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Measuring the Implementation and Outcomes of Emergency Economic Mobility and Recovery Waivers and Flexibilities: Key Lessons from Demonstration Waivers

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KEY FINDINGS

- In emergency circumstances, program managers can creatively address measurement barriers to facilitate analysis of the implementation and outcomes of flexibilities and waivers.
- Key steps for measuring and assessing the implementation and outcomes of a flexibility or waiver include identifying its clear purpose and intended outcomes, establishing performance metrics, identifying and collecting data, developing a plan for more rigorous evaluation, and drawing out lessons.
- Programs can use a range of quantitative and qualitative data collection strategies to better understand downstream outcomes, unintended consequences, and other short-term and long-term results.

Introduction

In response to emergencies such as the coronavirus disease 2019 (COVID-19) pandemic or a hurricane, federal agencies often identify and offer flexibilities and waivers of statutory, regulatory, or policy requirements to address rapidly arising needs and, in many cases, to support economic recovery from the crisis. For example, they may temporarily change program eligibility or reporting requirements to better facilitate access to needed services and supports during and after the crisis. Flexibilities and waivers are often implemented with authority granted through emergency declarations, often from the Public Health Service Act, the Stafford Act, and state emergency preparedness laws. The urgency of these crises typically limits the timeframe, planning, and data collection necessary for robust evaluation, often limiting research on the implementation and effectiveness of emergency waivers and flexibilities. However, as crises continue and new ones emerge, program managers – federal offices and states/grantees – may find measuring the outcomes of flexibilities and waivers important for understanding relative successes and to inform conversations about potential program and policy innovations or needed adjustments to future waivers and flexibilities. These initial assessments can also help inform subsequent rigorous evaluations of these flexibilities and waivers. This brief provides

steps to guide initial performance measurement considerations that can inform decisions about continued and future use of these flexibilities and waivers. In addition, taking initial steps to measure flexibilities and waivers can provide decision-makers with useful insights to inform the design and goals of future research questions and more rigorous evaluations.

This brief outlines a workable strategy to address the challenges of assessing implementation and outcomes of emergency waivers and flexibilities. Given the limited research in this area, we looked at similar approaches used in non-emergency situations, namely waivers offered for demonstrations, such as Medicaid's Section 1115 demonstrations¹ or child welfare (title IV-E) demonstrations.² These demonstrations are generally used to test strategies designed to improve program outcomes or address other policy priorities. This brief draws from prior, rigorous evaluations and other analyses of demonstration waivers to examine methods for assessing emergency waivers and flexibilities, address practical considerations and constraints, and suggest strategies to both reactively and proactively assess the implementation and outcomes of emergency waivers and flexibilities.

Key Definitions

Flexibilities represent policy or program options made available by federal agencies or grantees based on a crisis or circumstance change but do not alter statutory requirements. *For example, in response to COVID-19, the Employment and Training Administration in the Department of Labor allows programs to enroll new participants using electronic or digital signatures rather than "wet," in-person signatures.*^A

Waivers provide grantees with a temporary change or opportunity to bypass otherwise required statutory provisions. Waivers require some type of application from grantees and a process for approval by the federal or state agency. *For example, Child Care and Development Fund state lead agencies can request a waiver from the Administration for Children and Families to temporarily eliminate certain health and safety training requirements to increase the pool of child care providers more quickly.*^B

A. <https://www.dol.gov/agencies/eta/coronavirus#adminflex>

B. https://www.acf.hhs.gov/sites/default/files/documents/occ/tipsheet_statesterritories4_24_2020.pdf

Grounded in the review of demonstration waivers, this brief illustrates a step-by-step guide for program managers to design and conduct an assessment to analyze findings about an emergency flexibility or waiver focused on economic mobility or economic recovery.

Acknowledging the constraints of emergency circumstances, this brief provides considerations and suggestions for an approach for how to overcome barriers to assessment. The approach begins with framing the goals of the flexibility or waiver. The next steps are generating performance measures, capturing data, developing a plan for more rigorous evaluation, and finally analyzing lessons learned.

