing, Motivational Interviewing, and case teaming.</p> <p>In addition to these two core service interventions, participating counties may implement additional child welfare and/or probation interventions.</p> <p>Specific child and family assessment tools to implement in conjunction with the two core service interventions may include Child and Adolescent Needs and Strengths (CANS), Ages and Stages Questionnaire (ASQ), and Structured Decision Making (SDM).</p>		
CO 7/31/13–7/30/18	<p>Statewide for three core interventions; individual counties to implement specific trauma-informed treatment programs/ interventions.</p> <p>Targets children with screened-in reports of abuse/neglect and those who already have open child welfare cases.</p>	<p>Primary interventions will include:</p> <ul style="list-style-type: none"> • Family engagement • Kinship supports • Permanency Round Tables • Trauma-informed screening, assessment, and treatment (e.g., Child-Parent Psychotherapy and Trauma-Focused Cognitive Behavior Therapy) 	<ul style="list-style-type: none"> • Improved child emotional, behavioral, and social functioning • Improved parenting skills and capacity • Decreased entry and re-entry rates • Increased placement with kin caregivers • Decreased new and repeat maltreatment • Decreased time to exit/permanency • Decreased congregate care placement rates 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding training, SACWIS, and non-SACWIS automated systems costs)

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<p>DC</p> <p>4/25/14–4/24/19</p>	<p>District-wide</p> <p>Targets all children and families involved with the District of Columbia’s Child and Family Services Agency (CFSA), including those who come to the attention of CFSA and are diverted from the formal child welfare investigation track to community-based services (family assessment).</p>	<p>The District will implement the following two new evidence-based programs:</p> <ul style="list-style-type: none"> • Homebuilders (intensive in-home family preservation services) • Project Connect (intensive in-home family preservation and/or reunification services) <p>In addition, the District will expand the use of evidence-based family preservation, postreunification, and prevention services through contracts with private community-based agencies. Prevention services to be expanded include those focused on:</p> <ul style="list-style-type: none"> • Parent education and support programs • Home visiting • Father–child attachment • Older youth aged 10–17 who have committed status offenses 	<ul style="list-style-type: none"> • Decreased new reports of maltreatment • Decreased repeat maltreatment • Decreased time to exit/permanency • Increased exits to permanency • Decreased entry rates • Decreased re-entry rates • Improved family functioning • Improved educational achievement • Improved social and emotional functioning 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS and training) <p>Includes costs associated with youth aged 18–21</p>
<p>FL</p> <p>10/1/06–9/30/18</p>	<p>Statewide</p> <p>Two target populations:</p> <ol style="list-style-type: none"> 1. Children aged 0–18 who are currently receiving in-home child welfare services or who were in out-of-home placement at the start of project implementation 2. All families entering the state child welfare system with a report of alleged child maltreatment 	<ul style="list-style-type: none"> • Contracts with Community-Based Care (CBC) Lead Agencies responsible for coordinating and providing services and supports • Improved array of community-based services, which include: <ul style="list-style-type: none"> - Intensive early intervention services - One-time payments for goods and services (e.g., rental assistance, child care) that help divert children from out-of-home placement - Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement - Services that promote expedited permanency through reunification when feasible, or other permanency options as appropriate - Enhanced training for child welfare staff and supervisors in service delivery and supervisory practices - Improved needs assessment - Use of long-term supports to prevent placement recidivism • Integration of services for child welfare and behavioral health 	<ul style="list-style-type: none"> • Decreased entries into out-of-home care • Decreased re-entry rates • Decreased time to permanency • Increased exits to permanency through reunification or adoption • Improved child well-being 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS and training)

