

REPORT | February 2021

# Title IV-E Waiver Demonstration National Study

Supplemental Outcomes Report

REPORT | February 2021

# Title IV-E Waiver Demonstration National Study

## Supplemental Outcomes Report

### Author

Elliott Graham, Ph.D.

### Submitted to

Liliana Hernandez, M.S.W., M.P.P., Project Officer  
Children's Bureau  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Contract Number: HHSP2332015001331

### Prepared by

James Bell Associates  
3033 Wilson Boulevard, Suite 650  
Arlington, VA 22201  
(703) 528-3230  
[www.jbassoc.com](http://www.jbassoc.com)

Elliott Graham, Ph.D.  
Project Director

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: James Bell Associates. (2021). *Title IV-E Waiver Demonstration National Study: Supplemental outcomes report*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

### Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Children's Bureau, the Administration for Children and Families, or the U.S. Department of Health and Human Services. This report and other reports sponsored by the Children's Bureau are available at <https://www.acf.hhs.gov/cb>.



# Acknowledgments

---

This *Title IV-E Waiver Demonstration National Study: Supplemental Outcomes Report* reflects the cumulative contributions of numerous individuals and organizations. We would first like to thank the evaluation teams for each of the child welfare waiver demonstration projects described in this report whose work to plan, implement, and report on the results of those projects provided the source material for this publication. We would also like to acknowledge the hundreds of frontline staff, supervisors, managers, and leadership from state, local, and tribal child welfare agencies—along with their partners from other government and nonprofit service organizations—whose efforts to serve vulnerable children and families through their demonstration projects and commitment to improve child safety, permanency, and well-being are reflected throughout this report. Finally, we would like to express our gratitude to the project officers and leadership at the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services for their feedback, guidance, and support throughout the development of this publication. We hope it accurately represents the findings from the evaluations of the waiver demonstration projects and serves to document the many insights and lessons learned through title IV-E waivers that will improve child welfare services, policies, and practices nationwide.

# Contents

---

- Executive Summary ..... 1
  - Highlights .....2
  - Foster Care Prevention .....2
  - In-Home Cases.....2
  - Family Reunification .....3
  - Long-Term Placement.....3
  - Multiple Target Populations.....4
  - Conclusion .....4
- Background and Purpose of This Report ..... 6
- The Review Process ..... 8
- Limitations ..... 16
- Results of the Final Evaluation Report Review ..... 17
  - Foster Care Prevention ..... 17
  - In-Home Cases..... 19
  - Family Reunification .....27
  - Long-Term Placement.....31
  - Multiple Target Population Category.....33
- Summary of Findings ..... 38
- Conclusion ..... 48
- References..... 50

## Exhibits

- Exhibit 1. Jurisdictions and Associated Interventions ..... 8
- Exhibit 2. Screening and Assessment Tools Used to Evaluate Interventions..... 14
- Exhibit 3. Foster Care Prevention Findings by Intervention..... 17

Exhibit 4. In-Home Case Findings by Intervention .....	20
Exhibit 5. Family Reunification Findings by Intervention .....	28
Exhibit 6. Long-Term Placement Findings by Intervention .....	31
Exhibit 7. Multiple Target Population Findings by Intervention .....	33
Exhibit 8. Final Evaluation Report Review Target Populations and Interventions .....	39
Exhibit 9. Number and Percentage of Interventions by Finding Category and Target Population .....	41
Exhibit 10. Interventions by Finding Category and Target Population .....	42
Exhibit 11. Intermediate and Long-Term Outcomes for Interventions With Only Positive Findings.....	44
Exhibit 12. Interventions With One or More Statistically Significant Positive Findings by Outcome Category .....	45

# Executive Summary

---

In July 2019, the Children’s Bureau released the Title IV-E Child Welfare Waiver Demonstration National Study Final Report (James Bell Associates, 2019), which provided a comprehensive understanding of the experiences and outcomes of child welfare jurisdictions (including state and tribal child welfare agencies and the District of Columbia) in implementing child welfare waiver demonstrations authorized between 2012 and 2014 under the Child and Family Services Improvement and Innovation Act (Public Law 112-34) of 2011. One component of the National Study Final Report was a comprehensive review of evaluation findings reported by jurisdictions in Interim Evaluation Reports submitted to the Children’s Bureau as a requirement of their child welfare demonstrations.

A significant limitation of the review of jurisdictions’ Interim Reports was the preliminary nature of available outcome findings. This Supplemental Outcomes Report attempts to address this limitation by analyzing and reporting findings available in jurisdictions’ Final Evaluation Reports, which were submitted to the Children’s Bureau in 2019 and 2020 as part of waiver agreements with the federal government.

The review process for the Final Evaluation Reports from 23 jurisdictions largely followed the methodology used for the Interim Report review included in the National Study Final Report. The jurisdictions implemented a total of 84 interventions, which included 66 distinct, unduplicated programs and services.

To facilitate the review process and to aid in understanding their potential impact, interventions were classified into five target population categories: (1) foster care prevention cases at risk of out-of-home placement, (2) in-home cases with a case plan goal of keeping the family together, (3) reunification cases with a case plan goal of

## At a Glance

We reviewed the Final Evaluation Reports from 23 jurisdictions implementing 84 interventions in total. The interventions addressed foster care prevention, in-home cases, family reunification, long-term placement, or multiple target populations.

- Child welfare jurisdictions successfully leveraged waivers to implement an expansive array of interventions.
- Most interventions (almost 80 percent) showed mixed results. One in five showed positive results across all major outcomes.
- Nearly all interventions demonstrated some meaningful evidence of benefit, and virtually none demonstrated negative impacts.
- Positive findings were likely facilitated by strong research designs, jurisdiction experience implementing the interventions, implementation fidelity, and family satisfaction and engagement.

reunification, (4) long-term placement cases, and (5) families that fit into three or more target population categories. Findings from the jurisdictions' Final Reports were then organized into one of three outcome categories within each target population category: Only Positive (evaluation results were all in the expected and generally positive direction), Only Unexpected (evaluation findings were unexpected and generally negative), and Mixed (evaluation results were a combination of positive, unexpected, and "neutral"; i.e., no statistically significant or otherwise measurable differences were observed between an intervention group and a comparison group or condition).

Key findings from the Final Report analysis across these outcome categories are summarized below for each major target population group.

## Highlights

### Foster Care Prevention

Four jurisdictions implemented five interventions for the target population of children at potential risk of a foster care placement. Findings from one intervention were categorized as Only Positive, while findings from the other four were categorized as Mixed.

**Alternative Response (Nebraska).** Families that received Alternative Response services demonstrated statistically significant improvements in knowledge of parenting and child development between case opening and closure. Alternative Response families also experienced significantly fewer repeat maltreatment referrals than control group families, along with significantly fewer maltreatment substantiations.

**Nurturing Parenting Program (Arkansas).** Families that graduated from the program had statistically significant increases in self-reported parenting skills between baseline and graduation in areas that included empathizing with their children, having appropriate expectations of their children, and giving their children more power and independence.

### In-Home Cases

Nine jurisdictions implemented 17 interventions for the target population of children whose removal could be prevented with in-home services, with 3 falling into the Only Positive Findings category and the remaining 14 falling into the Mixed Findings category.

**Functional Family Therapy (Maryland).** Youth receiving Functional Family Therapy had statistically significant decreases in behavioral dysfunction, intrapersonal distress, and problems with interpersonal relations; they also had fewer maltreatment investigations after enrollment in therapy than prior to enrollment.

**Intensive Safety Services (Oklahoma).** Families that received Intensive Safety Services experienced statistically significant reductions in safety threats; they also had significantly fewer out-of-home placements and remained home much longer before placement than control group families.

**Protect MiFamily (Michigan).** Families that completed the program showed statistically significant improvements over time in several domains of the Protective Factors Survey, including Family Functioning, Parent Social-Emotional Support, Parent Concrete Support, Nurturing and Attachment, and Knowledge of Parenting/Child Development.

## Family Reunification

Five jurisdictions implemented six interventions for the target population of children in out-of-home placement with a case plan goal of family reunification, with three interventions falling into the Only Positive Findings category and three falling into the Mixed Findings category.

**Illinois Birth to Three (Illinois).** Children whose caregivers completed the program had a 46 percent greater chance of reunification than did children in the comparison group. Among children older than 6 months, the odds of family reunification were 57 percent higher for children in the intervention group than for children in the comparison group.

**Caseload and Supervisory Ratio Reductions (New York).** Caseload reduction had a statistically significant positive effect on permanency outcomes: Specifically, foster care exit rates increased by 9 percent after caseload reductions were implemented, while median lengths of placement declined to 475 days after caseload reductions were implemented, compared with a median of 525 days before their implementation.

**Family Wrap Services (Hawaii).** Of the 109 children on O'ahu Island who received Family Wrap Services, 73 percent reunited with their birth families, 8 percent achieved guardianship, and 5 percent were adopted. On Hawaii Island, 69 percent of the 26 children who participated in Family Wrap Services were reunited with their families.

## Long-Term Placement

Four jurisdictions implemented six interventions for the target population of children in a long-term foster care placement, including kinship placements, nonfamily foster homes, and congregate care placements. Of these six interventions, one fell into the Only Positive Findings category, four fell into the Mixed Findings category, and one fell into the Only Unexpected Findings category.

**Permanency Round Tables (Colorado).** Youth with a goal of Other Planned Permanent Living Arrangement had significantly more permanent connections after participating in Permanency Round



Tables, with their mean number of permanent connections increasing from 1.6 at the start of the intervention to 3 by the end of their time in placement.

## Multiple Target Populations

Seven jurisdictions implemented interventions that were categorized as applying to multiple (three or more) target populations, with findings from all seven falling into the Mixed Findings category.

**Caring Together (Massachusetts).** Fewer youth in congregate care who participated in Caring Together experienced a physical restraint episode within 6 months of congregate care entry than did youth in the matched comparison group; these youth were also slightly less likely to experience a hospitalization within 6 months of placement and had fewer critical incidents (e.g., psychiatric emergency, assault) within 3 months of entry.

**Facilitated Family Engagement (Colorado).** Children in out-of-home placement whose families participated in Facilitated Family Engagement had significantly shorter case lengths than matched comparison children; they were also more likely to be placed initially with kin and to remain with kin while their cases were open.

## Conclusion

The findings described in this report reflect a more comprehensive and conclusive analysis of results from the waiver demonstration projects than was possible at the time the Interim Report review was conducted for the Waiver National Study. Whereas about half of the interventions included in the Interim Report analysis had Mixed Findings, nearly 80 percent fell into this category based on the Final Report review. Paralleling this increase, the proportion of interventions falling into the Positive Findings category decreased from just over one-third to only 20 percent, while only one intervention fell into the Only Unexpected Findings category. When examined in their entirety, about one-fifth of waiver interventions included in the Final Report analysis had statistically significant positive effects across all major outcomes on which they were evaluated; when combined with the Mixed Findings category, nearly all interventions included in this report demonstrated some meaningful evidence of benefit, and virtually none demonstrated negative impacts.

The strong pattern of positive findings observed among many demonstration projects may be due in part to strong research designs that made it easier to discern the benefits of certain interventions; other factors that may have contributed to positive findings include jurisdictions' previous experience implementing a particular intervention, implementing with high fidelity, and high levels of family satisfaction and engagement in interventions.