Throughout each step, it is crucial for program managers to maintain clear and consistent communication with stakeholders on new opportunities and requirements associated with the flexibility or waiver. For program managers and grantees, stakeholders may include local program managers, frontline staff, advocates, other funders, community partners, program participants, and other people with lived experience. Consistent communication can range from disseminating clear and updated guidance to the field to hosting program "office hours" and stakeholder listening lessons. Regularly seeking guidance and feedback, in both emergency and non-emergency times, creates clear channels to share information and quickly adapt to evolving circumstances.

¹ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>

² <https://www.acf.hhs.gov/cb/programs/child-welfare-waivers>

Real and Perceived Measurement Barriers

Identified Barrier	Strategies
Other competing, urgent demands can take priority over emergency analysis.	Clear guidance, communication, and expectations shared with grantees and other stakeholders during emergencies can facilitate quick, relatively easy collection of key metrics.
Emergency conditions often prevent systematic data collection and long-term and rigorous evaluations.	Initial assessments with existing real-time data can reveal how a flexibility or waiver is creating intended or unintended outcomes, which can inform, though not replace, a subsequent more rigorous evaluation.
Programs may lack established, pre-emergency baseline data sources and data collection methods.	Programs can quickly identify new data elements that would be helpful to track, even starting with anecdotal or ad hoc information as a first step if needed.

1. Identify a Clear Purpose and Intended Outcomes

Establishing the reason for the waiver or flexibility and identifying its intended results are the foundation of any measurement effort. The established purpose could be to continue to achieve program goals in a crisis, or the purpose could be more targeted, such as temporarily expanding access to benefits or reducing burdens (e.g., by speeding up processes or reducing administrative or other requirements) on certain grantees or program participants.

Federal programs can clearly communicate the purpose of the flexibility and waiver via multiple channels, including formal guidance, early messaging, and ongoing communication throughout the emergency period. In addition, identifying the mechanisms through which a flexibility or waiver is expected to achieve those intended outcomes can be helpful. The process of identifying the expected goals can take several forms, some more formal than others. Programs might use the following examples among others:

- *Theory of change:* In a more formal process, program managers can articulate a clear purpose and the desired outcomes of a flexibility or waiver. Program managers then work backward from these goals to identify what needs to be done to achieve the intended outcomes for a target population.
- *Logic model:* For a visual representation of program activities and intended outcomes, program managers can chart a logic model depicting the ecosystem of relationships, including resources/inputs, outputs, outcomes, and intended/hypothesized impacts.³
- *Goals and projected outcomes:* Program managers can articulate the purpose of the waiver or flexibility, identify programmatic goals, and set targets for intended outputs and outcomes.

Additional considerations related to purpose and outcomes include:

- *Local contexts and needs:* In some cases, federal agencies may identify broad intended outcomes, but states or grantees may need to identify more specific goals based on their individual circumstances, resources, and needs across communities.

³ <https://www.cdc.gov/eval/logicmodels/index.htm>

- *Unintended consequences:* Other factors and contexts, from uneven implementation to various program interactions, can produce additional outcomes not considered or desired. For example, a flexibility or waiver in one program may affect participants' eligibility for other services. In addition to identifying the intended outcomes, program managers can try to identify in advance other implications that may indirectly follow from the waiver or flexibility, such as exacerbating or minimizing pre-crisis inequities in service access and program outcomes.
- *Short- and long-term outcomes:* Intended goals can encompass both short-term and long-term outcomes, such as immediate changes in participants' household income security in the coming weeks and later outcomes related to longer-term self-sufficiency or equitable access and results.