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FL 10/1/06– 9/30/18 (continued)		<ul style="list-style-type: none"> Completion of child welfare and physical health assessments Implementation of the Quality Parenting Initiative Promotion of trauma-informed care 		
HI 1/1/15–9/30/19	<p>Begins on two islands (O'ahu and Hawai'i) with possible expansion to additional islands.</p> <p>Two target populations:</p> <ol style="list-style-type: none"> Families who come to the attention of Child Welfare Services through a school or hospital referral or police protective custody and who are likely to be placed into care for fewer than 30 days Children and youth who have been in foster care for 9 months or longer 	<p>For target population 1:</p> <ul style="list-style-type: none"> Crisis Response Team to determine the appropriate child welfare system response (e.g., voluntary case management services, mandatory in-home services, foster care) Intensive Home-Based Services: Intervention includes the use of the North Carolina Family Assessment Scale (NCFAS) and is based on the Homebuilders model <p>For target population 2:</p> <ul style="list-style-type: none"> Safety, Permanency, and Well-Being (SPAW) Roundtables (multidisciplinary case staffing to facilitate permanency for youth who have been placed out of the home for more than 9 months) Wraparound Services (multidisciplinary, comprehensive service planning and delivery to keep youth in the home or the community) Child and Adolescent Needs and Strengths (CANS) to understand the strengths and needs of children accepted into SPAW and Wraparound 	<ul style="list-style-type: none"> Decreased entry rates Decreased re-entry rates Decreased length of stay Improved child and family well-being 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding training, SACWIS, and non-SACWIS automated systems costs) <p>Excludes costs associated with youth aged 18–21</p>
IL ⁴ 7/1/13–6/30/18	Three target populations: <u>1. AODA Initiative:</u> Cook, Madison, and St. Clair Counties. ⁵	<u>1. AODA Initiative:</u> Enhance 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.	<u>1. AODA Initiative</u> <ul style="list-style-type: none"> Improved rates of treatment access Increased participation in substance abuse treatment 	<p>Capped allocation of title IV-E funding⁶</p> <ul style="list-style-type: none"> Foster care maintenance costs

⁴ The former Illinois waiver demonstrations, known as Alcohol and Other Drug Abuse (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.

⁵ Data from St. Clair County will not be included in the evaluation of AODA due to the small number of enrollees and concurrent implementation of the Immersion Site model.

⁶ While the cost neutrality methodology for the expanded Illinois demonstration was changed to a statewide capped allocation of title IV-E funding, the state will continue to use experimental research designs to evaluate the AODA and IB3 initiatives.

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<p>IL 7/1/13–6/30/18 (continued)</p>	<p>Target population for standard Recovery Coach Program (RCP) services includes custodial parents residing in demonstration counties whose children are in or enter out-of-home placement on or after July 1, 2013, including custodial parents who deliver infants testing positive for substance exposure.</p> <p>Target population for enhanced RCP services includes families residing in Cook County who meet the requirements for standard services and who are 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>Targets children aged 0–3 entering out-of-home placement for the first time.</p>	<p>Standard RCP services provided under the demonstration include 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 include:</p> <ul style="list-style-type: none"> • Benchmarking (refers to a set of casework practices) • Recovery and reunification plan (developed in collaboration with family court judges, caseworkers, and recovery coaches) • Strengthening Families (a strategy focused on increasing family strengths and building protective factors) <p><u>2. IB3 Initiative</u></p> <ul style="list-style-type: none"> • Nurturing Parenting Program • Child-Parent Psychotherapy <p><u>3. Immersion Site Initiative</u></p> <ul style="list-style-type: none"> • Core Practice Model (includes family centered, trauma-informed, and strengths-based training and supervision and Child and Family Teams) • Coaching and mentoring • Service array development and flexible funding • Quality Service Reviews and Quality Assurance • Regionalization of child welfare administrative functions • Improved data analytics 	<ul style="list-style-type: none"> • Decreased time between referral to and entry into substance abuse treatment • Increased number of children who exit foster care and are reunified with their custodial parent • Decreased time to exit/permanency • Decreased repeat maltreatment • Decreased re-entry rates into out-of-home placement • Decreased births of substance-exposed infants • Improved child and family well-being • Decreased number of children involved in the juvenile justice system (for children ages 10 years and older) <p>2. IB3 Initiative</p> <ul style="list-style-type: none"> • Improved developmental progress for children and toddlers • Increased reunification rates • Decreased time to exit/permanency • Decreased re-entry rates <p>3. Immersion Site Initiative</p> <ul style="list-style-type: none"> • Increased frequency of supervised and unsupervised family visits • Increased number and percentage of children and families with a goal of reunification in their initial permanency plan 	<ul style="list-style-type: none"> • Foster care administrative costs (excludes title IV-E allowable costs for sex trafficking administration activities)

