

**A Review of the Four Child Welfare IV-E Waivers
Related to Substance Abuse Services
In Delaware, Maryland, New Hampshire, and Illinois**

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I. Background

Since 1999, Cornerstone Consulting Group has monitored the progress of Child Welfare Waiver Demonstrations (described below) across the country. In 1999, we published *Child Welfare Waivers: Promising Directions/Missed Opportunities*, which examined the progress of waiver initiatives in five of the earliest states to be granted waiver authority. Cornerstone also wrote an article about the waivers, *Child Welfare Waivers: What are We Learning*, which appeared in *Policy and Practice*, the journal of the American Public Human Services Association (December 2000). An additional publication, *Guardianship: Another Place Called Home*, examined the reasons why a number of states chose to use their waivers to subsidize guardianship placements for children in foster care. These articles can be found on Cornerstone's website at <http://www.cornerstone.to>.

In 2001, Cornerstone contracted with Children and Family Futures, an Irvine, California-based consulting firm, to learn more about the four states that are using their child welfare waivers to address the issue of substance abuse in the child welfare system. The following report, written by Children and Family Futures, provides an overview of the waivers, summarizes the overall impact the waivers have had in these four states, describes the state initiatives, and outlines the lessons learned so far. The report also outlines recommendations to strengthen the impact of future child welfare waivers.

II. Overview

The Child Welfare Demonstration Program is authorized under section 1130 of the Social Security Act as amended by Public Law 105-89. These demonstration projects involve the waiver of certain requirements of titles IV-B and IV-E, the sections of the Act that govern foster care, adoption assistance, independent living, child welfare services, promoting safe and stable families, family preservation and support, and related expenses for program administration, training and automated systems. This authority provides States with an opportunity to develop creative approaches to dismantle the many barriers that may exist between children waiting in foster care and permanency. The States can design and demonstrate a wide range of approaches to improve and reform child welfare. These demonstrations will provide valuable knowledge that will lead to improvements in the delivery, effectiveness and efficiency of services.¹

Within the broader set of waivers granted by the Department of Health and Human Services (DHHS), four states chose to use IV-E waivers to address the problem of parents with substance use disorders in the child welfare system. These four states have adopted differing approaches, while encountering many of the same issues as they implement these programs.

¹ ACF website: <http://www.acf.dhhs.gov/programs/cb/initiatives/cwwaiver.htm>

In general, each of the sites sought to use the IV-E waiver to achieve specified goals to improve outcomes for children in child welfare services who were affected by their parents' alcohol and other drug abuse. These goals are consistent with those identified in several reports over the past few years on the challenges of connecting the child welfare and substance abuse treatment systems.² Each site recognized that closer links between the two systems could lower foster care costs by increasing reunification as a result of successful treatment. To achieve those closer links, each site reconfigured the working relationships between staff of the two systems, combining the expertise of addiction counselors and child welfare workers to achieve better outcomes. The waiver allowed them to support these positions and some of the services needed by freeing up IV-E funds that previously could only support the cost of foster care.

The framework used in this analysis is adapted from Children and Family Futures' report, *Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services with Child Welfare*, a Technical Assistance Publication (TAP) issued by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration in April 2002.³ The framework is derived from a review of promising programs and practices across the country. It consists of ten important elements for any program designed to address substance abuse issues in a child welfare context.

Children and Family Futures and Cornerstone reviewed project and evaluation materials and conducted site visits and/or telephone interviews in all four states. The comments that follow are based on contacts as of February 2002.

3. The Impact of the Waivers

The most far-reaching impact of the waivers has been the ability to use resources more flexibly for treatment related services and supports, which is not possible under the existing Title IV-E rules. The waiver also provides incentives for agencies to make changes to support collaboration between child welfare and substance abuse, including accessing staff with substance abuse expertise and making practice related changes on how agencies screen and assess families. Agencies that already had some level of collaboration between child welfare and substance abuse were better prepared to address the full spectrum of issues that need to be addressed in order to meet the needs of children and families.

² U.S. Department of Health and Human Services (1999). *Blending Perspectives and Building Common Ground: A Report to Congress on Substance Abuse and Child Protection*. Washington, DC: U.S. Government Printing Office; U.S. General Accounting Office (1998). *Foster Care: Agencies Face Challenges Securing Stable Homes for Children of Substance Abusers*. Washington, DC: U.S. General Accounting Office; *No Safe Haven: Children of Substance-Abusing Parents*. (1999) New York: National Center on Addiction and Substance Abuse at Columbia University; Allen, M. and Larson, J. (1998). *Healing the Whole Family: A Look at Family Care Programs*. Washington, DC: Children's Defense Fund; Young, N., Gardner, S., & Dennis, K. (1998). *Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Policy and Practice*. Washington, DC: CWLA Press.