2. Establish Performance Metrics

Considering the desired outcomes identified in the previous step, program managers can generate metrics on which to base an assessment of performance. Clear and timely program communication on performance metrics local program managers are required or encouraged to collect can help stakeholders at all levels better implement and analyze a flexibility or waiver. While specific performance metrics largely depend on the relevant program, context, and flexibility or waiver, program managers can consider these metrics:

- *Reach:* Compare the actual number of participants served under the waiver or flexibility to the number originally projected to be served or to the baseline number served before the waiver or flexibility began. Program managers can also track the total number of grantees or which types of grantees used the waiver or flexibility and how they did so.
- *Service quantity:* Identify the extent to which new and existing activities were undertaken (or not), or the extent to which services were provided (or not) to participants, and how that might be tied to implementation of the flexibility or waiver.
- *Perceived participant satisfaction:* Gather information on participants' satisfaction and how participants perceived the program outcomes. Which populations generally found the flexibility or waiver to be helpful or not, and why.
- *Participant equity:* Analyze perceived or documented outcomes of the waiver or flexibility across different populations, particularly those that may be disproportionately affected by the crisis.
- *Administrative outcomes:* Compare actual program expenses, staff time, and other administrative burdens, such as paperwork, to the projected costs of the waiver or flexibility or to typical environments before the waiver or flexibility.
- *Implementation:* Analyze implementation, including potential uneven implementation, across individual programs or grantees by studying take-up, timetables, and efficiency.
 - Review the relative timelines on which programs adopted the waiver or flexibility and assess disparities.
 - Determine the extent and variation of program or administrative activities that were implemented as intended or were not undertaken.
 - Gather information on the circumstances, populations, or contexts in which a waiver or flexibility was more likely to be used and be considered effective by stakeholders.
 - Identify how implementation effectiveness impacted short- and potentially long-term participant health and well-being outcomes.

3. Identify and Collect Data

Program assessments can rely on quantitative and qualitative data. As a general principle, collecting and reporting relevant data regularly and building out existing data collection tools can help programs compile data during and after the emergency and provide initial comparison metrics for analyzing the outcomes of the waiver or flexibility.

Establishing new data streams and procedures can be costly and time-intensive, particularly for information and circumstances that may be relatively short-lived. Programs can rely on existing data collection tools or can use ad hoc and anecdotal information as a starting point to help inform analyses. Program staff can consider the questions posed in the assessment (per the steps above) and examine the existing data sources, such as administrative data or data collected to meet annual grantee reporting requirements, before considering whether to create new data collection processes. Ultimately, data collection should be based on the expected outcomes being explored and the identified performance measures. Based in part on findings from these early assessments, program staff should also consider whether systematic data collection or long-term and rigorous evaluation is warranted and feasible.

More standardized, comprehensive data collection may result in higher assessment quality, reliability, and rigor. However, ad hoc or anecdotal information can be useful in analyzing and understanding the implementation and possible outcomes of a flexibility or waiver. A variety of data sources and measures are available, as described in the box below. Clear guidance from program managers about measures and data sources can help stakeholders adapt existing measurement tools or quickly create new ones if needed. Consistent communication from program managers can help standardize flexibility or waiver rollout, but implementation and outcomes may vary because of a staggered implementation, slow opt-in or adoption, or other factors.

Data Collection Strategies

Example measures: A range of qualitative and quantitative measures can help identify potential sources of implementation issues and disparities, as well as signs of effectiveness. For example measures of interest may include:

- Participants' individual experiences and struggles, reported, for example, in a focus group or informal conversation.
- Widespread issues stemming from the structure of and guidance on the flexibility or waiver itself, identified, for example, in a survey of grantees.
- Data on program participants and assistance—such as the number of program participants, average length/type of assistance, disparities by race/ethnicity, and expenses – included in administrative data systems.

Example data sources: The following could provide information to begin to shed light on the implementation or perceived outcomes of a flexibility or waiver in practice: listening sessions; participant focus groups; interviews with program leaders, staff, and stakeholders; simple surveys; existing or newly requested administrative data; informal conversations with grantees or sub-grantees.

Federal agencies should ensure they have approval under the Paperwork Reduction Act to collect information from 10 or more individuals or programs. Previous approvals may need to be updated if data will be used for a purpose not specified in the original approval (e.g., program monitoring or performance measurement), and programs may find use in awareness of any changes to requirements and approval processes due to emergency circumstances. Careful adherence to Institutional Review Board guidelines remains crucial for states and other grantees.