Results from the analysis of jurisdictions' Final Reports must be considered in the context of several programmatic and evaluation challenges, including leadership and staff turnover, limited stakeholder buy-in, competing child welfare agency needs and priorities, small sample sizes, and inaccurate or incomplete data. Despite these hurdles, the results presented in this report confirm that child welfare jurisdictions successfully leveraged their title IV-E waivers to implement an expansive array of programs and services, and these interventions by and large produced some evidence of positive impacts on child safety, permanency, and well-being.

# Background and Purpose of This Report

---

In July 2019, the Children’s Bureau released the Title IV-E Child Welfare Waiver Demonstration National Study Final Report (Final Report).<sup>1</sup> Implemented by James Bell Associates under an evaluation technical assistance contract overseen by the Children’s Bureau, the purpose of the National Study was to provide a comprehensive understanding of the experiences of child welfare jurisdictions (including state and tribal child welfare agencies, along with the District of Columbia) in implementing child welfare waiver demonstrations authorized under the Child and Family Services Improvement and Innovation Act (Public Law 112-34) of 2011<sup>2</sup> and the overall impact of the demonstrations on child and family safety, permanency, and well-being.

One component of the Final Report was a comprehensive review of evaluation findings reported by jurisdictions in Interim Evaluation Reports (IERs) submitted to the Children’s Bureau as a requirement of their child welfare demonstrations. The IER Review was conducted across 20 jurisdictions<sup>3</sup> that implemented 68 interventions under title IV-E waivers authorized in 2012, 2013, and 2014 to assess which interventions were showing promising results on selected outcomes at the interim point of their evaluations. To facilitate comparisons across multiple jurisdictions and interventions, target population categories were developed to organize the interventions in a way that aided in understanding their preliminary outcomes.

As noted in the National Study Final Report, one significant limitation of the IER Review was the preliminary nature of outcome findings available in the jurisdictions’ IERs, which meant that any positive, negative, or mixed<sup>4</sup> findings reported in the Review were tentative and subject to cautious interpretation. This Supplemental Outcomes Report attempts to address the limitation of the original IER Review by analyzing and reporting findings available in jurisdictions’ Final Evaluation Reports,

---

<sup>1</sup> The [Title IV-E Child Welfare Waiver Demonstration National Study Final Report](#) is available on the Children’s Bureau website.

<sup>2</sup> The act extended waivers granted under previous legislation that gave jurisdictions flexibility in the use of federal title IV-E funds to implement alternative services and supports not usually allowed under title IV-E of the Social Security Act that promote safety, permanency, and well-being for children in the child protection and foster care systems. Per the law’s requirements, all child welfare demonstrations were required to end no later than September 30, 2019.

<sup>3</sup> IERs from three jurisdictions—Port Gamble S’Klallam Tribe, Maine, and Arizona—were excluded because of the timing of the review process and the submission dates of their IERs. Unless otherwise noted, their findings are included in this report.

<sup>4</sup> That is, a combination of some positive and some negative findings relative to a comparison group or condition

which were submitted to the Children’s Bureau as part of jurisdictions’ waiver agreements with the federal government.<sup>5</sup>

The report is divided into three sections, following the organization of the IER Review in the National Study Final Report. The first section describes the methodology used to conduct the review of jurisdictions’ Final Evaluation Reports. The next section describes findings from the review organized by target population and outcome categories. The last section summarizes key findings from the review and highlights contributions of the jurisdictions’ demonstrations to the evidence base for effective child welfare programs and practices.

---

<sup>5</sup> Most final reports were submitted in late 2019 and early 2020; several jurisdictions requested and were granted extensions into the summer of 2020 because of the extra burdens placed on child welfare agencies by the COVID-19 pandemic.

# The Review Process

The Final Evaluation Reports from 23 jurisdictions were reviewed for this report, with the review process largely following the methodology used for the IER Review included in the National Study Final Report. The 23 jurisdictions implemented a total of 84 interventions,<sup>6</sup> which included 66 distinct, unduplicated programs and services.<sup>7</sup> Exhibit 1 lists the jurisdictions alphabetically, along with the interventions they implemented under their demonstration projects.<sup>8</sup>

## Exhibit 1. Jurisdictions and Associated Interventions

Jurisdiction	Intervention
Arizona	Fostering Sustainable Connections Project, consisting of— Family Finding model Team Decision Meetings In-home reunification/placement stabilization services
Arkansas	Child and Adolescent Needs and Strengths (CANS) Assessment Differential Response (DR) Family Advocacy Support Tool (FAST) Nurturing Parent Program (Nurturing the Families of Arkansas) Permanency Roundtables (PRTs) Arkansas Creating Connections for Children (ARCCC), Targeted Foster Family Recruitment Team Decision-Making
Colorado	Facilitated Family Engagement Kinship Supports Permanency Roundtables (PRTs) Trauma-Informed Child Assessment Tools and Treatment

<sup>6</sup> To enhance recognition of program names, full wording and short forms are often repeated throughout this document.

<sup>7</sup> Several jurisdictions implemented many of the same interventions (e.g., the CANS assessment, Nurturing Parent Program, Permanency Roundtables, interventions that were substantially similar such as Alternative Response/Differential Response/Family Assessment Response).

<sup>8</sup> See appendix 1 in the National Study Final Report for more detailed information about the interventions implemented by the waiver jurisdictions.

Jurisdiction	Intervention
District of Columbia	<p>HOMEBUILDERS</p> <p>Mobile Crisis Stabilization (MSS)</p> <p>Project Connect (Intensive home visitation services)</p> <p>Parent Education and Support Project</p>
Hawaii	<p>Crisis Response Team</p> <p>Family Wrap Services</p> <p>Safety, Permanency, and Well-being (SPAW) Meetings</p> <p>Intensive Home-Based Services</p>
Illinois	<p>Child Parent Psychotherapy (CPP)</p> <p>Nurturing Parenting Program (NPP)</p>
Kentucky	<p>Kentucky Strengthening Ties and Empowering Parents (KSTEP)</p> <p>Sobriety Treatment Teams (START)</p>
Maine	<p>Maine Enhanced Parenting Project, consisting of—</p> <ul style="list-style-type: none"> <li>Matrix Model Intensive Outpatient Program</li> <li>Positive Parenting Program (Triple P)</li> </ul>
Maryland	<p>Families Blossom/Place Matters, which included—</p> <ul style="list-style-type: none"> <li>Child and Adolescent Needs and Strengths (CANS) Assessment</li> <li>Functional Family Therapy (FFT) (Anne Arundel, Carroll, Harford, and Howard Counties)</li> <li>Incredible Years (Allegheny County only)</li> <li>Nurturing Parenting Program (NPP) (Harford County only)</li> <li>Parent-Child Interaction Therapy (PCIT) (Anne Arundel County only)</li> <li>Partnering for Success/Cognitive Behavior Therapy Plus (Baltimore County only)</li> <li>Solution-Based Casework (Baltimore City only)</li> <li>Strengthening Ties and Empowering Parents (STEPS) (Washington County only)</li> <li>Trauma Systems Therapy (Washington County only)</li> <li>Workforce development to become a trauma-informed system</li> </ul>

Jurisdiction	Intervention
Massachusetts	Caring Together, consisting of— Redesigned congregate care services with an integrative approach Continuum Services Follow-Along Services Stepping Out Services Family Partners
Michigan	Protect MiFamily, consisting of— Concrete assistance Long-term family engagement and support Psychosocial screening Safety assessment and planning Strengthening Families framework Trauma screening checklist
Nebraska	Alternative Response (AR) Results Based Accountability/Provider Performance Improvement
Nevada	Safety Management Services
New York	Strong Families New York City, consisting of— Attachment and Biobehavioral Catch-Up (ABC) Caseload and supervisory ratio reductions Child and Adolescent Needs and Strengths (CANS), New York Version Partnering for Success
Oklahoma	Intensive Safety Services
Oregon	Leveraging Intensive Family Engagement (LIFE) Project, consisting of— Structured case planning (LIFE) meetings Enhanced Family Finding Team collaboration/service coordination Parent Mentor Program

Jurisdiction	Intervention
Pennsylvania	Child Welfare Demonstration Project, consisting of— Enhanced Assessments (Child and Adolescent Needs and Strengths [CANS] Assessment, Family Advocacy Support Tool [FAST], Ages and Stages Questionnaire [ASQ]) Evidence-Based/Evidence-Informed Programs: Family Behavior Therapy Family Functional Therapy (FFT) HOMEBUILDERS Multi-Systemic Therapy (MST) Parent-Child Interaction Therapy (PCIT) Parents as Teachers (PAT) SafeCare Trauma-Focused Cognitive Behavioral Therapy Positive Parenting program (Triple P) Family Engagement Strategies (Family Group Decision Making [FGDM], Family Team Conferences [FTCs], Team Meetings) Wraparound services
Port Gamble S'Klallam Tribe	Positive Indian Parenting program (S'Klallam Strong Families) Family Group Decision Making (FGDM)
Tennessee	Family Advocacy and Support Tool (FAST) Keeping Foster and Kinship Parents Supported and Trained (KEEP) Reinforcing Efforts, Relationships, and Small Steps (R3) casework model
Utah	HomeWorks, consisting of— Child and family assessments Caseworker training, skills, and tools Referrals to community resources
Washington	Family Assessment Response-Differential Response (FAR/DR)
West Virginia	Safe at Home West Virginia, Wraparound Services
Wisconsin	Postreunification support services

To facilitate the review process and aid in understanding their potential impact, interventions were classified into target population categories. The IER review included in the National Study Final Report described 10 target population categories, which the interventions listed above were



designed to serve. A subsequent review of the interventions listed above identified a smaller group of target population categories that will be the focus of the discussion of findings from the jurisdictions' Final Evaluation Reports:

- **Foster Care Prevention:** Includes children/youth/families who (1) have been reported to a maltreatment report hotline (or who come to the attention of the child welfare agency through other means) and (2) were not removed at the point an allegation was substantiated but are at risk of removal
- **In-Home Cases:** Includes children/youth/families with a case plan goal of keeping the child with his or her family
- **Family Reunification:** Includes children/youth/families with a case plan goal of reuniting the child with his or her family
- **Long-Term Placement:** Includes children/youth in a long-term foster care placement (kin, foster home, foster family agency, group home)
- **Multiple Target Populations:** Includes interventions that were implemented for three or more target population categories

Intervention findings from the Final Evaluation Reports were reviewed and the interventions were then organized into one of three outcome categories within each target population category: Only Positive Findings,<sup>9</sup> Only Unexpected Findings, and Mixed Findings. A finding was defined as an “outcome” for the purposes of the review process if results for cases served through an intervention were compared with another group (e.g., retrospective or contemporary comparison group), with another time period (e.g., pre- and posttest), or with a preestablished benchmark (e.g., performance targets established by certain jurisdictions). The outcome categories were designed to differentiate evaluation outcomes across jurisdictions and to identify interventions that had demonstrated conclusive or at least promising positive findings at the end of their demonstrations. Interventions with results that were all in the expected (generally positive) direction relative to a comparison group or condition were placed in the Only Positive Findings category. Interventions whose results were unexpected (i.e., not in the originally hypothesized direction) relative to a comparison group or condition were placed in the Only Unexpected Findings category. Interventions whose results were a combination of positive, “neutral,”<sup>10</sup> and/or unexpected outcomes were placed in the Mixed Findings category. Findings in the Only Positive Findings category were further differentiated between intermediate outcomes (e.g., changes in parental knowledge, skills, behavior, interpersonal

---

<sup>9</sup> This category was originally labelled as “Only Promising Findings” in the IER Review section of the National Study Final Report, given the preliminary nature of findings in the jurisdictions' IERs. It is now labelled as “Only Positive Findings” because results from the Final Evaluation Reports are complete and more conclusive.