³ Young, N.K. & Gardner, S.L. *Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services With Child Welfare*. SAMHSA Publication No. SMA-02-3639. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, April 2002.

The impact of the waiver was diluted by the fact that the child welfare agency was the lead agency and fully accountable for the outcomes of the waiver, making it difficult to engage other agencies in the collaboration. The requirements for random assignment in the evaluation were also difficult to meet, while the cost neutrality provisions make it difficult to realize changes in such a short period of time – five years in the case of most waivers. Finally, more potential exists to link the reforms of the substance abuse waivers to other child welfare waivers, recognizing that substance abuse cuts across many other child welfare issues that are also the subject of waivers, including kinship care, guardianship, managed care, and children’s mental health.

The following is a summary of these issues:

More Flexible Resources -- The critical ingredient that the waivers added is more flexible funding. These flexible resources supported the collaboration between the two agencies’ workers by ensuring that when new cases were identified and recruited, there were adequate treatment resources to serve these new clients. In reviewing how the sites actually used the flexibility of the waivers, it initially appears that the largest impact of the waiver was to support personnel changes. However, most of the personnel and practice changes carried out in the projects could have been undertaken without a waiver of federal guidelines. The flexible resources for services however, provided the workers with the opportunity to provide a *real* response to the needs of substance abusing parents in the form of services and supports needed to successfully navigate the treatment process.

Demand for Larger Scale Reform -- The waivers enabled the two sets of agencies to work together on two critical elements of daily practice at the “front end” of the system—screening and assessment and client engagement and retention. But these innovations in turn created demands for changes in other parts of the system, which the sites have responded to in different ways. Adequate treatment resources were an important part of that response, along with an emphasis upon making investments up front that were intended to achieve cost savings over the longer run, including outreach and re-engagement in treatment.

The waiver experience demonstrates that when agencies make changes in one or two elements of the system it creates demand for additional changes, which often take time to put into place. The more agencies anticipate the full spectrum of issues that will need to be addressed (such as those outlined by the CSAT Technical Assistance Publication referenced above), the more prepared it will be to respond when these issues come up in the course of the project. The waiver can be used to stimulate larger scale reform of the system, but only if they have enough time and vision to put all the elements into place.

The Lead Agency Dilemma -- The four projects used the waivers for efforts to link child welfare and substance abuse systems, with encouragement of this change coming from the Children’s Bureau, the Federal counterpart to state child welfare units. An apparent issue, which is perhaps inevitable with a waiver process that is based in any one federal agency, is that other state agencies may not take their role as seriously when the child welfare agency is perceived as the “lead agency” with the responsibility for making the waiver work. A closely related issue is the

question of whether encouragement from one federal agency is an adequate incentive for another state agency to comply with the need for closer ties.

In order for both systems (and other critical systems, such as the courts and mental health agencies) to change, it may in fact require a process at the federal level which is as collaborative as the process which the waivers sought to achieve at the state level. ACF and SAMHSA have developed close cooperation on a far-reaching agenda on the issues of child welfare and substance abuse, and it seems possible to achieve the same links on the waiver projects, as a means of ensuring that state alcohol and drug agencies are early and active partners in carrying out the purposes of the waivers. But the sites all demonstrated a pattern seen elsewhere: that whichever agency is the initiating force, there remain a critical need for the first agency to reach out to involve others that may not have been as actively involved in the first stages of the waiver project. In one site, the state director of substance abuse services learned in a public event about the waiver being granted; since that rough takeoff, however, the two agencies have come to work together very closely.

Linking to Existing Reforms – One of the key variables in how much impact any waiver can make is the extent to which it builds on already existing reform. Some of the sites reviewed had an extensive level of collaboration already in place, which allowed them to skip over some of the difficult work of building consensus and clarifying values. Those that had little collaboration in place could not see as much impact for their efforts, although the waiver allowed them to start the process of clarifying values and working together.

In some of the sites, the waiver projects built upon a foundation of recent efforts in these states to connect welfare agencies—rather than child welfare—to substance abuse as a part of welfare reform and the need for treatment resources for a segment of TANF clients. In some states, it has been possible to use TANF surpluses and welfare incentives funds to purchase additional treatment resources, although these have typically been one-time allocations rather than institutionalized funding.