4. Develop a Plan for More Rigorous Evaluation

Considering the purpose of the flexibility or waiver and the initial data collection and analysis can help lay the foundation for more rigorous and formal evaluations of the flexibility or waiver. The first step is to clearly identify the question(s) a formal evaluation would aim to answer, such as whether the flexibility or waiver led to the expected outcomes or how it was used and implemented in practice. The next step is to select a research design that will help answer those

questions.⁴ Program managers can use a range of study types, including descriptive, process, outcome, and impact evaluations, to better understand the outcomes of emergency waivers and flexibilities. To show that a waiver or flexibility is the *cause* of a given outcome, the study design must include a reasonable counterfactual scenario—that is, an estimate or measurement of *what would have happened without the flexibility or waiver*.

Evaluation design depends in part on the larger context and the nature of the flexibility or waiver. Some research designs, such as descriptive studies, may be more practical because of resource constraints, but the design should be chosen for its ability to answer the research question. The following considerations can help program managers formulate and conduct selected types of evaluations of a waiver or flexibility.

Key Definitions

Descriptive research furthers understanding by focusing on the implementation of a program or policy, as well as the relationships between implementation factors and outcomes.^A

Impact research gauges the efficacy of a fully developed intervention, focusing on evaluating the relative success in achieving intended outcomes while accounting for cause-and-effect relationships.^A

A. https://www.acf.hhs.gov/sites/default/files/documents/opre/acf_common_framework_for_research_and_evaluation_v02_a.pdf

Considerations for a Descriptive Evaluation of Waivers and Flexibilities

Descriptive evaluations describe a program or process in action, including its implementation. They are often based on stakeholder feedback and experiences and can be qualitative or quantitative in nature. This type of evaluation can help show the relationships between a flexibility or waiver and participant outcomes, among other uses. Using the above and other relevant data collection methods and criteria, program managers can analyze the rollout of the flexibility or waiver by considering the following, for example, as the basis of a descriptive analysis:

- Descriptions and documentation of the relevant policies, populations, and activities, as well as patterns identified in the data.
- The measurement of identified relationships between implementation factors and outcomes, including goals such as equitable access to services.
- A discussion of systems and participants' experiences in these systems.

Considerations for a Process or Implementation Evaluation

Process or implementation evaluations use information on the content, quantity, quality, and structure of service provision to understand how a flexibility or waiver was delivered. These evaluations can assess the extent to which the implementation achieved the program goals and how operations look in practice. To achieve these evaluation goals, program managers can consider questions such as these:

- To what extent was the flexibility or waiver actually adopted across the field? To what extent was implementation delayed or uneven across grantees?
- What were program outputs, such as the number of participants or the number of training sessions attended?
- What questions and feedback arose in the field during implementation?

⁴ For more information on program evaluation strategies, see Office of Management and Budget, M-20-12, Phase 4 Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Program Evaluation Standards and Practices. Available at <https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-12.pdf>.

- To what extent was implementation perceived to exacerbate or minimize existing inequities in program access or outcomes?

Considerations for an Outcome Evaluation

Outcome evaluations try to gauge the extent to which a flexibility or waiver fulfilled its identified purpose and achieved the intended outcomes. These evaluations rely on achieved outputs, or immediate effects, and achieved outcomes, or ultimate changes, to measure effectiveness by comparing them with the intended goals. Outcome evaluations can complement performance measurement.

Considerations for an Impact Evaluation

Impact evaluations rely not only on reliable data but also on accurate identification of cause-and-effect relationships, unlike the types of evaluation described above. They compare what happened when a flexibility or waiver was offered or utilized to a realistic counterfactual situation—in other words, what would have happened if the flexibility or waiver had not been offered or used. In the evaluation, program managers should consider potential confounding factors that can impact causality, especially in emergency settings. For example, a larger economic downturn could drive participant outcomes more than the evaluated flexibility or waiver.