<sup>10</sup> That is, no statistically significant or otherwise measurable differences were observed between an intervention group and a comparison group or condition.

relations) and long-term safety and permanency outcomes (e.g., maltreatment recurrence, removal from home within 12 months).

Interventions implemented by several jurisdictions were excluded from the analysis for several reasons: (1) no outcome evaluation was implemented (some interventions were only studied using a process evaluation or were not included in a jurisdiction's evaluation), (2) no comparison group or condition was identified and studied, (3) insufficient cases or data were presented (i.e., some findings were reported but were inadequate to draw conclusions about an intervention's effects), or (4) reported findings were all neutral. Altogether, 16 interventions across 11 jurisdictions were excluded from the analysis conducted for this report.<sup>11</sup>

The number of interventions included in the analysis was further narrowed by the way in which many jurisdictions structured their evaluations. Whereas most interventions were implemented and evaluated by jurisdictions as separate and distinct programs, several jurisdictions implemented interventions as a group and evaluated their collective impact, including Arizona (Fostering Sustainable Connections Project), Maine (Maine Enhanced Parenting Project), Massachusetts (Caring Together), Michigan (Protect MiFamily), Oregon (Leveraging Intensive Family Engagement), Pennsylvania (Child Welfare Demonstration Project), and Utah (HomeWorks). The grouping of interventions within these demonstration projects for evaluation purposes reduced to 41 the final count of interventions that were assigned to one of the target population categories and included in the Final Report analysis.

Jurisdictions employed numerous screening and assessment instruments as part of their evaluations; these instruments are referred to throughout the following sections of this report. Exhibit 2 lists these instruments in alphabetical order and indicates the interventions that were evaluated using them.

---

<sup>11</sup> The excluded interventions included programs implemented by Arkansas, Colorado, District of Columbia, Hawaii, Maryland, Nebraska, New York, Pennsylvania, Port Gamble S'Klallam Tribe, Tennessee, and Wisconsin. Refer to these jurisdictions' detailed [demonstration profiles](#) for more information regarding the excluded interventions.

## Exhibit 2. Screening and Assessment Tools Used to Evaluate Interventions

Screening and assessment tools and abbreviations	Associated interventions and jurisdictions
Addiction Severity Index (ASI)	Kentucky Strengthening Ties and Empowering Parents (KY)
Adult-Adolescent Parenting Inventory-2 (AAPI-2)	Nurturing Parenting Program (MD) Illinois IB3 (IL)
Assessment of Child Safety	Intensive Safety Services (OK)
Behavioral and Emotional Rating Scale (BERS-2)	Fostering Sustainable Connections (AZ)
Brief Infant-Toddler Socioemotional Assessment	Attachment and Biobehavioral Catchup (NY)
Child and Adolescent Needs and Strengths (CANS)	Child and Adolescent Needs and Strengths Assessment (AR) Levering Intensive Family Engagement (OR) Maine Enhanced Parenting Project (ME) Safe at Home West Virginia, Wraparound Services (WV)
Comprehensive Parenting Inventory (CPI)	Nurturing Parenting Program (AR)
Depression Anxiety Stress Scales (DASS)	Maine Enhanced Parenting Project (ME)
Devereux Early Childhood Assessment (DECA)	Illinois IB3 (IL)
Eyberg Child Behavior Inventory (ECBI)	Incredible Years (MD) Parent-Child Interaction Therapy (MD) Positive Parenting Program (PA)
Family Advocacy and Support Tool (FAST)	Strengthening Ties and Empowering Parents (MD)
Maslach Burnout Inventory (MBI)	Solution-Based Casework (MD)
North Carolina Family Assessment Scale (NCFAS)	Intensive Home-Based Services (HI) Kentucky Strengthening Ties and Empowering Parents (KY) Sobriety Treatment and Recovery Teams (KY)
Nurturing Quiz (NQ)	Nurturing Parenting Program (MD)
Parenting and Family Adjustment Scales (PAFAS)	Maine Enhanced Parenting Project (ME)

Screening and assessment tools and abbreviations	Associated interventions and jurisdictions
Parenting Stress Index-Short Form (PSI-SF)	Incredible Years (MD) Parent-Child Interaction Therapy (MD)
Parents' Assessment of Protective Factors (PAPF)	Strengthening Ties and Empowering Parents (MD)
Professional Quality of Life Scale (PQL)	Solution-Based Casework (MD)
Protective Capacity Progress Assessment (PCPA)	Safety Management Services (NV)
Protective Factors Survey (PFS)	HomeWorks (UT) Protect MiFamily (MI)
UCLA Posttraumatic Stress Disorder (PTSD) Reaction Index	Trauma Systems Therapy (MD)
Youth Outcome Questionnaire (Y-OQ)	Functional Family Therapy (MD)
Youth Outcome Questionnaire, Self Report (Y-OQ-SR)	Functional Family Therapy (MD)
Youth Quality of Life Instrument, Short Form (YQOL-SF)	Fostering Sustainable Connections (AZ)

# Limitations

---

As with the IER Review included in the National Study Final Report, certain limitations necessitate a cautious interpretation of the findings included in this report. First, James Bell Associates did not independently assess the quality, validity, or completeness of outcome findings reported in each jurisdiction's Final Evaluation Report. For example, a positive finding included in a report was assumed to be accurate and in the expected direction based on the research hypotheses guiding the jurisdiction's evaluation. Many of the methodological and logistical issues reported in jurisdictions' IERs were also described in their Final Evaluation Reports, including small sample sizes, low response rates, and delayed program implementation. As a result, the caveats that often apply to the interpretation of findings from human service evaluations also apply to the interpretation of findings from the jurisdictions' evaluations, and in turn to the findings included in this report.

The Final Evaluation Report review does not represent an independent and objective assessment of the interventions' performance but rather a qualitative summary of results reported by the waiver jurisdictions. Although the Final Evaluation Reports used a broadly similar organizational framework (i.e., all reports included a process study, an outcome study, and a cost study), they differed widely in their design and approach to data collection, analysis, and reporting methods, depending on each jurisdiction's unique information needs. In the process of analyzing and summarizing the Final Evaluation Reports, James Bell Associates may have inadvertently miscategorized certain interventions, misinterpreted some results, or overlooked important findings. Such mistakes are generally unlikely given the precautions built into the review process (e.g., reliability checks) but should nonetheless be acknowledged.

# Results of the Final Evaluation Report Review

This section highlights key findings from the interventions that were included in the Final Evaluation Report analysis organized by target population and finding category (Only Positive, Mixed, and Only Unexpected). Interventions are presented in alphabetical order within each of these categories.

## Foster Care Prevention

Four jurisdictions implemented five interventions for the target population of children who came to the attention of a child welfare agency and were at risk of a foster care placement, with the intent of enabling these children to remain in their homes. Findings from these five interventions, which were included in the four jurisdictions' Final Evaluation Reports, are summarized in exhibit 3. Findings from one intervention were categorized as Only Positive, while findings from the other four were categorized as Mixed. A more detailed review of findings from each intervention follows the exhibit.

**Exhibit 3. Foster Care Prevention Findings by Intervention**

Jurisdiction	Intervention	Findings category		
		Only positive	Only unexpected	Mixed
Arkansas	Differential Response			X
	Nurturing Parenting Program (Nurturing the Families of Arkansas)			X
Maryland (Washington County)	Strengthening Ties and Empowering Parents			X
Nebraska	Alternative Response	X		
Washington	Family Assessment Response, Differential Response			X

## Interventions With Only Positive Findings

**Alternative Response (AR) (Nebraska).** Families that received AR services demonstrated statistically significant improvements in knowledge of parenting and child development between case opening and closure, while children showed significant improvements in social and emotional competence between case opening and closure along with decreases in emotional symptoms, hyperactivity, and conduct problems. AR families also experienced significantly fewer repeat accepted maltreatment referrals than control group families, along with significantly fewer maltreatment substantiations. Analyses conducted at the child level demonstrated a statistically significant relationship between out-of-home removal and track assignment, with fewer children in the AR track experiencing an out-of-home placement than children assigned to the control group.

---

*Alternative Response families in Nebraska experienced significantly fewer repeat accepted maltreatment referrals, maltreatment substantiations, and out-of-home placements than control group families.*

---

## Interventions With Mixed Findings

**Differential Response (DR) (Arkansas).** Families receiving DR were significantly less likely than comparison group families to have a subsequent Child Protective Services (CPS) case open within 3, 6, and 12 months and were significantly less likely than comparison group families to have a child removed from the home at these same time intervals. Overall, fewer children enrolled in DR entered out-of-home care within a year of case closing (2.7 percent) than did children in the comparison group (6.0 percent), although these differences were not statistically significant. Children involved in a DR case who were removed were significantly less likely than comparison group children to be returned to their homes at 3, 6, and 12 months after removal.

**Family Assessment Response (FAR) (Washington State).** Based on results from a matched case comparison analysis, the receipt of FAR services appeared to reduce the probability of out-of-home placement at statistically significant levels at 3, 6, 12, and 24 months after intake. The estimated reduction in the probability of removal at 12 months was approximately 17 percent. Contrary to expectations, FAR appeared to increase accepted maltreatment re-referrals, with statistically significant differences observed between the FAR and matched comparison group at 3, 6, 12, 24, and 36 months after intake. Possible contributing factors to increased re-referrals in the FAR group included greater exposure among FAR families to service providers, which increased their interactions with mandated reporters, and more willingness among mandated reporters to report lower risk cases. No significant differences were observed between FAR cases and matched comparison cases on proxy measures of well-being that included criminal justice involvement,

receipt of economic assistance, homelessness, and use of crisis medical and mental health services.

**Nurturing Parenting Program (NPP)/Nurturing the Families of Arkansas (NFA) (Arkansas).**

Based on analysis of data from the Comprehensive Parenting Inventory, NFA participants who graduated from the program had statistically significant increases in self-reported parenting skills between baseline and graduation on a variety of topics, including empathizing with their children, having appropriate expectations of their children, and giving their children power and independence in the relationship. Overall, families that graduated from NFA had slightly lower rates of verified maltreatment reports and child removals than comparison group families at 6 and 12 months; these differences were not statistically significant.

**Strengthening Ties and Empowering Parents (STEPS) (Washington County, Maryland).**

From pretest to posttest, caregivers who participated in STEPS showed significant increases in several domains of the Parents' Assessment of Protective Factors (PAPF) survey, including parental resilience, receipt of concrete supports, and socio-emotional competence. Needs scores decreased and strengths scores increased on the FAST Needs and Strengths Assessment at statistically significant levels between intake and 6-month follow-up for both caregivers and children. The cumulative likelihood of receiving a CPS investigation over 3 years following STEPS admission was estimated to be 11 percent. The follow-up investigation rate was higher for parents who had an investigation prior to STEPS admission (0.68 per 100 person-months) than for those who did not (0.20 per 100 person-months). Due to the small number of total investigations observed (only four), this difference was not statistically significant.

