

Stakeholder Considerations
Child Welfare Forum on Evidence Based Practice
in Prevention and Early Intervention
September 13, 2012

Background

On September 13, 2012, following a briefing at the Nebraska Legislature as part of LR 529, an interim study on the entry of children into the child welfare system, a group of approximately 85 stakeholders gathered for an afternoon Child Welfare Forum in Lincoln. The stakeholders included advocates, providers, parents and foster parents, representatives of the Nebraska Department of Health and Human Services (DHHS), the Legislature, and the court system. Several members of the Nebraska Children's Commission and related committees were also in attendance.

The forum was hosted by Nebraska Appleseed and sponsored by SPARC, the State Policy Advocacy and Reform Center. SPARC is designed to help child welfare advocates promote reforms that result in positive outcomes for children and families involved with the child welfare system and is coordinated by First Focus and supported by the Annie E. Casey Foundation and the Jim Casey Youth Opportunities Initiative. The forum featured a team of national experts, including:

- **Abel Ortiz**, *Director of Evidence Based Practice Group at The Annie E. Casey Foundation*
- **Justin Milner**, *Senior Associate of the Evidence Based Practice Group at The Annie E. Casey Foundation*
- **Margaret Flynn-Khan**, *Mainspring Consulting*
- **Barbara Langford**, *Mainspring Consulting*
- **David Murphey**, *Senior Research Scientist at Child Trends*
- **Karin Malm**, *Program Director at Child Trends*

These speakers provided an overview presentation to all participants and then participants self-selected into three break-out sessions focused on:

1. Evidence-Based Practice (EBP) Programming

How does Nebraska make decisions on programming? What EBPs does Nebraska currently fund? What supports do providers need to deliver EBPs with high fidelity?

2. Financing

What has been successful and where are barriers in coordinating financing to support more integrated children's services in Nebraska in child welfare, behavioral and physical health, juvenile justice and human services funding streams? How can the strategic plan overcome these barriers?

3. Assessment

What assessments to determine children's needs are in place in Nebraska? What gaps exist? What system-level issues need to be addressed to ensure the successful implementation of any assessment plans to fill those gaps?

During the break-out sessions, the speakers facilitated a discussion among participants and participants met in small groups to develop “considerations” for the Children’s Commissions related to Evidence Based Practice, Financing and Assessment.

These considerations are simply meant to provide general input to the Children’s Commission from a broad range of child welfare stakeholders. Pursuant to Neb. Rev. Stat. § 43-4204(1)(b), the Children’s Commission is required to create a statewide strategic plan that “shall consider but not be limited to...[the] [p]rovision of leadership for strategies to support high-quality evidence-based prevention and early intervention services that reduce risk and enhance protection for children.”

We hope these considerations are helpful to the Children’s Commission as the Commission develops the statewide strategic plan in the coming months.

The following is a short summary of the national experts’ presentations for each break-out session and a list of the “considerations” offered by local stakeholders for the Nebraska Children’s Commission as they develop the statewide strategic plan.

*Please note that the considerations **do not** represent the collective position of all stakeholders in attendance at the Child Welfare Forum. Instead, this document includes summaries of comments provided by individual attendees or small groups of attendees. In addition, please note that the considerations provided in this document are summaries based off of notes from the Child Welfare Forum. We apologize for any errors or omissions.*

Evidence Based Practice

Today, we have strong research that a wide range of programs for children and families can consistently produce better outcomes. This information should influence decisions about planning and investing in programs. Evidence-based programs:

- Improve well-being of children across domains
- Produce stronger and more consistent positive outcomes
- Avoid potential harmful effects
- Provide potential cost savings to taxpayers and society

Delivering and implementing evidence-based practices with fidelity (i.e., providing services and interventions the way they are supposed to be provided, adhering to the program model) is important. In order to deliver and implement EBPs with fidelity, supports are needed for providers.

In developing an evidence-based service continuum, the presenters recommended the following steps:

- Analyze the data from child assessments and administrative data
- Identify the most effective programs and practices for the child populations served through evidence-based program databases (see e.g., Blueprints website at <http://www.colorado.edu/cspv/blueprints/>)
- Consider the development of a continuum of services including prevention and treatment programs

Nebraska Stakeholder Considerations

- As a state, we need to develop a common definition of evidence-based practices, promote practices that are evidence-based and implement them to address individual needs.
- At the same time, we need to include flexibility when necessary and address individual needs with EBPs. Many EBPs emphasize the importance of clinical judgment to lead to the most optimal results.
- Fidelity is important. Providers should be accountable to follow up to make sure EBPs are being implemented as intended. It is also important to ensure adequate expert supervision and to measure this across programs.
- We need to have adequate infrastructure to sustain the practices and programs. We also need investment to build capacity and transition cost for providers.
- Same-time data systems are critical to inform the various systems.
- We also need to look at EBPs related to services and interventions for parents, such as substance abuse and mental health treatment.
- There is a need to reach and implement EBPs in rural areas of the state.
- It is important to recognize that evidenced-based programs may produce desired outcomes in one domain, but not encompass some domains that are critical in meeting the multiple needs of children and families.