Demonstration waivers are commonly evaluated using *randomized controlled trials* (RCTs), where some participants are randomly assigned to receive an intervention or participate in a program (treatment group) and others are not (control group). This can be ideal for research design when possible. However, RCTs are not always feasible for evaluating the impact of emergency flexibilities and waivers in practice. For example, programs may lack the time, ability, and resources to use this type of evaluation. In addition, program managers may find it difficult to determine how to randomly assign participants or grantees to receive the flexibility or waiver. RCTs often rely on advance planning and fixed environments that program managers may find difficult to establish in emergency settings, when flexibilities and waivers require rapid implementation.

Other impact evaluations employ *quasi-experimental designs*, which may be viable and useful in analyzing impact after implementation of a waiver or flexibility begins or even after the flexibility or waiver ends. In quasi-experimental designs, a control group is carefully constructed (vs. randomly assigned) to demonstrate what might have happened in the absence of the program. This type of research uses observation of other, non-random population groups to help evaluate impact. These evaluation designs rely on access to real-time data and careful thought about the extent to which a comparison group accurately represents a counterfactual of what would have happened without the flexibility or waiver. For example, program managers can use surrounding counties as comparison groups when a waiver or flexibility is implemented in phases by county or when a disaster declaration is limited to certain counties. In a federal context, state-by-state implementation can also provide comparison groups. Pre-treatment populations can serve as control groups in case of emergency system-wide implementation.⁵ Program managers and researchers can analyze accessible data and tools to determine whether a quasi-experimental design is possible. For example, Iowa evaluated the impact of its Medicaid Section 1115 waiver by using program data from the years before implementation of the waiver to construct comparison groups, which helped identify cause-and-effect relationships.⁶

Considerations for a Cost-Benefit Analysis

Often program managers seek to assess the relative outcomes of a new policy through a cost-benefit analysis, which relies on a key understanding of the many factors at play. Program managers can choose either an expansive or narrow approach to identifying costs and benefits,

⁵ <https://www.ncbi.nlm.nih.gov/books/NBK513178/>

⁶ <https://www.medicicaid.gov/Medicicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ia/ia-family-planning-netw-ork-fs.pdf>

focusing primarily on short-term outcomes or trying to capture long-term implications as well. A formal cost-benefit evaluation involves a robust and sophisticated analysis. Programs may initially pursue a “back-of-the-envelope” estimate to give decision makers an initial sense of the relative perceived cost or benefit, though this would not be considered an evaluation and estimate would be much less reliable than a formal evaluation. In a formal cost-benefit evaluation that considers the intended outcomes of the program, program managers can weigh the costs and benefits to assess whether the flexibility or waiver achieved the intended goals.

Takeaways for the Evaluation Design Process

The research question of interest should inform the evaluation design. To align desired or current information streams with research design planning, program managers can ask themselves:

- To what extent is cost and benefit information on the flexibility or waiver available?
- Is it possible to compare outcomes from the flexibility or waiver, such as, outcomes before and after implementation, outcomes across states or counties, etc.?
- Can programs choose a research design and complete an evaluation after the issuance of a flexibility or waiver? If so, what resources are needed to do so?

5. Identify Lessons

During and after the duration of the flexibility or waiver, program managers can assess key takeaways to improve processes for the development, implementation, and assessment of current and potential future flexibilities and waivers. Program managers can pose the following questions:

- What, if any, data collection models do programs need to redesign or build to provide a better basis for comparison, assessment, and evaluation?
- What resources, such as guidance on promising implementation practices, would stakeholders find useful to facilitate the implementation and analysis of a flexibility or waiver?
- Should programs streamline or simplify implementation processes? If so, how?
- Considering implementation and outcomes, should programs adjust the term length of a flexibility or waiver, and why?
- From the available data, what can programs conclude about the relative costs, benefits, feasibility, and buy-in of potential waiver and flexibility extensions, reinstatements for future emergencies, or potential permanent programmatic changes?
- How can programs use initial findings from current flexibility/waiver assessments to inform and improve the expected outcomes of the flexibility or waiver in a future emergency?
- For future emergencies, what key measures and evaluation designs would programs find useful in the planning stages to facilitate implementation and evaluation?