## In-Home Cases

Nine jurisdictions implemented a total of 17 interventions for the target population of children who were at risk of removal but for whom it was determined removal could be prevented with in-home services. All 9 jurisdictions presented some outcome findings in their Final Evaluation Reports for these 17 interventions, listed in exhibit 4, including 3 that fell in the Only Positive Findings category and the remaining 14 that fell in the Mixed Findings category. Several interventions originally included in the In-Home Case category in the IER Review section of the National Study Final Report were not included in the Final Evaluation Report analysis for one or more of the reasons noted earlier in this report. These interventions include Family Advocacy and Support Tool (Arkansas), CANS Assessment (Maryland), Parent Education and Support Project (District of Columbia), and Team Decision Meetings (Arkansas). One intervention (Safety Management Services in Nevada) that had originally been placed in the Only Unexpected Findings category was moved to the Mixed Findings category based on the Final Evaluation Report analysis.



#### Exhibit 4. In-Home Case Findings by Intervention

Jurisdiction	Intervention	Findings category		
		Only positive	Only unexpected	Mixed
District of Columbia	HOMEBUILDERS			X
	Mobile Crisis Stabilization Services			X
	Project Connect, intensive home visitation services			X
Hawaii	Intensive Home-Based Services			X
Kentucky	Kentucky Strengthening Ties and Empowering Parents			X
	Sobriety Treatment and Recovery Teams			X
Maryland	Functional Family Therapy (Anne Arundel, Carroll, Harford, and Howard Counties)	X		
	Incredible Years			X
	Nurturing Parenting Program (Harford County)	X		
	Parent-Child Interaction Therapy (Anne Arundel County)	X		
	Partnering for Success, Cognitive Behavioral Therapy (Baltimore County)			X
	Solution-Based Casework (Baltimore City)			X
Michigan	Protect MiFamily			X
Nevada	Safety Management Services			X
Oklahoma	Intensive Safety Services			X
Pennsylvania	Positive Parenting Program			X
Utah	HomeWorks			X

## Interventions With Only Positive Findings

**Functional Family Therapy (FFT) (Anne Arundel, Carroll, Harford, and Howard Counties, Maryland).** Using the Youth Outcome Questionnaire (Y-OQ), caregivers reported that youth receiving FFT had statistically significant decreases in behavioral dysfunction, intrapersonal distress, problems with interpersonal relations, and social problems. Using the Youth Outcome Questionnaire Self Report (Y-OQ-SR), youth who participated in FFT reported statistically significant decreases in problems with interpersonal relations, somatic complaints, intrapersonal distress, social problems, and behavior dysfunction. Youth who received FFT tended to have fewer maltreatment investigations after FFT enrollment (26 percent within 12 months of enrollment) than prior to enrollment (40 percent within 12 months of enrollment). Most FFT youth (70 percent) were receiving in-home child welfare services at the time of their enrollment; of these, the majority had no new child welfare involvement within the following year.

---

*Caregivers and youth in Maryland who participated in **Functional Family Therapy** reported statistically significant decreases in behavioral dysfunction, intrapersonal distress, problems with interpersonal relations, and social problems.*

---

**Nurturing Parenting Program (NPP) (Harford County, Maryland).** Based on results from the Adult-Adolescent Parenting Inventory-2 (AAPI-2), parents who participated in NPP showed statistically significant improvements between pretest and posttest in the domains of Expectations of Children, Parental Empathy Towards Children's Needs, Children's Power and Independence, and Use of Corporal Punishment. Based on results from the Nurturing Quiz, parenting knowledge increased significantly after completing NPP, with an average score gain of 3.1 between pretest to posttest. Parents who completed NPP were also significantly less likely to have a new maltreatment investigation in the year following enrollment in NPP than during the 12 months prior to admission.

**Parent Child Interaction Therapy (PCIT) (Anne Arundel County, Maryland).** A total of 34 caregivers completed Eyberg Child Behavior Inventory (ECBI) forms for 28 unique children across 15 PCIT sessions. At intake, the average ECBI score was well above the clinical cutoff score, which indicated clinically significant behavior problems. Scores consistently decreased over the first five sessions of PCIT, did not substantially change between sessions six and nine, and then continued to decrease through the remaining sessions until average scores fell below the clinical cutoff. Average scores also declined on all subscales and on the Total Stress scale of the Parenting Stress Index-Short Form (PSI-SF). Children whose families received PCIT also demonstrated improvements in child safety outcomes. Prior to PCIT admission, 35 percent of children were the subject of a child protective services investigation, including 23 percent within a year before admission. In the year following admission, the investigation rate decreased to 15 percent and only one child had a

substantiated report within 12 months after admission. Of the 21 children receiving PCIT who did not have an open in-home services case at enrollment, only one had a new case opening within 12 months. Of the 24 children receiving PCIT who were not in out-of-home placement at the time of admission, none were placed out of home within 12 months.

## Interventions With Mixed Findings

**HOMEBUILDERS (District of Columbia).** Almost 56 percent of families that successfully discharged from HOMEBUILDERS and 62.0 percent of unsuccessfully discharged families had a substantiated maltreatment report within 12 months of service initiation compared with 21.4 percent of families in the matched sample. This fell short of the District's benchmark of 90 percent of families not having a substantiated report within 12 months of service initiation. In addition, 16.8 percent of successful discharges and 40 percent of unsuccessful discharges had an entry into out-of-home care within 12 months of program enrollment compared with 19 percent of families in the matched sample. This missed the District's benchmark of 90 percent of families avoiding out-of-home care within 12 months of service initiation. However, the HOMEBUILDERS benchmark of at least 70 percent of children referred to the program avoiding out-of-home placement 6 months following discharge was met for both successfully discharged families (87.9 percent) and unsuccessful discharges (30.4 percent). The average number of days between receipt of a maltreatment report and report substantiation within 12 months of program discharge was 138.8 days for successfully discharged families and 107.7 days for unsuccessfully discharged families, far longer than for a matched group of prewaiver families (57.8 days).<sup>12</sup>

**HomeWorks (Utah).** Using the Protective Factors Survey (PFS) to measure changes in well-being, the state's evaluators observed small increases in all PFS subscales among families that received HomeWorks services between pre- and posttest; similar small increases in pre- and posttest scores were found for the comparison group except on the Concrete Supports and Parenting Knowledge subscales. Posttest means for the intervention group were higher than for the comparison group on each of the subscales, including a statistically significant difference in favor of the intervention group on the Concrete Supports subscale. Changes in rates of new child welfare cases and foster care entry were mixed across the state's geographic regions, although all five regions (Northern, Southeast, Western, Eastern, and Salt Lake Valley) had a statistically significant increase in the percentage of children who entered foster care over time compared with a baseline period.

**Incredible Years (IY) (Allegany County, Maryland).** From pretest to posttest, graduates of cohort-based IY reported a statistically significant decrease of medium effect size on the Problem subscale

---

<sup>12</sup> The District discontinued implementation of the HOMEBUILDERS intervention early in July 2017.

of the Eyberg Child Behavior Inventory (ECBI) but no significant change on the Intensity subscale. This suggests that whereas the frequency of disruptive child behaviors did not change, the extent to which these behaviors were problematic to caregivers decreased. Conversely, those who graduated from individual-based IY reported a significant and large decrease on the Intensity subscale of the ECBI but no significant change on the Problem subscale. This suggests that the frequency of disruptive child behaviors decreased but were no less problematic for caregivers. In addition, graduates of cohort-based IY reported statistically significant medium decreases on the Difficult Child subscale and the Total Stress score of the Parenting Stress Index-Short Form (PSI-SF), whereas graduates of individual-based IY reported no significant changes on any PSI-SF scales. Among graduates across both IY programs, there were statistically significant decreases on the Difficult Child and Parent-Child Dysfunctional Interaction subscales and in the Total Stress score of the PSI-SF. The proportion of caregivers with a substantiated maltreatment investigation within 6 and 12 months of enrollment in IY was significantly lower when compared with the 6 and 12 months before admission. Prior to admission, 43 percent of caregivers had a substantiated maltreatment investigation, including 27 percent within 12 months and 25 percent within 6 months before starting IY. After admission, only one caregiver (2 percent) had a new substantiation within 12 months.

**Intensive Home-Based Services (IHBS) (Hawaii).** On the island of O’ahu, only 14 of 167 children (about 8 percent) referred to IBHS were placed in foster care, while none of the 47 children on Hawaii Island referred to IHBS went into placement. On O’ahu, 15 children in 4 families had a new report of maltreatment within 6 months following the completion of IHBS, while on Hawaii Island no children or families had a new report of maltreatment within 6 months following IHBS completion. Only 7 percent of families on O’ahu were assessed at the start of IHBS services as adequate in the Family Safety domain of the North Carolina Family Assessment Scale (NCFAS), compared with 87 percent of families assessed as at or above adequate in this domain at case closure. Similarly, 33 percent of families were assessed as being at or above adequate in the Family Interactions domain of the NCFAS at the onset of IHBS services compared with 81 percent of families at case closure. The Physical Environment domain showed the least improvement, although families were generally assessed as adequate or above in this domain at the onset of services. On Hawaii Island, 11 percent of families were assessed as adequate or above at case onset for the Family Safety domain of the NCFAS compared with 62 percent of families at case closure. No changes in the Physical Environment domain of the NCFAS were observed between service onset and case closure.

**Intensive Safety Services (ISS) (Oklahoma).** A small but statistically significant difference emerged between the ISS and Services as Usual (SAU) groups in reduced safety threats, with those in the ISS group having a slightly lower average number of safety threats at 6 months postreferral as measured by the Assessment of Child Safety. ISS caregivers also reported measurable declines in depressive symptoms, interpersonal conflict, and substance abuse over time, although no meaningful differences were observed between children in the ISS and SAU group on any measures

of child health and wellbeing. Treatment group children who received ISS had a significant reduction in out-of-home placements relative to children who were assigned to but did not receive ISS and to children in the SAU group. Children who received ISS services also remained at home much longer before a subsequent placement (496 days) than did children in the SAU group (209 days). However, children who received ISS and subsequently entered out-of-home placement were not reunified with their families more quickly: Half of the children in placement who received ISS were reunified within 923 days compared with 706 days for half of children in the SAU group and 753 days for children who were assigned to but did not receive ISS. Children who received ISS also had a greater likelihood of a subsequent referral (32 percent) than did children in the SAU group (26 percent) and children who were assigned to but did not receive ISS (29 percent).

---

*Families that participated in **Kentucky Strengthening Ties and Empowering Parents** reported statistically significant improvements in the environmental, parental capabilities, and family safety domains of the NCFAS.*

---

**Kentucky Strengthening Ties and Empowering Parents (KSTEP) (Kentucky).** Families that participated in KSTEP reported improvements in several domains of the North Carolina Family Assessment Scale (NCFAS) between the start of KSTEP and 8 months after enrollment, with statistically significant changes observed in the Environmental, Parental Capabilities, and Family Safety domains. KSTEP participants also showed significant improvement on three of seven domains of the Addiction Severity Index (ASI); specifically, Drug Use, Family/Social Status, and Psychiatric Status. Participants' scores in the four other domains (Medical, Employment, Alcohol Use, and Legal) also decreased but were not statistically significant. Child well-being as operationalized by improved scores in the Child Well-being domain of the NCFAS also increased significantly before and after enrollment in KSTEP. Families in the KSTEP program were significantly more likely to have a repeat maltreatment referral than were families in the comparison group, an unexpected finding that may be due to the targeted service objectives and concentrated resource allocation of the KSTEP program. However, families enrolled in KSTEP were somewhat less likely to experience an out-of-home placement, with families in the comparison group experiencing a 2.9 percent greater likelihood of placement than KSTEP families.