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IL 7/1/13–6/30/18 (continued)	<p><u>3. Immersion Site Initiative:</u> Begins in four sites (comprised of a single county or group of counties); will be implemented in additional sites on a staggered basis each year until implementation is statewide.</p> <p>Target population includes all children in out-of-home care aged 0–17 who have or have had a serious emotional disturbance, conduct/behavioral disorder, mental illness, developmental delays, and/or medical needs that are compounded by complex trauma.</p>		<ul style="list-style-type: none"> Decreased average number of placement moves Increased number and percentage of families that achieve permanency through reunification, adoption, or guardianship Decreased length of stay in out-of-home care (overall) Decreased average length of stay in residential care or other institutional settings. 	
IN 1/1/98–6/30/17	<p>Statewide</p> <p>Children at risk of or in out-of-home placement and their families.</p>	<p>Increase the array, intensity, and accessibility of services to prevent out-of-home placement, which may include:</p> <ul style="list-style-type: none"> Healthy Families America (intensive home visiting program) Homebuilders (intensive in-home family preservation services) Substance use disorder assessments Outpatient residential substance abuse treatment 	<ul style="list-style-type: none"> Decreased initial and repeat maltreatment Decreased entry rates Decreased time to exit/permanency Increased exits to permanency through reunification, adoption, or guardianship Improved child and family well-being 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding SACWIS and non-SACWIS automated systems costs) <p>Excludes 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 interventions with different target populations and geographic scopes.</p> <p>1. Sobriety Treatment and Recovery Teams (START) is currently active in part of the state and will expand to additional counties (TBD).</p> <p>START’s target population is all children aged 0–6 whose parents have substance use risk factors and who are at moderate to imminent risk of entering out-of-home care.</p> <p>2. Kentucky Strengthening Ties and Empowering Parents (KSTEP) will begin in one child welfare region of the state.</p> <p>KSTEP’s target population is all children aged 0–9 whose parents have substance abuse risk factors and who are at moderate to imminent risk of entering out-of-home care.</p>	<p>To address the complex needs of families experiencing challenges with substance abuse and domestic violence.</p> <p>START includes addiction services, family preservation, community partnerships, and best practices in child welfare and substance abuse treatment. Evidence-based programs for delivering treatment may include Motivational Interviewing, the Matrix Model program, and Seeking Safety therapy.</p> <p>KSTEP is a voluntary in-home services program that is an expansion of in-home services currently offered in the state. KSTEP seeks to enhance provider capacity and family access to in-home services that address the needs of parents of children under 10 years who have identified risk factors of substance abuse. The core model for KSTEP relies on providers delivering Solution Based Casework through which interventions are delivered. Selected EBPs/PPs included in KSTEP include:</p> <ul style="list-style-type: none"> • Adult Focused Family Behavior Therapy • Cognitive Behavioral Therapy • Motivational Interviewing • Parent-Child Interaction Therapy <p>Additional programs that may be implemented include:</p> <ul style="list-style-type: none"> • Seeking Safety • Trauma Focused Cognitive Behavioral Therapy 	<ul style="list-style-type: none"> • Decreased subsequent reports of abuse and neglect • Decreased rates of out-of-home placement while receiving services 6 months after case closure • Decreased rates of out-of-home placement after case closure • Decreased length of time in out-of-home placement • Increased permanency at case closure • Decreased trauma experienced by children • Increased child and family well-being • Increased behavioral, emotional, and social functioning of children • Decreased severity of parental drug and alcohol abuse • Decreased primary caregiver depression 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS and training)