Conclusion

Despite various contexts and constraints, program managers can take clear steps to initially assess flexibilities and waivers during emergencies. Although emergency circumstances may affect the long-term choice of research design, in these situations program managers can continue to identify goals, communicate regularly with grantees, and collect and analyze available data to help establish processes for future rigorous analysis of the implementation and outcomes of flexibilities and waivers. By providing a basis for analysis, these initial steps can help programs determine the extent to which flexibilities or waivers achieve intended outcomes, improve participant outcomes, impact disparities, and promote programmatic goals.

References and Further Reading

Administration for Children & Families, Children’s Bureau. (n.d.). Child Welfare Demonstration Waivers. <https://www.acf.hhs.gov/cb/programs/child-welfare-waivers>

- Administration for Children & Families, Office of Child Care. (2020). Tip Sheet for States and Territories: Using CCDF Amendments and Waiver Flexibilities to Meet the Child Care Needs as a Result of COVID-19. https://www.acf.hhs.gov/sites/default/files/documents/occ/tipsheet_stateterritories4_24_2020.pdf
- Arkansas IV-E Waiver Demonstration Project Final Evaluation Report. (2019). Report prepared for the Arkansas Department of Human Services by Hornby Zeller Associates.
- Armstrong, M. I., Vargo, A., Cruz, A., Johnson, M., Landers, M., Robst, J., & Yampolskaya, S. (2019). Phase 9 Florida Title IV-E Waiver Demonstration Evaluation Final Report. Louis de la Parte Florida Mental Health Institute, University of South Florida.
- Auspos, P., Miller, C., & Hunter, J. A. (2000). Final Report on the Implementation and Impacts of the Minnesota Family Investment Program in Ramsey County. MDRC. <https://www.mdrc.org/publication/final-report-implementation-and-impacts-minnesota-family-investment-program-ramsey>
- Berry, M., Chandler, S. M., Senaha, D. M., Littlejohn, K., Lucas, A., Rhodes, E., Wulczyn, F., & Micua, L. (2020). Final Evaluation Report State of Hawai'i Title IV-E Waiver Demonstration. University of Hawai'i Center on the Family.
- Calicchia, M., Greene, R., Lee, E., & Warner, M. (2005). Disaster Relief Medicaid Evaluation Project. Cornell University, School of Industrial and Labor Relations. <http://digitalcommons.ilr.cornell.edu/reports/6/>
- Centers for Medicare & Medicaid Services. (n.d.). About Section 1115 Demonstrations. <https://www.medicare.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html>
- Centers for Medicare & Medicaid Services. (2020). Past Emergencies. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Past-Emergencies/Past-Emergencies-page>
- Colorado Title IV-E Waiver Final Evaluation Report. (2018). Report prepared for the Colorado Department of Human Services by Human Services Research Institute, Colorado State University Social Work Research Center, and Chapin Hall at the University of Chicago. <https://www.hsri.org/publication/colorado-iv-e-waiver-final-evaluation-report>
- Harachi, T. W., Abbott, R. D., Catalano, R. F., Haggerty, K. P., & Fleming, C. B. (1999). Opening the black box: Using process evaluation measures to assess implementation and theory building. *American Journal of Community Psychology*, 27(5), 711–731. <https://doi.org/10.1023/A:1022194005511>
- Harvey, C., Camasso, M. J., & Jagannathan, R. (2000). Evaluating welfare reform waivers under Section 1115. *Journal of Economic Perspectives*, 14(4), 165–188.
- Illinois Birth Through Three Waiver: Developmentally Informed Child and Family Interventions. (2018). Report prepared for the Illinois Department of Children and Family Services by School of Social Work at the University of North Carolina at Chapel Hill; Juvenile Protective Association; Chapin Hall at the University of Chicago; Survey Research Laboratory at the University of Illinois; Helen Bader School of Social Welfare at the University of Wisconsin; Erikson Institute; and University of Illinois at Urbana-Champaign. https://www2.illinois.gov/dcf/aboutus/newandreports/Documents/IL_IB3_Final_Evaluation_Report_Dec_2018.pdf
- Kaiser Family Foundation. (2006). A Comparison of the Seventeen Approved Katrina Waivers. <https://www.kff.org/medicaid/fact-sheet/a-comparison-of-the-seventeen-approved-katrina/>
- Kirkendall, N. J., & White, J. (2018). Improving Health Research on Small Populations: Proceedings of a Workshop. The National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK513178/>
- Medicaid Section 1115 Demonstration Fact Sheet: Iowa Family Planning Network. (2018). <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ia/ia-family-planning-network-fs.pdf>
- Nielsen, K., & Randall, R. (2013). Opening the black box: Presenting a model for evaluating organizational-level interventions. *European Journal of Work and Organizational Psychology*, 22(5), 601–617. <https://doi.org/10.1080/1359432X.2012.690556>
- Office of Planning, Research, and Evaluation. (2016). The Administration for Children & Families Common Framework for Research and Evaluation. OPRE Report 2016-14. https://www.acf.hhs.gov/sites/default/files/documents/opre/acf_common_framework_for_research_and_evaluation_v02_a.pdf
- Quast, T. (2018). Healthcare utilization by children with asthma displaced by Hurricane Katrina. *Journal of Asthma*, 55(4), 416–423.