Dealing with Cost Neutrality and Evaluation -- Some sites raised concerns about the cost-neutrality provisions of the waivers and the requirement for random assignment of clients to control groups. In the case of the cost neutrality issue, the concern was not with the requirement but with the need for a longer time frame needed by some of the projects to be able to demonstrate cost neutrality. These sites learned that often there are up front costs to the collaboration, and that change takes time. More time to demonstrate cost neutrality would have helped these sites make more substantial up front investments.

With respect to the evaluation requirement of random assignment, one site felt that the federal requirement was very difficult to meet in their state and urged greater flexibility, including the ability to use comparison groups of various kinds. Similar issues have been raised in the other, non-substance abuse-related waiver projects, with sites feeling that random assignment was very difficult to sell to other agencies and the community.

The Link to Other Waiver Projects -- A final point that arose in the site visits bears upon the content of the other, non-substance abuse-related IV-E waiver projects. Upon review of their

descriptions, it would appear that several of them—if not all—have definite implications for substance abuse treatment needs. Guardianship, kinship care, managed care, wraparound services, family conferencing, shared family services, special needs adoption, and community-based privatized service delivery—all of these have potential relevance to substance abuse services, given the high percentage of families affected by these problems. In Maryland, for instance, there was an effort to link the managed care waiver with the waiver for substance abuse, freeing up more dollars for treatment resources. Given the interconnection between the needs of children and families, a more deliberate connection between waivers appears warranted.

IV. Site Descriptions

Delaware

Delaware was the first state to be granted a substance abuse-related IV-E waiver in 1996. Their project seeks to reduce the cost of out-of-home placements by making faster and better connections between parents in child welfare services and substance abuse services. Although the number of clients served has been lower than the project originally intended, the project staff have recognized a much greater need among parents in the intensity of services which has been a major cause of the smaller number of clients enrolled. In fact, the need for more intense services has been an initial major finding of the project. The Delaware evaluation has substantiated lower foster care costs, and as of May 2002, has been granted a federal extension of the waiver.

The outcomes sought by the project include

- Reduced foster care costs
- Reduced number of children entering out-of-home care
- Reduced time in foster care for cases served by the substance abuse counselor
- Improved connections of parents with needed services

Co-locating child welfare and substance abuse workers has been a success, in the view of project staff, enabling joint case planning by the two staff members that addresses both child safety and recovery needs. The substance abuse counselors are directly involved in case conferences. The project staff note that it has been possible for them to deal with the needs of “harder cases” which demand more time from the substance abuse counselors, but which has resulted in the substance abuse workers being asked to work with the recovering parents over a longer period of time. Senior child welfare staff also feel that their workers have received an education from the co-location and joint operations, well beyond what they are able to receive in the three days of training offered by the project. While the three days of training built an important base of understanding, they believe that it was the hands-on work together that has enabled them to work effectively in the new arrangement.

A complicating factor, however, has been the difficulty of negotiating the managed care system that governs a significant portion of the substance abuse treatment network. Child welfare workers have needed to rely on the substance abuse workers’ knowledge of the complex funding streams to gain access for their parents entering treatment services.

Efforts have been made to use the Family Assessment Form (FAF), a tool developed in California, to monitor family well-being over time. Initially, there was insufficient data to assess parents' functioning, and the use of the FAF is intended to correct this information gap.

Illinois

Illinois started with a deeper base of experience across the two agencies than any other waiver state, with formal protocols that had been carefully negotiated over time. The original conversations between the Department of Children and Family Services (DCFS) and the Department of Human Services Office on Alcoholism and Substance Abuse (OASA) date back to 1986, resulting in the launching of Project SAFE as a joint effort. DCFS had created a Policy Guide for all DCFS workers that provides guidance on serving substance-affected families. An annual invitational summit of the two agencies is held, with participation by staff from the two agencies. Expanded funding for DCFS families with alcohol and other drug (AOD) issues also predates the waiver effort, and provided an important base for the initiative.