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ME 4/1/16–9/30/19	Statewide Targets all title IV-E eligible and non-IV-E eligible children aged 0–5 who are involved with the child welfare system, including those in or at risk of out-of-home placement, and their parents.	To provide concurrent and co-located parental education and support services and substance abuse interventions including: <ul style="list-style-type: none"> • Positive Parenting Program (Triple P) • Matrix Model Intensive Outpatient Program 	<ul style="list-style-type: none"> • Increased number of children staying safely in their homes • Increased rates of reunification • Improved timeliness of reunification • Decreased reports of repeat maltreatment • Improved child well-being • Improved parent behavior and parent risk behaviors related to substance abuse 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS and training) <p>Excludes costs associated with youth aged 18–20</p>
MD 7/1/15–9/30/19	Statewide; however, specific interventions are being rolled out in phased implementation stages across selected counties or service areas. Targets all title IV-E eligible and non-IV-E eligible children who are 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 will vary based on needs identified by local jurisdictions.	To create a trauma-informed system of care to better identify and address the strengths and needs of children, youth, and families who come into contact with the child welfare system. The primary components of the demonstration include the implementation and expansion of the following: <ul style="list-style-type: none"> • Standardized trauma and trauma-informed assessments, specifically the Child and Adolescent Needs and Strengths (CANS and CANS-F). • Workforce development related to the impact of trauma on children and families as well as on front-line staff. • Evidence-based practices/promising practices to address core areas of need identified for the target population. The specific interventions and locations for implementation will be identified through a proposal process with local jurisdictions and private providers but may include: <ul style="list-style-type: none"> • Parent Child Interaction Therapy • SafeCare • Functional Family Therapy • Cognitive Behavioral Therapy+/Parenting for Success • Solution-Based Casework • Incredible Years • Nurturing Parenting Program 	<ul style="list-style-type: none"> • Increased rates of reunification, adoption, or guardianship • Improved placement stability • Decreased length of stay in foster care • Decreased rates of re-entry into foster care • Increased use of the alternative response track compared with use of the investigative response track • Decreased rates of residential treatment/group care placement among youth in care • Improved child and youth functioning • Family/youth satisfaction with programs and services provided under the waiver demonstration 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS and training)

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MA 1/1/14–12/31/18	Statewide Targets youth transitioning out of congregate care or at risk of congregate care placement.	<ul style="list-style-type: none"> Follow Along (intensive home-based family interventions and supports to children and their families and caregivers) Stepping Out (comprehensive case management services for youth transitioning to independent living after receiving congregate care services) Continuum Services (family treatment, care coordination, outreach, and crisis support services to enable family preservation) Family Partners (a peer mentoring program for parents and caregivers) 	<ul style="list-style-type: none"> Improved youth well-being Decreased time in congregate care Increased placement stability Decreased re-entry rates 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding SACWIS and training) <p>Excludes costs associated with youth aged 18–21</p>
MI 8/1/13–7/31/18	<p>Began in three counties, with possible expansion to three additional sites in year 3 of the demonstration.</p> <p>Targets families with children aged 0–5 that have been investigated by child welfare and are determined to be at high risk of child maltreatment.</p>	<ul style="list-style-type: none"> Enhanced assessment (e.g., Trauma Screening Checklist for Young Children, Protective Factors Survey, Family Psychosocial Screen and Safety Assessment) <p>Based on assessments, interventions include but are not limited to the following:</p> <ul style="list-style-type: none"> Trauma-Focused Cognitive Behavioral Therapy Parent-Child Interaction Therapy Parent-Infant Psychotherapy Early Head Start Evidence-based home visiting (e.g., Nurse-Family Partnership, Healthy Families America) Concrete assistance (i.e., financial support, day care, support for meeting household needs) 	<ul style="list-style-type: none"> Decreased repeat maltreatment Decreased entry rates Improved child well-being 	Experimental design
NE 7/1/14–6/30/19	<p>Two interventions with different target populations and geographic scopes.</p> <p>1. Alternative Response (AR) begins in five counties (Dodge, Hall, Lancaster, Sarpy, and Scotts Bluff) and will expand statewide.</p>	<p>Alternative Response, a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional Child Protective Services investigations. AR includes linkages to an expanded array of evidence-based programs and services such as:</p> <ul style="list-style-type: none"> Parent Child Interaction Therapy Positive Parenting Program (Triple P) Wraparound Services 	<ul style="list-style-type: none"> Decreased substantiated and repeat reports of maltreatment Decreased rates of entry into out-of-home care Increased placement stability Decreased number of families assigned to AR who are re-assigned to traditional maltreatment investigations due to alleged maltreatment 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding SACWIS and training) <p>Excludes costs associated with youth aged 18–21</p>