**Mobile Crisis Stabilization Services (MSS) (District of Columbia).** Almost 32 percent of families that were successfully discharged from MSS had a substantiated maltreatment report within 12 months of program initiation compared with 41.7 percent of unsuccessfully discharged families and 78.8 percent of families in the matched case sample. This result fell short of the District's benchmark of 90 percent of families not having a substantiated report within 12 months. Twenty-one percent of successfully discharged families had a substantiated CPS report while enrolled in the MSS program

compared with 25 percent of unsuccessfully discharged families and 64 percent of matched comparison families. This finding met the District's benchmark of 75 percent of families not having a substantiated report during services. The District benchmark of 90 percent of families not entering out-of-home care within 12 months of service initiation was also met, with no children receiving MSS services entering care within 12 months of enrollment.

**Partnering for Success, Cognitive Behavioral Therapy (CBT+) (Baltimore County, Maryland).**

Self-reported posttraumatic stress decreased significantly among children who participated in CBT+ by an average of 9 percent during the first month after enrollment, and then continued to drop significantly at a rate of 2 percent per month. Self-reported declines in depression and anxiety were also statistically significant. In contrast, caregivers reported changes in posttraumatic stress, depression, and anxiety did not shift significantly over time. Caregivers also reported statically significant decreases in disruptive behavior among children enrolled in CBT+ during the 6 months following enrollment; no significant changes in disruptive behavior were observed in subsequent months. A longitudinal analysis of child welfare administrative data indicated that children who received CBT+ services were considerably less likely to have a subsequent maltreatment investigation in the 12 months following enrollment than during the 12 months prior to enrollment and experienced significantly fewer out-of-home placement episodes. However, receipt of CBT+ did not have a statistically significant impact on time spent in residential placement settings.

---

*Children participating in Cognitive Behavioral Therapy in Baltimore County, Maryland, reported statistically significant decreases in posttraumatic stress, depression, and anxiety. They were also less likely to have a subsequent maltreatment investigation in the 12 months following enrollment and had significantly fewer placement episodes.*

---

**Positive Parenting Program (Triple P) (Pennsylvania).** The effectiveness of Triple P was examined using pre- and posttests of parenting behaviors and child/youth functioning as measured by the Eyberg Child Behavior Inventory (ECBI). Results from the ECBI indicated negative parenting behaviors in the domains of Inconsistent Discipline and Poor Supervision decreased significantly among participants as did the severity and number of child behavior problems. Unexpectedly, scores in the Positive Parenting domain also decreased over the course of participation.

**Project Connect (District of Columbia).** Nearly 19 percent of families that were successfully discharged from Project Connect had a substantiated maltreatment report within 12 months of program enrollment compared with 32.9 percent of unsuccessfully discharged families and 71.9 percent of families in a matched comparison group. A total of 16.7 percent of successfully

discharged families had at least one child re-enter foster care during their involvement with Project Connect, compared with 10 percent of unsuccessfully discharged families and 36.7 percent of families in the matched sample. Among Project Connect families with a child in foster care, no differences were observed between successfully and unsuccessfully discharged families in the average time from program enrollment to the achievement of permanency.

**Protect MiFamily (Michigan).** Overall, treatment group families completing the Protect MiFamily program showed statistically significant improvements over time in several domains of the Protective Factors Survey (PFS), including Family Functioning, Parent Social-Emotional Support, Parent Concrete Support, Nurturing and Attachment, and Knowledge of Parenting/Child Development. However, treatment group families had a significantly higher rate of child maltreatment recurrence than control group families (37 percent versus 31 percent). Overall, treatment group families also experienced recurrence more quickly than control group families (434 days versus 492 days) and had a higher rate of out-of-home placement (18 percent versus 15 percent), although these differences were not statistically significant. Families that completed the full 15 months of Protect MiFamily and families that partially completed the program were slightly less likely to experience a child removal than were families in the control group.

**Safety Management Services (SMS) (Nevada).** A larger percentage of treatment group families receiving SMS experienced a new substantiated investigation at multiple time intervals than did comparison group families; these differences were not statistically significant at most intervals. Smaller percentages of comparison group families experienced a child removal at multiple time intervals than treatment group families, although most of these differences were not statistically significant. Despite these unexpected safety findings, protective capacity as measured using the Protective Capacity Progress Assessment (PCPA) tended to increase over time among treatment group families, with statistically significant changes observed between the 90-day and 180-day scores.

**Sobriety Treatment and Recovery Teams (START) (Kentucky).** Families who received START services reported improvements in family safety and well-being as measured by the North Carolina Family Assessment Scale (NCFAS), with the largest improvements recorded in the NCFAS domains of Family Safety and Child Well-Being. Across participating counties, there were no statistically significant differences in substantiated reports of maltreatment between families receiving START services and the matched comparison group in Jefferson County (17.2 percent of START families versus 13.8 percent of comparison families), Fayette County (16.2 percent of START families versus 14.7 percent of comparison families), or Kenton County (16.4 percent of START families versus 6.6 percent of comparison families). In Boyd County, children in families served by START were less likely to experience subsequent maltreatment (2.6 percent) than were children in the matched comparison group, although the number of children observed was very small. Families served by

START in Kenton County were less likely to have a child placed in state custody within 12 months of START (18.0 percent) than were families in the matched comparison group in this county (36.0 percent), a statistically significant difference. No significant differences in placement rates were observed between the two groups in Jefferson, Boyd, and Fayette Counties. Children in families served by START who were in foster care in Jefferson County were more likely to be reunified than were children from the matched comparison group in placement (60.5 percent versus 37.2 percent), a statically significant difference. No statistically significant differences in reunification rates were observed between children in both groups in the remaining counties.

**Solution-Based Casework (SBC) (Baltimore City, Maryland).** The Professional Quality of Life Scale (PQL) measures the pleasure a person derives from being at work, workers' capacity to deal with problems at work, and work-related secondary trauma. Scores on all subscales of the PQL among caseworkers who participated in SBC remained in the average range at both pretest and posttest. Among supervisors, scores remained in the average range for the Compassion Satisfaction and Burnout subscales and decreased to a low rating for secondary traumatic stress. Results from the Maslach Burnout Inventory (MBI)—a 22-item measure that assesses a person's burnout and work-related stress—demonstrated that caseworkers remained in the high range for emotional exhaustion, in the low range for depersonalization, and the moderate range for personal accomplishment between pretest and posttest. For supervisors, scores moved from a high emotional exhaustion rating pretest to a moderate rating posttest, and from a moderate range of depersonalization to a low range by posttest. The personal accomplishment subscale remained moderate at both pretest and posttest. Results from the Survey of Perceived Organizational Support indicated respondents' perceptions of organizational and supervisory support increased from the neutral range before participation in SBC to the moderate range at posttest.

## Family Reunification

Five jurisdictions implemented a total of six interventions for the target population of children in out-of-home placement who had a case plan goal of family reunification. All five jurisdictions presented some outcome findings in their Final Evaluation Reports for these six interventions, summarized in exhibit 5, with three falling into the Only Positive Findings category and three falling into the Mixed Findings category.<sup>13</sup> The CANS assessment intervention implemented by Arkansas, which was originally classified in the Only Unexpected Findings category in the IER Review included in the National Study Final Report, was moved to the Only Positive Findings category.

---

<sup>13</sup> Although Illinois implemented its NPP and CPP interventions separately, it evaluated their combined impact on child safety and well-being. Results from both interventions are presented as if they were one intervention.



## Exhibit 5. Family Reunification Findings by Intervention

Jurisdiction	Intervention	Findings category		
		Only positive	Only unexpected	Mixed
Arkansas	Child and Adolescent Needs and Strengths (CANS) Assessment	X		
Hawaii	Family Wrap Services			X
Illinois	Illinois Birth to Three (IB3): Child Parent Psychotherapy and Nurturing Parenting Program	X		
Maryland	Trauma Systems Therapy			X
New York	Attachment and Biobehavioral Catchup			X
	Caseload and Supervisory Ratio Reductions	X		

## Interventions With Only Positive Findings

**Caseload and Supervisory Ratio Reductions (New York).** Caseload reduction, as an intervention, was found to have a statistically significant positive effect on permanency outcomes. Specifically, exit rates increased by 9 percent during the period after caseload reductions were implemented over the period prior to the caseload reduction. Median length of stay for children admitted into care after caseload reduction was 475 days compared with a median of 525 days for children admitted into care before caseload reduction. Despite year-to-year variability, some evidence also emerged that re-entry rates for babies trended downward during the demonstration. For example, in 2013 before the start of the demonstration, 16 percent of children younger than 1 year who initially exited care re-entered care within 3 months. Toward the end of the demonstration in 2018, only 7 percent of children younger than 1 year who initially exited care re-entered within 3 months.

**Child and Adolescent Needs and Strengths (CANS) (Arkansas).** Across all treatment cohorts that received a CANS assessment, a significantly higher percentage of children in all age groups (0–4 and 5+) were reunified or placed with relatives within 3 and 6 months than were children in the comparison group. For both age groups a significantly higher percentage of children in the CANS group were adopted within 3, 6, and 12 months than were children in the comparison group. Overall, placement stability (defined as having two or fewer placement changes in 1 year) within 3, 6, and 12 months of an initial CANS assessment was significantly better for children of all ages in the CANS group than for children in the comparison group.

---

*Family reunification rates increased significantly among children in the **Illinois Birth to Three Nurturing Parenting and Child Parent Psychotherapy** programs and for children in Arkansas families that received a **Child and Adolescent Needs and Strengths** assessment.*

---

**Illinois Birth to Three (IB3), Nurturing Parenting Program and Child Parent Psychotherapy (Illinois).** An examination of pre- and posttest differences in scores on the Adult-Adolescent Parenting Inventory-2 (AAPI-2) for parents and caregivers who completed the NPP program indicated small to moderate improvement in parenting competencies among program participants in all five AAPI domains (Expectations, Empathy, Punishment, Roles, and Power). Results from the Devereux Early Childhood Assessment (DECA) for Infants and Toddlers suggested children in foster care whose families were offered trauma-informed parenting programs had improved social and emotional well-being compared with children whose families were offered no services or services as usual. The odds of family reunification (i.e., reunification with a parent or entry into kinship guardianship) were significantly higher for children in the intervention group than for children in the comparison group; specifically, intervention group children's chances of reunification were 46 percent higher than for children in the comparison group. When the analysis was restricted to children first removed from home when they were older than 6 months, the odds of family unification were 57 percent higher for children in the intervention group than for children in the comparison group. Completion of NPP also had a positive effect on the likelihood of reunification, with the odds of reunification reported as 20 percent higher for children with a caregiver who completed NPP than for children whose parents participated in but did not complete NPP.