In a staffing pattern similar to Maryland's, Illinois uses both SA counselors and recovery coaches—two very different types of professional staff working with CWS staff. The coaches are responsible for “latching onto” DCFS parents early in the life of the case and staying involved throughout treatment and recovery. Outreach and re-engagement is attempted with all parents who drop out of the program. Coaches submit information for DCFS family meetings and OASA case staffing. Recovery coaches are intended to serve as role models, and typically have prior case management and recovery experience. The waiver project began implementation in early 2000, and operates in Cook County. Its intended outcomes are

- rates of reunification;
- shorter lengths of stay in foster care;
- a reduction in re-allegations of child abuse/neglect; and
- higher success rates for completion of parental substance abuse treatment among experimental group participants.

The screening and assessment process in Illinois involves a protective services worker's referral and a judge who may order a parent who is in court to an immediate substance abuse assessment. A certified substance abuse counselor with a Master in Social Work-level education does these assessments. The assessment is based on DSM criteria, takes about half an hour to complete, and parents are immediately given feedback on the diagnosis. The assessment takes place in the courthouse, and workers try to identify treatment resources with the parent before they leave the building. The idea behind conducting assessments in the courthouse is to identify those parents in need of substance abuse treatment services at the point of crisis, when they may be more motivated to accept the offer of services.

Special efforts have been made to train court staff and as a result, an initially slow start with referrals picked up momentum and referrals have increased. Savings in foster care costs, as intended by the project, have begun to be realized.

Initially, there was some tension between child welfare caseworkers, who are accustomed to having more control over their cases, and the recovery coaches, whose role is to advocate on behalf of the parent through the recovery process. As caseworkers have gained experience in working with recovery coaches, the links between the two sets of workers have improved, and word of mouth support for the concept of recovery coaches has spread. Training the two sets of workers has also helped. At the same time, it was also important for substance abuse agencies to understand the role of the coaches, and this has been happening gradually.

The project has also provided additional confirmation of the specifics of substance abuse involvement in child welfare cases. Of 520 cases in Cook County over a 18-month period in which project staff have been able to review summary sheets that identified the abuse or neglect allegations, 56% had an explicit substance abuse-related allegation, an additional 16% had “risk of harm” allegations, and 14% had “inadequate supervision” allegations. Senior staff point out that the latter two types of allegations frequently involve substance abuse.

Other issues encountered have included different databases across the two agencies, which the waiver project is attempting to integrate.

Maryland

Maryland’s IV-E waiver project is testing the hypothesis that intensive substance abuse services can affect foster care placements and family reunification, by:

- reducing the number of days in care
- optimizing the use of existing foster care funds,
- promoting innovative practices, and
- reducing placement in congregate care for young children.

Maryland’s waiver, which was granted in August 1999, was implemented beginning in October 2001. It operates in parallel with two other major policy shifts in responding to substance abuse issues among the child welfare population: (1) legislation mandating a statewide protocol between the two agencies that included allocation of addiction specialists to two jurisdictions—Baltimore City and Prince George’s County; and, (2) legislation focused upon drug-affected infants that established a pilot project in seven jurisdictions. While these new programs have complicated implementation and apparently resulted in increases in intake, these increases in treatment resources have proved an important supplementary resource in support of the implementation of the waiver.

By February 2002, four addiction specialists had been hired and assigned to work in Baltimore City, Baltimore County, and Prince George’s County. These workers make up a key component of new Family Support Services Teams that include child welfare caseworkers, the substance abuse counselors, recovery mentors, and an aide. The recovery mentors make home visits to mothers with substance use disorders. There has been a delay in hiring the mentors due to problems with civil service requirements. As in Illinois, these mentors are seen as supporters of the substance abuse counselors, with the mentors focusing on client engagement issues and the

substance abuse counselors focusing on screening and assessment issues and overall case monitoring. Some initial problems arose due to the unfamiliarity of substance abuse counselors with home visits, as well as the initial reluctance of child welfare caseworkers to identify that substance abuse is a specific issue in the case.

Originally, pre-natally substance exposed infants were excluded from the caseload of the waiver project, due to the parallel implementation of the separate reforms aimed at these children and their parents. These families are now included in the project, however.

New Hampshire

New Hampshire is using its waiver, which began in November 1999, to hire a substance abuse specialist who both trains and provides assistance to child protective service investigators and supervisors on screening and identifying parents who abuse alcohol and/or other drugs. The substance abuse specialist, subsequent to the child protective services intake and risk assessment, conducts substance abuse evaluations of identified parents to determine whether further intervention is required.