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NE 7/1/14–6/30/19 (continued)	<p>AR's target population is all children aged 0–18 who can remain safely at home through the provision of in-home services.</p> <p>2. Results Based Accountability (RBA) is implemented statewide.</p> <p>RBA's target population is all children aged 0–18 served by the child welfare agency.</p>	Results Based Accountability has been 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 achieved through the services provided to children and families.	<ul style="list-style-type: none"> Improved child and family behavioral and emotional functioning and physical health and development 	
NV 7/1/15–9/30/19	<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 are targeted: (1) families and children for whom impending danger is identified 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 and, following reassessment of safety, the children's family meets the conditions necessary to implement an in-home safety plan.</p>	<p>Safety management services model and enhanced service array.</p> <p>Safety management services include development of in-home safety plans and the provision of in-home services and supports. In-home services and supports are individualized based on families' needs and may include crisis intervention and referral and linkage to services such as treatment or childcare, social support, and resource acquisition. Safety managers will manage, perform, and coordinate all safety services.</p> <p>Additional assessment and planning tools will be implemented, including the Protective Capacity Family Assessment, the Protective Capacity Progress Assessment, and others that may be determined.</p>	<ul style="list-style-type: none"> Decreased entry rates Decreased repeat maltreatment Increased exits to permanency Decreased re-entry rates Improved parental protective capacity 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding SACWIS and training) <p>Excludes 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	Method To Measure Cost Neutrality and Included Cost Categories
<p>NY</p> <p>1/1/14–12/31/18</p>	<p>New York City and may expand to additional counties or jurisdictions.</p> <p>Targets all children/youth aged 0–21 years currently in out-of-home placement in regular family foster care.</p>	<p>New York City is developing or expanding the following activities and programs:</p> <ul style="list-style-type: none"> • Caseload and supervisory ratio reduction • Child and Adolescent Needs and Strengths—New York (CANS-NY) • Attachment and Bio-Behavioral Catch-Up • Partnering for Success <p>Any additional participating counties or jurisdictions will implement a different package of interventions (TBD).</p>	<ul style="list-style-type: none"> • Decreased time to exit/permanency • Increased placement stability • Decreased re-entry rates • Decreased subsequent maltreatment • Increased child functional well-being 	<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"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS and training) <p>Includes costs associated with youth aged 18–21</p> <p>Excludes 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>16 counties</p> <p>Targets all children aged 0–17 who are at risk of, who are currently in, or who enter out-of-home placement during the demonstration period, as well as their parents or caregivers.</p>	<ul style="list-style-type: none"> • Family Team Meetings • Kinship supports (activities specifically related to the kinship caregiver, including home assessment, needs assessment, support planning, and service referral and provision) <p>Any county that implemented supervised visitation in a previous phase of the state’s demonstration may continue.</p> <p>Counties may implement additional supportive services that prevent placement and promote permanency for children in out-of-home care.</p>	<ul style="list-style-type: none"> • Decreased proportion of children with substantiated or indicated dispositions of child abuse or neglect who do not experience a placement episode • Decreased time to exit/permanency • Decreased repeat maltreatment • Decreased re-entry 	<p>Comparison county approach</p>