## **Interventions With Mixed Findings**

**Attachment and Biobehavioral Catch-Up (ABC) (New York).** Based on results from the Observational Record of the Caregiving Environment, caregivers who participated in ABC exhibited significant improvements in parenting skills such as “following the lead” of the child and recognizing intrusive behaviors that may be troubling to a child in their care. Results from the Brief Infant-Toddler Socioemotional Assessment (BITSEA) suggested caregivers who participated in ABC were better able to assess a child's development and behavioral problems. An intent-to-treat (ITT) analysis of the effects of ABC found that permanency outcomes were significantly better over the period during which ABC was implemented. However, results from a treatment-on-the-treatment analysis showed no impact on permanency; in fact, permanency rates were higher for children who either did not participate or did not complete the program. The positive effect observed from the ITT analysis, which includes all ABC-eligible children regardless of participation, may have been due to the

general effects of the state's demonstration project and the changes resulting from reduced caseloads.

---

*Almost three-quarters of children participating in **Family Wrap Services** in Hawaii were reunited with their birth families.*

---

**Family Wrap Services (Hawaii).** Of the 109 children on O'ahu Island who received Family Wrap Services, 73 percent reunited with their birth families, 8 percent achieved guardianship, and 5 percent were adopted; the average length of time to reunification was approximately 5 months after the first Family Wrap meeting. On Hawaii Island, 69 percent of the 26 children who participated in Family Wrap Services were reunified with their families, while 1 child was adopted and another exited to guardianship; the mean length of time to reunification was approximately 4 months after the first Family Wrap meeting. In addition to a descriptive analysis, a comparison group of children on both islands who were "long-stayers" (i.e., in care at least 9 months) during the demonstration period but who did not receive Family Wrap Services was matched with children who received Wrap Services using propensity score matching. On O'ahu, children who received Family Wrap Services were more likely to achieve reunification (73 percent) than were children in the matched comparison group (20 percent). On Hawaii Island, children who received Family Wrap services also achieved reunification at a higher rate (67 percent) than did children in the matched group (17 percent). Both findings were statistically significant. However, because Family Wrap Services were provided to fewer than 10 percent of eligible long-stayers on both O'ahu and Hawaii, findings regarding the effects of this intervention on permanency outcomes should be interpreted with caution.

**Trauma Systems Therapy (TST) (Washington County, Maryland).** Among enrolled children assessed using the UCLA Posttraumatic Stress Disorder (PTSD) Reaction Index, average decreases were observed in all domains of PTSD symptomology, including intrusion, avoidance, negative cognitions/moods, and arousal/reactivity. A single-group longitudinal design was used to observe changes in placement settings and placement outcomes from 1 year before through 1 year after admission to TST. All 22 children who received TST were placed out of home at the time of admission; at 1 year postadmission, 19 children (86 percent) were still in placement. On average, children experienced 2 placement moves in the year before admission and 2.3 placement moves in the year following admission. Of the 20 children who experienced at least 1 placement change in the year after admission, the first move was to a less restrictive setting for 30 percent, a more restrictive setting for 35 percent, and an equally restrictive setting for the remaining 35 percent. Of the three children who exited placement within the year following admission (including one reunification and two exits to guardianship), all were in treatment-focused placement settings at the time of admission.

# Long-Term Placement

This target population includes children/youth in a long-term foster care placement, including kinship placements, nonfamily foster homes, and congregate care placements. Four jurisdictions implemented six interventions in this target population category, as listed in exhibit 6. All four jurisdictions included some outcome findings on these six interventions in their Final Evaluation Reports, with one falling into the Only Positive Findings category, four falling into the Mixed Findings category, and one falling into the Only Unexpected Findings category.

**Exhibit 6. Long-Term Placement Findings by Intervention**

Jurisdiction	Intervention	Findings category		
		Only positive	Only unexpected	Mixed
Arkansas	Arkansas Creating Connections for Children (ARCCC), Targeted Foster Family Recruitment			X
	Permanency Roundtables		X	
Colorado	Kinship Supports			X
	Permanency Roundtables	X		
Hawaii	Safety, Permanency, and Well-being Meetings			X
Tennessee	Keeping Foster and Kinship Parents Supported and Trained			X

## Interventions With Only Positive Findings

**Permanency Round Tables (PRTs) (Colorado).** Youth with a goal of Other Planned Permanent Living Arrangement had significantly more permanent connections after they received PRTs, with the mean number of permanent connections for these youth increasing from 1.6 at the start of the intervention to 3 by the end of their time in placement or the end of the observation period. Children in care for 12 months or longer who received PRTs also had more permanent connections after they received the intervention, with the mean number of connections increasing from 1.58 at the start of the intervention to 2.34 by the end of their placements or the end of the observation period; this difference was also statistically significant.

---

*Colorado youth developed significantly more permanent connections after participating in **Permanency Round Tables**.*

---

## **Interventions With Mixed Findings**

**Arkansas Creating Connections for Children (ARCCC) Arkansas.** Children in the ARCCC treatment group who were placed in approved homes between February and July 2016 had fewer placement changes on average within 6 and 12 months of placement than did children in a comparison group during this same time period; however, these differences were not statistically significant. The number of newly opened relative and provisional homes increased markedly between 2015 and 2018, with the statewide bed-to-child ratio improving from 0.78 to 0.83.

**Keeping Foster and Kinship Parents Supported and Trained (KEEP) (Tennessee).** The extent to which KEEP was associated with reduced placement changes and increased permanency was examined at two time points in late 2017/early 2018 and again at the end of the waiver demonstration in September 2019. At Time 1, children placed in the regions in which KEEP was implemented were less likely to experience a placement change, although this finding was not statistically significant. Children placed in KEEP regions during the period when KEEP was implemented were also more likely to achieve permanency, a finding that was statistically significant. By the end of the demonstration at Time 2, children placed in KEEP regions were still more likely to have achieved permanency compared with the non-KEEP group, although the difference at this point was not statistically significant.

**Kinship Supports (Colorado).** Compared with a group of matched comparison children whose kin caregivers did not receive Kinship Supports, children whose kin caregivers received the intervention had longer stays in kinship care (treatment group kinship placements averaged about 1 month longer than comparison group kinship placements, a statistically significant difference) and to spend all or most out-of-home placement days in kinship care (88 percent of days for the treatment group versus 85 percent of days for the matched comparison group, also a statistically significant difference). Children who received Kinship Supports were more likely to achieve permanency (defined as living with kin, guardians, or adoptive parents) at case closure than were matched comparison children (47 percent for the treatment group versus 43 percent for the matched comparison group), although this difference was not statistically significant.

**Safety, Permanency, and Well-being (SPAW) Meetings (Hawaii).** On O'ahu Island, 22 percent of 74 youth who received SPAW meetings were reunified with their families, 24 percent achieved guardianship, and 10 percent were adopted. On Hawaii Island, 6 percent of the 82 youth who participated in SPAW meetings were reunified with family, 23 percent achieved guardianship, and 10

percent were adopted. When results from matched comparison groups of long-stayers and children who received SPAW services on both islands were compared, SPAW recipients on O’ahu were more likely to leave care by achieving reunification or guardianship than their matched counterparts, although the difference was not statistically significant. Children who received SPAW on Hawaii Island were more likely to leave care by achieving guardianship (29 percent) than children in the matched comparison group, a statistically significant difference. Because SPAW services were provided to fewer than 15 percent of eligible long-stayers on both O’ahu and Hawaii, findings regarding the effects of SPAW services on permanency outcomes should be interpreted with caution.

## Interventions With Only Unexpected Findings

**Permanency Roundtables (PRTs) (Arkansas).** Case reviews revealed that PRTs were inconsistently implemented across the state, with only four counties accounting for 40 percent of PRTs during the first 18 months of implementation. Challenges documented during implementation included increased burdens on staff to prepare for and conduct PRTs, scheduling challenges, and minimal follow-up on action plans developed by PRT stakeholders. In general, PRTs did not appear to have a positive impact on youth outcomes. For example, 92 percent of the 253 youth in the intervention group were still in care 3 months after a PRT compared with 78 percent of the 839 youth in the comparison group. Most children who received a PRT continued to remain in care at 6 and 12 months following the PRT. As a result of documented implementation challenges and unfavorable early outcomes, Arkansas discontinued PRTs earlier than planned in August 2016.

## Multiple Target Population Category

Seven interventions implemented by seven jurisdictions were categorized as applying to multiple (three or more) target population categories. All seven jurisdictions reported some outcome findings from these seven interventions in their Final Evaluation Reports. As indicated in exhibit 7, findings from all seven fell into the Mixed Findings category.

### Exhibit 7. Multiple Target Population Findings by Intervention

Jurisdiction	Intervention	Findings category		
		Only positive	Only unexpected	Mixed
Arizona	Fostering Sustainable Connections Project, consisting of Team Decision Meetings, in-home reunification/stabilization services, and a Family Finding model			X

Jurisdiction	Intervention	Findings category		
		Only positive	Only unexpected	Mixed
Colorado	Facilitated Family Engagement			X
Maine	Maine Enhanced Parenting Project, consisting of the Matrix Model Intensive Outpatient Program and Positive Parenting Program			X
Massachusetts	Caring Together, consisting of a redesigned congregate care system with an integrated service approach, Continuum Services, Stepping Out Services, Follow-Along Services, and Family Partners Services <sup>a</sup>			X
Oregon	Leveraging Intensive Family Engagement, consisting of structured case planning meetings, enhanced Family Finding, and a Parent Mentor program			X
Pennsylvania	Child Welfare Demonstration Project, consisting of Enhanced Assessments, Family Engagement Services, Family Behavior Therapy, Functional Family Therapy, HOMEBUILDERS, Multi-Systemic Therapy, Parents as Teachers, SafeCare, and Trauma-Focused Cognitive Behavioral Therapy			X
West Virginia	Wraparound Services			X

<sup>a</sup> Massachusetts' demonstration project, originally scheduled to end in December 2018, was terminated early in June 2018.

**Caring Together (CT) (Massachusetts).** Fewer CT youth in congregate care experienced a physical restraint episode within 6 months of congregate care entry (33 percent) than did youth in the matched comparison group served in traditional congregate care prior to the start of the demonstration (39 percent); CT youth were also slightly less likely to experience a hospitalization within 6 months of placement (9 percent versus 11 percent of matched youth) and had fewer critical incidents (e.g., psychiatric emergency, assault) within 3 months of entry (48 percent versus 53 percent of matched youth). These differences were statistically significant. Contrary to expectations, it took longer for CT youth to have a stable return to the community than comparison youth; specifically, it took 19 months for half of CT youth to achieve a stable return to the community

compared with 14 months for half of matched comparison youth. Other outcomes, including stable permanence (defined as exits to reunification, placement with a relative, guardianship, or adoption without reentering care within 6 months), placement stability (defined as having no more than one placement change within 6 months of exiting congregate care), and transitional crisis episodes (defined as hospitalizations after returning to the community) were similar for both CT and matched comparison youth.

---

*Massachusetts youth participating in **Caring Together** experienced fewer physical restraint episodes, hospitalizations, and critical incidents.*

---

**Facilitated Family Engagement (FFE) (Colorado).** Compared with matched children whose families did not receive FFE meetings, children placed out-of-home whose families received FFE meetings had shorter case lengths (median of 439 days versus a median of 466 days for the matched comparison group), were more likely to be placed initially with kin (43 percent versus 33 percent), and were more likely to remain with kin while their cases were open (52 percent versus 43 percent). All these differences were statistically significant. Children whose families participated in the FFE intervention were also less likely to experience subsequent child welfare system involvement due to a new substantiated maltreatment episode (7 percent of FFE children versus 11 percent of matched comparison children), although this difference was not statistically significant. Children in the FFE and matched comparison groups were about equally likely to be reunified with their parents at case closure (52 percent versus 54 percent).