Approximately 240 families will participate over the life of the project, with 120 families in the enhanced services group and an equal number in the control group. Intended outcomes include:

- improved rates of parental recovery from substance abuse and related problems;
- improvement in the utilization of services;
- increases in positive parent-child interaction;
- reduction of the incidence of re-allegations of abuse and/or neglect;
- reduction in the length of stay in foster care; and
- improved stability and adjustment of children.

The substance abuse screening process in New Hampshire is based on the Substance Abuse Subtle Screening Inventory (SASSI). A standardized screening instrument that yields scores in several domains including defensiveness and denial. The New Hampshire project is being implemented at the same time that the state has moved to a new system of child and family risk assessment, the Structured Decision-making Project. In addition to the assessment component, additional services for the enhanced treatment group include a therapist who works directly on the substance abuse treatment component of the case. The therapists are seen as having a dual responsibility, consultation on child safety decisions with child welfare caseworkers and a primary clinical role with the parent.

The two therapists (one in each of the two district offices, Nashua and Manchester) have found that they are spending more of their service time providing direct case management of substance abuse treatment services than they had originally anticipated. In part, this case management need has been related to the high degree of mental health co-morbidity among the parent group. They often exhibit symptoms related to past traumatic events, depression and anxiety disorders in addition to their substance use disorder.

V. Lessons

The following section reviews the lessons of the four sites using the ten-element framework described in the CSAT Technical Assistance Publication noted above.

1. Values

All projects experienced the problems that occur when the two sets of workers first begin working with each other and recognize that they have different underlying values by virtue of their defined clients—parents (primarily mothers) in recovery and children in child welfare systems. The general orientation of child welfare workers is toward child safety, and mandates emanating from the Adoption and Safe Families Act require child welfare agencies to find permanent placements for children within a year. The focus of substance abuse counselors, on the other hand, is on treatment outcomes and they often have a much longer timeframe for working with parents through the recovery process, recognizing that relapse can be part of the recovery process. These different worldviews create a need for training that bridges the two sets of values and provides both parties with respect and understanding of these respective views. All the sites all described dealing with these differences at some point in their implementation efforts.

2. Screening and Assessment

Projects adopted different approaches to the task of screening and assessing clients for substance abuse. In Delaware, the Family Assessment Form is used to assess parents' problems, including substance use. Referrals can be made to the substance abuse counselor during the investigation, in response to information collected during casework, or during case conferencing. Once the substance abuse counselor is brought into the case, a joint appointment is scheduled with the client and a formal assessment is made using the Addiction Severity Index (ASI) or some other tool. In New Hampshire, the Substance Abuse Subtle Screening Inventory (SASSI) is used to assess clients for substance abuse problems.

3. Client Engagement

The use of recovery coaches in Illinois and mentors in Maryland are the most explicit recognition among these projects that clients require more than assessment and referral—they need a sustained supportive professional who understands their problems and can help them negotiate the systems that are serving them. In Delaware, the original design of three months of engaging clients was not enough. They recognize that a longer period of time is needed to fully engage clients in the change process.

4. Services to Children⁴

The only site that mentioned services to children explicitly was Maryland, which referred to assessment of the impact of the project on children of substance abusers in the evaluation, using tools that measure child well being. This is not inconsistent with the national experience of most treatment providers, who are evolving toward greater concern with whole-family treatment, especially the multiple impacts of substance abuse on children, but finding it difficult to secure the resources and the trained staff to do adequate screening and to provide or monitor follow-up services for children while providing effective treatment for their parents.

5. Training

All four projects used staff training or cross training of the two staffs to assist child welfare and substance abuse services staff in understanding the challenges of working across the two systems. In Delaware, there has been a special emphasis upon supplementing and going beyond training by itself, with child welfare caseworkers also receiving further training on substance abuse issues in the field, through hands-on experience working directly with substance abuse counselors as they engaged clients and demonstrated how to raise and address alcohol and drug issues. Maryland has linked the training for the waiver project to training provided for the parallel projects.

6. Outcomes

Outcomes received a greater emphasis in the waivers from the outset, since states were required by the terms of the waiver to evaluate the cost-neutrality of their innovations. This necessitated an evaluation overlay to the projects that was perceived by some workers as burdensome. But in all four cases, the quality of information appears considerably better than what is ordinarily available, even when the two systems are cooperating effectively.

7. Information Systems

As noted in other publications,⁵ information systems present many challenges. The child welfare system operates from very different premises than the alcohol and drug treatment information system, although both are mandated by federal requirements for use of federal funding. The child welfare system focuses upon children rather than parents' particular substance abuse problems. The substance abuse information system typically has little or no information about children of adults in treatment. Illinois has worked hardest to integrate the two data systems in child welfare and substance abuse services, using a group of test cases to attempt to do so.