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes	Method To Measure Cost Neutrality and Included Cost Categories
<p>OK</p> <p>7/22/15–9/30/19</p>	<p>Begins in Oklahoma County and will ultimately expand statewide.</p> <p>Targets all children aged 0–12 who are at risk of entering or re-entering foster care.</p>	<p>Intensive Safety Service (ISS), an intensive home-based case management and service model, includes:</p> <ul style="list-style-type: none"> • Cognitive Behavioral Therapy • Healthy Relationship • Motivational Interviewing <p>Families are also being linked to services in the community, including:</p> <ul style="list-style-type: none"> • Parent Child Interaction Therapy • Trauma Focused Cognitive Behavioral Therapy • Substance abuse services • Psychiatric services 	<ul style="list-style-type: none"> • Reduced number of recurrent CPS events among those previously exposed to ISS • Accelerated elimination of safety threats • Decreased initial entries into out-of-home care • Decreased re-entries into out-of-home care • Improved social and emotional well-being for children and their families • Improved parenting skills and practices 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS, training, and certain subcomponents of in-placement administration) <p>Excludes in-placement administration 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>Will be phased in over time in five counties: Multnomah, Clackamas, Gresham, Jackson, and Josephine.</p> <p>Targets children and youth who are entering foster care and who are more likely to remain in foster 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 are currently long-stayers in foster care.</p>	<p>Referred to as the Leveraging Intensive Family Engagement (LIFE) Project, the model aims to reduce the likelihood of long-term foster care placements by addressing what the state has found to be the major barriers to permanency. LIFE consists of three components that are delivered through an overarching collaborative team planning process:</p> <ol style="list-style-type: none"> 1. Enhanced Family Finding 2. Regular, ongoing, structured case planning meetings led by trained facilitators and informed by child and family input 3. Parent mentor program 	<ul style="list-style-type: none"> • Decreased time to exit/permanency • Increased reunification rates • Decreased entry rates • Decreased re-entry rates • Decreased repeat maltreatment • Improved child well-being in domains of mental health, education, and physical health 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> • Foster care maintenance costs <p>Excludes 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	Method To Measure Cost Neutrality and Included Cost Categories
OR 7/1/15–9/30/19 (continued)	Characteristics in the scoring algorithm include a removal reason of abandonment, evidence of serious physical injuries of the child, and child history of mental illness.			
PA 7/1/13–6/30/18	<p>Begins in five counties and will expand to additional counties over time.</p> <p>Targets all children aged 0–18 in or at risk of foster care placement.</p>	<ul style="list-style-type: none"> Family engagement strategies, such as Family Group Decision Making and Family Team Conferencing Enhanced child and family assessments Enhanced service array, including implementation of: <ul style="list-style-type: none"> Parent-Child Interaction Therapy Multi-Systemic Therapy Trauma-Focused Cognitive Behavioral Therapy Homebuilders Family Behavior Therapy SafeCare Family Functional Therapy Triple P 	<ul style="list-style-type: none"> Decreased entry and re-entry rates Decreased time to exit/permanency Increased exits to permanency Decreased repeat maltreatment Improved child and adolescent emotional, behavioral, developmental, academic, and social functioning Improved parent functioning 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding training and non-SACWIS automated systems costs) <p>Excludes title IV-E claims from counties not participating in the demonstration</p> <p>Includes costs associated with youth aged 18–21 unless the state amends its title IV-E State plan</p>
<p>Port Gamble S’Klallam Tribe (PGST)</p> <p>1/21/16–9/30/19</p>	Kitsap County, Washington, and the PGST Indian Reservation, which is located within Kitsap County.	<p>For target population 1:</p> <ul style="list-style-type: none"> Positive Indian Parenting (parent education curriculum emphasizing historical trauma and traditional cultural teaching as a base for effective parenting) <p>For target population 2:</p> <ul style="list-style-type: none"> Family Group Decision Making 	<p>Due to the small sample of children, the demonstration’s evaluation will be primarily qualitative, and focused on the following outcomes:</p> <ul style="list-style-type: none"> Improved parenting skills/behaviors Increased stability/safety for children placed in foster homes Increased options for long-term placement of youth 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding TACWIS and non-TACWIS automated systems and training)

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Port Gamble S'Klallam Tribe (PGST) 1/21/16–9/30/19 <i>(continued)</i>	Two target populations: 1. All children within the tribe's title IV-E service population whose families are in the tribe's dependency caseload 2. All children within the tribe's title IV-E service population whose families are involved in the child welfare system		<ul style="list-style-type: none"> Reduced time to reunification Reduced re-entries into care Improved family cohesiveness and supportive relationships 	
RI ⁷ 10/30/16–9/30/19 Conditional Approval	Statewide with implementation phased in by child welfare region and unit. Targets children and youth, primarily aged 6–18, that are in or are at significant risk of entering congregate care, as well as their families.	To reduce the state's congregate care population and ensure children and youth receive the appropriate level of treatment and care in the least restrictive setting, the state will implement the following: <ul style="list-style-type: none"> Structured Decision Making screening tools Level of care determination and prior approval process Expedited Permanency Meetings Expanded in-home and community-based services 	<ul style="list-style-type: none"> Reduced subsequent maltreatment Increased permanency Reduced time in restrictive placement Increased placement in lower levels of care (i.e., from congregate care to foster care) Reduced number of children in out-of-home placements Improved child and family functioning Improved child well-being 	Capped allocation of title IV-E funding <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding SACWIS and training) Excludes costs associated with youth aged 18–21
TN 10/1/14–9/30/19	Statewide, with implementation staggered by child welfare region. Two target populations: 1. All children aged 0–17 who are in noncustodial (non-placement) care 2. Children in custodial care (out-of-home placement)	For target population 1: <ul style="list-style-type: none"> Statewide Risk and Safety Assessment Protocol using the Family Assessment and Screening Tool (FAST) For target populations 1 and 2: <ul style="list-style-type: none"> Keeping Foster and Kin Parents Supported and Trained (KEEP)—for foster parents of children in custodial care Parenting education and support program (TBD) 	<ul style="list-style-type: none"> Decreased entry rates Decreased repeat maltreatment Decreased re-entry rates following exits to permanency Improved child and family functioning and well-being 	Capped allocation of title IV-E funding <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding SACWIS and training) Excludes costs associated with youth aged 18–21

⁷ Rhode Island is currently revising its plans for its waiver demonstration. The information included in this table reflects the state's approved Terms and Conditions and revised Initial Design and Implementation Report submitted as of September 2016.