**Fostering Sustainable Connections (FSC) (Arizona).** Children enrolled in FSC had an average of four more family and fictive kin involved in their lives after they were enrolled in the intervention than did children in the comparison group, a statistically significant difference. However, only 29 percent of children in the intervention group achieved permanency compared with 32 percent of children in the comparison group, although this difference was not statistically significant. Children in the comparison group also spent fewer days in care on average (856 days) than did children in the intervention group (944 days); however, this difference was not statistically significant. There were also no statistically significant differences between the intervention and comparison groups in the number of placement setting changes prior to permanency, the restrictiveness of living environments while in care, the proportion of children re-entering out-of-home care within 12 months of achieving permanency, or in well-being as measured by the Behavioral and Emotional Rating Scale and the Youth Quality of Life Instrument-Short Form.

**Leveraging Intensive Family Engagement (LIFE) (Oregon).** Youth in the intervention group (defined as youth who had participated in at least two LIFE meetings) were significantly more likely to have lived with a relative at some point during their foster care episode than were youth in the



comparison group (67 percent versus 55 percent) and were also less likely than comparison group youth to return to foster care if they had exited to a permanent placement (3 percent versus 9 percent). There were no statistically significant differences between the two groups in average child well-being as measured by the CANS assessment, placement stability (defined as the number of placement moves within 24 months of enrollment in the LIFE demonstration), exits to foster care after 24 months (52 percent of LIFE youth versus 54 percent of comparison youth), or reunification with parents (37 percent of LIFE youth versus 34 percent of comparison youth).

**Maine Enhanced Parenting Project (MEPP) (Maine).** Overall, parents who participated in MEPP had a slightly lower percentage of new maltreatment reports 6 months after project referral (76 percent) than did parents in the comparison group (79 percent); maltreatment reporting rates were also lower for the MEPP group at 12 months postreferral, although differences at neither of these time points were statistically significant. A larger proportion of comparison group caregivers were able to keep their children out of placement than were MEPP caregivers at both 6 months and 12 months postenrollment, differences that were statistically significant. Children in the comparison group were also somewhat more likely to be reunified with their families than were children in the MEPP group at both the 6-month and 12-month observation intervals, and the average number of days to reunification was also significantly shorter for children in the comparison group (197 days) than for children in the MEPP group (243 days). Children in the MEPP group demonstrated more improvement in the mental health and educational improvement domains of the CANS assessment than did comparison group children, although these differences were not statistically significant. Among parents who participated in MEPP, statistically significant improvements were observed in several domains of the Parenting and Family Adjustment Scales, including parenting practices, parent adjustment, and family relationships. In addition, MEPP participants reported statistically significant improvements in the Anxiety, Depression, and Stress domains of the Depression Anxiety Stress Scales.

---

*Parents participating in the **Maine Enhanced Parenting Project** demonstrated statistically significant improvements in parenting practices and family relationships and reduced levels of anxiety, depression, and stress.*

---

**Pennsylvania Child Welfare Demonstration Project (Pennsylvania).** Safety and permanency findings were generally mixed across five participating counties (Allegheny, Crawford, Dauphin, Lackawanna, and Philadelphia).<sup>14</sup> Four counties with available data experienced increases during the waiver demonstration in recurrence of maltreatment within 6 months of a first substantiation of

---

<sup>14</sup> Due to issues with data quality and availability, a sixth county (Venango) was excluded from all outcome analyses.

maltreatment, with increases ranging from 1.2 percent in Allegheny County to 7 percent in Crawford County. All counties had small shifts in the likelihood of placement within 6 months of a first substantiated report of maltreatment, with the likelihood increasing slightly in Allegheny and Lackawanna Counties but decreasing slightly (by about 2 percent) in Crawford and Philadelphia Counties. The likelihood of entering a kinship placement as a first placement increased for all waiver counties with available data, ranging from a 4 percent increase in Dauphin County to a 20 percent increase in Lackawanna County, while the likelihood of entering congregate care as a first placement decreased for all counties with available data except for Dauphin County, where the use of congregate care increased by 7 percent. Fewer moves within 6 months of an initial placement were also observed in all counties with available data, with statistically significant reductions observed in Dauphin, Allegheny, and Philadelphia Counties. Results for exits to permanency within 6 and 12 months were mixed across counties, with higher percentages of permanency exits reported for Dauphin and Lackawanna Counties and lower percentages reported for Allegheny, Crawford, and Philadelphia Counties.

**Safe at Home West Virginia, Wraparound Services (West Virginia).** Overall, 62 percent of youth in the Wraparound group who were in congregate care at the time of enrollment returned home within 12 months, a significantly higher percentage than was observed for comparison group youth in congregate care. Treatment group youth spent an average of 51 fewer days in congregate care within 6 months of referral and 82 fewer days within 12 months of referral than did comparison group youth, differences that were both statistically significant. In contrast, treatment group youth were in general significantly more likely to enter foster care than comparison group youth. Treatment group youth also re-entered foster care at a significantly higher rate than comparison youth at both 6- and 12-month observation points; however, they were significantly more likely to be placed in a relative home and to reunify within both 6 and 12 months than were youth in the comparison group. Half or more of treatment group youth demonstrated improvements in well-being over time as measured by the CANS assessment, with improvements observed in the domains of Trauma Stress Symptoms, Family Functioning, and Educational Functioning.

# Summary of Findings

---

The findings described in this report reflect a more comprehensive and conclusive analysis of results from the waiver demonstration projects implemented between 2012 and 2014 than was possible at the time the Interim Evaluation Report (IER) review was conducted for the Title IV-E Child Welfare Waiver Demonstration National Study Final Report. As with the IER review, these updated results should be interpreted with caution given wide variation in the nature, scope, and scale of the jurisdictions' projects and in the research designs and data collection methods they employed. Because this updated report uses the same analytical framework developed for the IER review, other assessment factors such as strength of evaluation design, sample size, and effect size were not considered.

As described in the Review Process section, only interventions with findings data were included in this report. Interventions with only neutral findings, for which no outcome evaluation was conducted, for which no comparison group or condition was identified, or that had insufficient data for meaningful analysis, were excluded from the review. The findings data were reviewed and interventions were organized into one of three categories based on their results: Only Positive Findings (all major evaluation findings were in the expected direction), Only Unexpected Findings (all major evaluation findings were in the unexpected direction), and Mixed Findings (results were a combination of expected, unexpected, and/or neutral findings).

Exhibit 8 shows the interventions organized by their target population. An initial review suggests jurisdictions invested many of their resources toward the “front end” of the child welfare system (i.e., keeping children safely at home with their families). Specifically, 22 interventions were implemented to prevent placement into foster care or keep children in their homes after a maltreatment report had been substantiated. In contrast, 13 interventions focused on the “back end” of the system by working to reunify families after children were placed into care or by improving outcomes for children in long-term care. Seven interventions were categorized as serving multiple target populations and therefore involved services focused on both the front and back end of the child welfare system.

## Exhibit 8. Final Evaluation Report Review Target Populations and Interventions

Target population	Intervention
<b>Front end of the child welfare system</b>	
Foster care prevention	Alternative Response (Nebraska) Differential Response (Arkansas) Family Assessment Response-Differential Response (Washington) Nurturing Parenting Program (Arkansas) Strengthening Ties and Empowering Parents (Maryland)
In-home case	Functional Family Therapy (Maryland) HOMEBUILDERS (District of Columbia) HomeWorks (Utah) Incredible Years (Maryland) Intensive Home-Based Services (Hawaii) Intensive Safety Services (Oklahoma) Kentucky Strengthening Ties and Empowering Parents (Kentucky) Mobile Crisis Stabilization Services (District of Columbia) Nurturing Parenting Program (Maryland) Parent-Child Interaction Therapy (Maryland) Partnering for Success-CBT+ (Maryland) Positive Parenting Program (Pennsylvania) Project Connect (District of Columbia) Protect MiFamily (Michigan) Safety Management Services Model (Nevada) Sobriety Treatment and Recovery Teams (Kentucky) Solution-Based Casework (Maryland)
<b>Back end of the child welfare system</b>	
Family reunification	Attachment and Biobehavioral Catchup (New York) Caseload and Supervisory Ratio Reductions (New York) Child and Adolescent Needs and Strengths Assessment (Arkansas) Child Parent Psychotherapy and Nurturing Parent Program (Illinois) Family Wrap Services (Hawaii)

Target population	Intervention
	Trauma Systems Therapy (Maryland)
Long-term placement	Keeping Foster and Kinship Parents Supported and Trained (Tennessee) Kinship Supports (Colorado) Permanency Roundtables (Arkansas) Permanency Roundtables (Colorado) Safety, Permanency, and Well-being Meetings (Hawaii) Targeted Foster Family Recruitment (Arkansas)
<b>Multiple target populations</b>	
Multiple	Caring Together (Massachusetts) Child Welfare Demonstration Project (Pennsylvania) Facilitated Family Engagement (Colorado) Fostering Sustainable Connections (Arizona) Leveraging Intensive Family Engagement (Oregon) Maine Enhanced Parenting Project (Maine) Safe at Home West Virginia, Wraparound Services (West Virginia)

Exhibit 9 summarizes counts and percentages of findings from jurisdictions' Final Evaluation Reports across target populations and findings categories. The updated analysis reveals clear shifts in findings across the three findings categories. Most notably, whereas about half of the interventions included in the IER analysis had Mixed Findings, nearly 80 percent of interventions fall into this category based on data from the Final Evaluation Reports. Commensurate with the increase in interventions in the Mixed Findings category, the proportion of interventions falling into the Only Promising/Positive Findings category decreased from just over one-third to only 20 percent. In addition, the number of interventions falling into the Only Unexpected Findings category declined from four in the IER analysis to just one based on the Final Evaluation Report analysis. Multiple Target Populations was the only category without at least one intervention with Only Positive Findings, while Long-Term Placement was the only category with an intervention that had Only Unexpected Findings.

## Exhibit 9. Number and Percentage of Interventions by Finding Category and Target Population

Target population	Only positive findings		Mixed findings		Only unexpected findings	
	N	Percentage	N	Percentage	N	Percentage
Foster care prevention	1	12%	4	13%	0	0%
In-home case	3	38%	14	44%	0	0%
Family reunification	3	38%	3	9%	0	0%
Long-term placement	1	12%	4	12%	1	100%
Multiple populations	0	0	7	22%	0	0%
<b>Total</b>	<b>8</b>	<b>20%</b>	<b>32</b>	<b>78%</b>	<b>1</b>	<b>2%</b>

Note: The count of interventions in this table totals only 41 rather than 42 because NPP and CPP in Illinois' IB3 demonstration were evaluated as if they were 1 intervention.