⁴ Obviously, the projects are about services to children to the extent that they involve foster care; here, the distinction is whether the treatment program and the child welfare agency make a formal effort to screen, assess, and respond to the developmental, health and mental health problems of children affected by the substance abuse of their parents.

⁵ Young and Gardner (2002). Op cit.

8. Budget and Finance

Funding issues have arisen in all four sites, with those sites (Illinois and Maryland) that had expanded treatment funding better able to respond to the expansion of referrals for treatment. While cost-neutrality was a condition of the waivers, the need for additional short-term substance abuse treatment funding increases to the extent that parents who would not have sought treatment are able to do so based on improved client engagement methods.

9. Roles of Other Systems

In some of the sites, Illinois and New Hampshire particularly, early lessons included the need to provide comprehensive services and specifically the need to connect families to mental health services. Other systems that can be resources for some families in the child welfare systems, such as domestic violence and child developmental interventions were not specific components of the waiver projects but were recognized as needed resources by the families being served.

10. Roles of the Courts

In Illinois, court personnel were trained in the goals and methods of the project, which appears to have helped a great deal. Court personnel were also part of the training in Maryland.

Other Lessons

All four sites have commented that the process of working across systems takes more time than they had envisioned. Their comments suggest that “staying with it” is a critical ingredient of success, since the two systems tend to revert to unilateral processes, which workers know best and are most comfortable implementing.

Concerns were expressed in two of the sites that that local governments were not fully consulted in the design and implementation of the waiver projects. When changes in working relationships between the two systems involve their local counterparts, these local officials urged both state and federal agencies involved in waiver projects to bring local agencies into the picture as early as possible, since their operations are obviously affected as well.

VI. Major Implications for Future Waivers

What these four states have been able to accomplish, in the view of the project team, more than justifies the waiver process as undertaken in these sites and by the federal government. A case can be made, however, for an enhanced, “second-generation” waiver process that involves some significant changes at both the state (and local) and federal levels, including several issues referenced in this assessment. The most important of those are:

- At the state level, greater clarity about the role and responsibilities of local partners should be built into the review process, since that has proven to be an issue in some sites.

- A deeper approach to project cost documentation and sustainability options should be required, since most of these innovations remain in pre-replication stages. States that have identified the resources to expand these pilots should possibly be given more resources to support the replication process—not services funding but the infrastructure to document results and staff replication efforts.
- At both state and federal levels, the information systems problem remains a thorny set of issues. It is not confidentiality, as it is often framed at the state and local level, but incompatibility and the fundamental differences between what the two systems measure. Federal information technology partners should review changes made at state and local levels in both nationally mandated systems that have increased the utility of the two systems (such as dedicated project codes for clients who are being tracked through demonstration programs).
- As noted, the potential impact between these substance abuse-related waivers and the other waiver projects needs further exploration at both state and federal levels. Given the reportedly high incidence of substance use disorders among the parents in the child welfare system and some of the dynamics present in addiction, in particular intergenerational effects, it may be quite useful to look specifically at the substance abuse dynamics that may be present in the other waiver programs that have not specifically targeted substance abuse interventions. In particular, the extensive work that Cornerstone has done in the area of subsidized guardianship, and the expansion of interest in kinship and especially grand parenting care as it relates to substance abuse would seem to be an area where federal and contractor resources could be helpful to understand the impact of the other reform efforts.
- A framework for assessing how different elements of the full substance abuse-child welfare intersection could be helpful, since most of the waivers are intervening at only two or three of these elements. The framework the evaluators are most familiar with—the ten elements set forth in *Navigating the Pathways* (TAP # 27)—is one framework; others exist, and such a framework would enable waiver implementation groups to review the elements they may not yet been able to address.

An element of that framework—working with other agencies—raises a final policy implication at the federal level: the need for an interagency perspective on the project, including critical agencies beyond the confines of either child welfare or substance abuse whose services have proven essential for children and families with substance use disorders: special education, developmental disabilities, child development, maternal and child health, domestic violence, mental health, housing, and services to older persons. Each of these service areas has the potential to provide support for a family emerging from the child welfare system or in some form of after-care status. Annual reviews of the progress of the waiver projects by an interagency group with this wide membership would broaden the federal oversight and also has the potential to identify new support for the waiver efforts.