Jurisdiction and Implementation Dates	Target Population and Geographic Scope	Core Interventions, Including Evidence-Based or Promising Programs	Key Outcomes	Method To Measure Cost Neutrality and Included Cost Categories
UT 10/1/13– 9/30/18	<p>Began in two child welfare offices (one serving an urban area and one serving a rural area), with statewide expansion planned.</p> <p>Targets all children and families entering the child welfare system due to substantiated child abuse/neglect or dependency that are 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"> Enhanced child and family functional assessment (Utah Family and Children Engagement Tool, or UFACET, established using the CANS-Mental Health tool framework) Systematic Training for Effective Parenting (a parenting education and support program) Strengthening Families Protective Factors Framework National Child Traumatic Stress Network’s child welfare training curriculum 	<ul style="list-style-type: none"> Decreased repeat maltreatment Decreased entry rates Decreased length of time in foster care Improved child and family well-being 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding training, SACWIS, and non-SACWIS automated systems costs)
WA 1/1/14– 12/31/18	<p>Began in select offices with statewide expansion planned.</p> <p>Targets families entering the child welfare system due to substantiated child abuse/neglect that are 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 includes the expansion and provision of services such as:</p> <ul style="list-style-type: none"> SafeCare (parenting education) Incredible Years (parenting education) Positive Parenting Program (Triple P) (parenting education) Promoting First Relations 	<ul style="list-style-type: none"> Decreased repeat maltreatment Decreased entry rates Improved child and family well-being 	<p>Capped allocation of title IV-E funding</p> <ul style="list-style-type: none"> Foster care maintenance costs Foster care administrative costs (excluding SACWIS and training) <p>Excludes costs associated with youth aged 18–21</p>

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WV 10/1/15– 9/30/19	Will begin in two child welfare regions with plans to expand statewide. Targets youth aged 12–17 who are in or are at risk of entering congregate care placement.	Wraparound service model based on the National Wraparound Initiative Model. The demonstration will incorporate evidence-based, evidence-informed, and promising practices to coordinate services for eligible youth and their families. Family Team Conferencing will be used to develop or revise youth and family treatment plans. West Virginia Child and Adolescent Needs and Strengths (WVCANS) assessment will be implemented universally across child-serving systems. Additional assessment and planning tools may include: <ul style="list-style-type: none"> • Comprehensive Assessment and Planning System (CAPS) • Family Functioning Assessment • Protective Capacity Family Assessment • Youth Behavioral Evaluation • Early Periodic Screening Diagnosis and Treatment • Casey Life Skills Assessment 	<ul style="list-style-type: none"> • Decreased congregate care placement rates • Decreased length of stay in congregate care • Increased number of youth remaining in their home communities • Decreased entry rates • Decreased repeat maltreatment • Improved child well-being • Improved educational achievement • Improved educational stability • Improved family functioning 	Capped allocation of title IV-E funding <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding SACWIS and training) Excludes costs associated with youth aged 18–21
WI 10/1/13– 9/30/18	Began in 35 of Wisconsin's 71 counties and will expand statewide. Targets families with children aged 0–5 who have reunified with their families after temporary placement in out-of-home care and are at risk of re-entry into care.	Post-Reunification Support Program provides 12-months postreunification case management, services to meet family needs, and linkages to community supports.	<ul style="list-style-type: none"> • Decreased repeat maltreatment • Decreased re-entry rates • Improved early education outcomes • Decreased exposure to trauma • Improved child health and emotional, behavioral, and social functioning 	Capped allocation of title IV-E funding <ul style="list-style-type: none"> • Foster care maintenance costs • Foster care administrative costs (excluding training, SACWIS, and non-SACWIS automated systems costs)