- Quast, T., & Mortensen, K. (2012). Emergency department utilization in the Texas Medicaid emergency waiver following Hurricane Katrina. *Medicare and Medicaid Research Review*, 2(1), 1–16.
<https://doi.org/10.5600/mmrr.002.01.a01>
- Quast, T., & Mortensen, K. (2013). Enrollment patterns in the Texas Medicaid emergency waiver following Hurricane Katrina. *Journal of Public Health Management and Practice*, 19(5, suppl. 2), 91–92.
<https://doi.org/10.1097/PHH.0b013e31828b72b3>
- Reschovsky, J. D., & Bradley, K. (2019). Planning Section 1115 Demonstration Implementation to Enable Strong Evaluation Designs. <https://EconPapers.repec.org/RePEc:mpr:mprres:7c4bf55d1aa43d3a037f07820abce36>
- Rosenberg, L., & Brown, E. (2019). Early Experiences of the Performance Partnership Pilots for Disconnected Youth (P3): Cohort 1 Pilots. *Mathematica Policy Research*.
- Rowe, G., English, B., Pickens-Jewell, Sattar, S., & Ziegler, J. (2012). Evaluation of Waivers Granted under WIA. *Mathematica Policy Research*.
- Ryan, J. P. (2006). Illinois Alcohol and Other Drug Abuse Waiver Demonstration: Final Evaluation Report. University of Illinois at Urbana-Champaign Children and Family Research Center.
[https://cfrc.illinois.edu/pubs/rp_20060101_IllinoisAlcoholAndOtherDrugAbuse\(AODA\)WaiverDemonstrationFinalEvaluationReport.pdf](https://cfrc.illinois.edu/pubs/rp_20060101_IllinoisAlcoholAndOtherDrugAbuse(AODA)WaiverDemonstrationFinalEvaluationReport.pdf)
- Ryan, J. P., & Huang, H. (2012). Illinois AODA IV-E Waiver Demonstration Final Evaluation Report. University of Illinois Child and Family Research Center.
- Strong Families New York City Final Evaluation Report. (2019). Report prepared for the New York City Administration for Children's Services and the New York State Office of Children and Family Services by Chapin Hall at the University of Chicago. <https://www1.nyc.gov/assets/acs/pdf/initiatives/2019/CHFinalReport.pdf>
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Program Performance and Evaluation Office. (2018). Logic Models. <https://www.cdc.gov/eval/logicmodels/index.htm>
- U.S. Department of Labor. (n.d.). COVID-19 Frequently Asked Questions.
<https://www.dol.gov/agencies/eta/coronavirus#adminflex>