Exhibit 10 shows the interventions organized by findings category and target population. Again, 8 interventions across 4 target populations had Only Positive Findings, while 32 interventions (almost four-fifths) across 5 target populations had Mixed Findings, and only 1 invention in one target population category had Only Unexpected Findings. When considering interventions with Only Positive Findings, half were evaluated using more rigorous research designs, including two that were evaluated using random assignment designs (Alternative Response in Nebraska and IB3 in Illinois) and two (CANS in Arkansas and PRTs in Colorado) that were evaluated using matched case designs. Two interventions—Functional Family Therapy and Parent-Child Interaction Therapy—are rated as either “well supported” or “supported” by research evidence in both the California Evidenced-Based Clearinghouse for Child Welfare (CEBC) and the Title IV-E Prevention Services Clearinghouse.<sup>15</sup> It is possible that strong research designs made it easier to discern the benefits of certain interventions with Only Positive Findings, or in the case of well-supported or supported interventions, that the jurisdictions' evaluations further confirmed their efficacy. As noted in the IER Analysis in the National Study Final Report, other factors that may have contributed to positive findings include jurisdictions' previous experience implementing a particular intervention, implementation with high fidelity, and high levels of family satisfaction with and willingness to engage in an intervention.

<sup>15</sup> Refer to the [CEBC website](#) and the [Prevention Services Clearinghouse website](#) for more information about ratings of these interventions.

## Exhibit 10. Interventions by Finding Category and Target Population

Target population	Only positive findings	Mixed findings	Only unexpected findings
Foster care prevention	Alternative Response (Nebraska)	Differential Response (Arkansas) Family Assessment Response (Washington) Nurturing Parenting Program (Arkansas) Strengthening Ties and Empowering Parents (Maryland)	
In-home case	Functional Family Therapy (Maryland) Nurturing Parenting Program (Maryland) Parent-Child Interaction Therapy (Maryland)	HOMEBUILDERS (District of Columbia) HomeWorks (Utah) Incredible Years (Maryland) Intensive Home-Based Services (Hawaii) Intensive Safety Services (Oklahoma) Kentucky Strengthening Ties and Empowering Parents (Kentucky) Mobile Crisis Stabilization Services (District of Columbia) Partnering for Success, Cognitive Behavioral Therapy+ (Maryland) Positive Parenting Program (Pennsylvania) Project Connect (District of Columbia) Protect MiFamily (Michigan) Safety Management Services Model (Nevada) Sobriety Treatment and Recovery Teams (Kentucky) Solution-Based Casework (Maryland)	
Family reunification	Caseload and Supervisory Ratio Reductions (New York)	Attachment and Biobehavioral Catchup (New York) Family Wrap Services (Hawaii)	

Target population	Only positive findings	Mixed findings	Only unexpected findings
	Child and Adolescent Needs and Strengths Assessment (Arkansas) Nurturing Parenting Program/Child Parent Psychotherapy (Illinois-IB3)	Trauma Systems Therapy (Maryland)	
Long-term placement	Permanency Roundtables (Colorado)	Keeping Foster and Kinship Parents Supported and Trained (Tennessee) Kinship Supports (Colorado) Safety, Permanency, and Well-being Meetings (Hawaii) Targeted Foster Family Recruitment (Arkansas)	Permanency Roundtables (Arkansas)
Multiple		Caring Together (Massachusetts) Facilitated Family Engagement (Colorado) Fostering Sustainable Connections Project (Arizona) Leveraging Intensive Family Engagement (Oregon) Maine Enhanced Parenting Project (Maine) Pennsylvania Child Welfare Demonstration Project (Pennsylvania) Safe at Home West Virginia - Wraparound Services (West Virginia)	

For the one intervention with Only Unexpected Findings—PRTs in Arkansas—the state documented several implementation challenges that may have weakened implementation fidelity and thereby the potential to realize positive results. As noted in the IER analysis in the National Study Final Report, factors that may have contributed to unexpected findings include heightened scrutiny of families receiving an intervention, which may have increased contact with child welfare workers and service



providers and led to more maltreatment allegations and investigations, and the identification of more service needs, which may have extended the period during which certain cases remained open.

Exhibit 11 shows which interventions with Only Promising Findings reported positive results for intermediate outcomes (e.g., parenting skills, interpersonal relations, behavioral dysfunction) and/or long-term safety and permanency outcomes (e.g., maltreatment recurrence, out-of-home placement, exits from foster care). Five of eight interventions in the exhibit had positive findings in both outcome categories, two had positive outcomes in the long-term category only, and one intervention had positive findings in the intermediate category only. As a caveat, positive findings in both outcome categories may simply reflect the outcomes a given jurisdiction chose to evaluate rather than suggesting a particular intervention had stronger findings or a positive impact on a wider range of outcomes.

### Exhibit 11. Intermediate and Long-Term Outcomes for Interventions With Only Positive Findings

Intervention	Documented impact on intermediate outcomes	Documented impact on long-term outcomes
Alternative Response (NE)	X	X
Caseload and Supervisory Ratio Reductions (NY)		X
Child and Adolescent Needs and Strengths (AR)		X
Functional Family Therapy (MD)	X	X
IB3, Nurturing Parenting Program and Child Parent Psychotherapy (IL)	X	X
Nurturing Parent Program (MD)	X	X
Parent Child Interaction Therapy (MD)	X	X
Permanency Round Tables (CO)	X	

When interventions with Mixed Findings are considered, the number of programs and services with some evidence of positive impact expands substantially. Exhibit 12 lists all projects across both the Only Positive and Mixed Findings categories that documented at least one statistically significant positive finding in one or more of the general outcome categories of safety (e.g., new or subsequent maltreatment reports, placement into foster care), permanency (e.g., exits to permanency, placement duration, placement with kin), and well-being (e.g., child and caregiver functioning, parenting skills). This analysis reveals that a sizable majority of projects included in the Final Report analysis (33 of 41, or 80 percent) had at least one statistically significant outcome finding. A total of

20 projects had at least 1 positive and statistically significant well-being finding, followed by 13 with at least 1 positive permanency finding and 7 with at least 1 positive safety finding. As would be expected, positive safety findings were all observed in the Foster Care Prevention and In-Home Case categories, whereas positive permanency findings were largely clustered in the Family Reunification, Long-Term Placement, and Multiple Target Population categories. Positive well-being findings were documented across all five target populations.

### Exhibit 12. Interventions With One or More Statistically Significant Positive Findings by Outcome Category

Target population	Intervention and jurisdiction	Safety (e.g., maltreatment reports, placement into foster care)	Permanency (e.g., exits to permanency, placement duration, placement with kin)	Well-being (e.g., child/caregiver functioning, parenting skills)
Foster care prevention	Alternative Response (NE)	X		X
	Differential Response (AR)	X		
	Family Assessment Response (WA)	X		
	Nurturing Parenting Program (AR)			X
	Strengthening Ties and Empowering Parents (MD)			X
In-home case	Functional Family Therapy (MD)			X
	HomeWorks (UT)			X
	Incredible Years (MD)	X		X
	Intensive Safety Services (OK)	X		X
	Kentucky Strengthening Ties and Empowering Parents (KY)			X
	Nurturing Parenting Program (MD)	X		X
	Parent-Child Interaction Therapy (MD)			X

Target population	Intervention and jurisdiction	Safety (e.g., maltreatment reports, placement into foster care)	Permanency (e.g., exits to permanency, placement duration, placement with kin)	Well-being (e.g., child/caregiver functioning, parenting skills)
	Partnering for Success, Cognitive Behavioral Therapy (MD)	X		X
	Positive Parenting Program (PA)			X
	Protect MiFamily (MI)			X
	Safety Management Services (NV)			X
	Sobriety Treatment and Recovery Teams (KY)		X	
Family reunification	Attachment and Biobehavioral Catchup (NY)		X	X
	Caseload and Supervisory Reductions (NY)		X	
	Child and Adolescent Needs and Strengths Assessment (AR)		X	
	Family Wrap Services (HI)		X	
	Illinois IB3, Nurturing Parenting Program and Child Parent Psychotherapy (IL)		X	X
Long-term placement	Keeping Foster and Kinship Parents Supported and Trained (TN)		X	
	Kinship Supports (CO)		X	
	Permanency Roundtables (CO)			X
	Safety, Permanency, and Well-being Meetings (HI)		X	

Target population	Intervention and jurisdiction	Safety (e.g., maltreatment reports, placement into foster care)	Permanency (e.g., exits to permanency, placement duration, placement with kin)	Well-being (e.g., child/caregiver functioning, parenting skills)
Multiple	Caring Together (MA)			X
	Facilitated Family Engagement (CO)		X	
	Fostering Sustainable Connections			X
	Levering Intensive Family Engagement (OR)		X	
	Maine Enhanced Parenting Project (ME)			X
	Pennsylvania Child Welfare Demonstration Project (PA)		X	
	Safe at Home West Virginia, Wraparound Services (WV)		X	
<b>Totals</b>		<b>7</b>	<b>13</b>	<b>20</b>

# Conclusion

---

Jurisdictions from the 2012, 2013, and 2014 waiver cohorts took advantage of the flexibility offered under their demonstrations to implement a variety of interventions across multiple target populations. Jurisdictions were more likely to invest waiver resources in interventions focused on the front end of the child welfare system; that is, keeping children safely in their homes and preventing out-of-home-placement, rather than on the back end focused on achieving better permanency or well-being outcomes for children in placement. No interventions reviewed for this report addressed what might be defined as primary prevention populations that were at potential risk of maltreatment but had not come to the attention of the child welfare system.

One notable difference between findings derived from the analysis of the Interim Evaluation Reports included in the National Study Final Report and the findings presented here is the significant shift of interventions into the Mixed Findings category; this occurred because of a decline in the number of interventions in the Only Positive Findings and Only Unexpected Findings categories and an increase in the total number of interventions included in the analysis of Final Evaluation Reports. This change reflects the more complete and conclusive findings available at the end of the jurisdictions' demonstrations than at their interim points.

---

*A sizable majority (80 percent) of waiver interventions included in the Final Evaluation Report analysis documented some meaningful evidence of benefit, and virtually none showed negative impacts.*

---

When examined in their entirety, about one-fifth of waiver interventions included in the Final Evaluation Report analysis had significant positive effects across all major outcomes on which they were evaluated; this proportion declines to about 12 percent when compared with the unduplicated count of all interventions that were approved between 2012 and 2014, many of which (as noted previously) were not included in the analysis. However, when combined with the Mixed Findings category, a sizable majority (about 80 percent) of waiver interventions included in the Final Evaluation Report analysis documented some meaningful evidence of benefit, and virtually none demonstrated negative impacts.

As noted in the National Study Final Report, results from the waiver demonstrations must be considered in the context of several issues and challenges; many of these factors remain relevant to findings from the Final Evaluation Report analysis. Jurisdictions faced obstacles such as leadership and staff turnover, lack of internal and external stakeholder buy-in to the waiver demonstrations,

misalignment between demonstration activities and the policies of state and/or local child welfare organizations, and delayed implementation resulting from issues such as postponed staff hiring and competing child welfare agency needs and priorities. Jurisdictions also faced several evaluation challenges, including small sample sizes, inaccurate or incomplete data, and low response rates.

Despite these implementation and evaluation hurdles, the results of the Final Evaluation Report analysis presented in this report corroborate the key findings from the IER review included in the National Study Final Report. Most notably, child welfare jurisdictions successfully leveraged their title IV-E waivers to implement an expansive array of programs and services, which by and large produced some evidence of positive impacts on child safety, permanency, or well-being. In the case of those interventions with the strongest and most conclusive findings, an enduring legacy of the title IV-E waivers will be their contribution to the small but growing evidence base for effective child welfare programs and practices.

# References

---

James Bell Associates. (2019). *Title IV-E Waiver Demonstration national study: Final report*.  
<https://www.acf.hhs.gov/cb/report/title-iv-e-waiver-demonstration-national-study>