Financing

Creating a financing plan to finance evidence-based programs requires identifying clear financing goals regarding which programs and services will be implemented for target populations to achieve target outcomes. A financing plan should also estimate the cost of implementing those goals, including start-up costs, transition costs, ongoing operations costs, and infrastructure costs. States must also analyze current investments to determine opportunities and constraints. For example, how

is Nebraska investing in out-of-home care vs. community-based services, prevention vs. “deep-end” treatment programs? Opportunities for coordination with public health, behavioral health and Medicaid should be examined. Strong systems and processes should be in place to ensure all eligible youth, placements, and services qualify for Medicaid and Title IV-E. Finally, a financing plan should identify financing strategies and structures to support implementation of evidence-based programs. These financing strategies could include:

- **Redirection:** shifting funding from lower priority services (those with less evidence) to higher priority services (those with higher levels of evidence)
- **Reinvestment:** shifting funding from higher cost services to lower cost services and reinvesting the savings.
- **Maximize federal funding:** maximizing Title IV-E and Medicaid (claiming all eligible services and increasing the IV-E penetration rate)
- **Changes to budget structures:** ensure funding is directed toward evidence-based practice
- **Pooled or braided funding:** combines or coordinates funding from categorical sources to support comprehensive services (e.g., wraparound)
- **Performance-based incentives:** improve contracting process to gain efficiency and accountability for outcomes

Nebraska Stakeholder Considerations

- Financial issues related to EBPs can present challenges for providers. There are practicality issues and costs on providers for having EBPs with good fidelity. In addition, many providers do not have the financial "cushion" to invest.
- Funding for training, oversight, and fidelity of EBPs is needed. We also need to make sure there is accountability and follow up to ensure EBPs are being implemented. Performance outcomes should be tied to funding.
- The Title IV-E waiver/demonstration project was discussed. We should learn from other states' IV-E waiver experiences.
- Nebraska's draw down of federal funds was discussed. We should create a vision related to drawing down more federal funds.
- We need to support better data collection and analysis across agencies, including utilization and expenditures.
- There is a need for continued engagement and commitment to shared outcomes among multiple agencies, including DHHS/CFS, the Governor, the Judiciary, health care system, etc.

Assessment

Screenings and functional assessments should be utilized to determine children's needs and strengths. Assessment should occur across domains of child well-being, including: physical health and safety, psychological health, social health, cognitive development and education, and relationships. Data from these assessments should be used to inform decision-making for placement and services for each *individual* child. In addition, data from these assessments can and should also be used on a *systemic* level to inform the development of the service array – and to identify where there are critical gaps in services and programs in Nebraska. To determine if children are getting better as a result of the interventions (i.e., the programs and services provided), ongoing process monitoring should be implemented.

Nebraska Stakeholder Considerations

- We need to use SDM (Structured Decision Making) more consistently in ongoing casework and we need to attend to the fidelity of the tool. We also need to make sure data are integrated into practice and policy and that we use the tool more to help families. We also need cross-system training on SDM.
- It is important to recognize the likelihood of measuring the affects of multi-system changes in the recent past.
- Whatever assessments are utilized, there needs to be integration of information and data gathered into practice.
- We need more robust/real-time reporting (e.g., from NFOCUS)
- SDM needs to assess the trauma history (not just current) of the parent. This would let us know what goals or issues to work on right away and not wait until the case is way down the road and children have been out of home for longer than necessary.
- Prevention of family violence, viewing the family unit as a whole to reduce the trauma children experience and improve outcomes. Include prevention programs on dating violence and sexual assault as a component in these changes.

Driving Lasting Reform

In order to achieve lasting reform, the presenters recommended the following:

- Build capacity within your system to support change efforts and buy-in for changes throughout the system
- Develop the infrastructure to train, contract, and manage EBP implementation
- Engage performance measurement and performance management to track progress
- Foster long-term partnerships with other systems

Additional Resources

The **presentations from the Child Welfare Forum**, including break-out sessions, are available at: <http://www.neappleseed.org/children>

State Policy Advocacy and Reform Center (SPARC)

<http://www.firstfocus.net/our-work/child-welfare-sparc>

The Annie E. Casey Foundation

<http://www.aecf.org>

Blueprints for Healthy Youth Development Program Database

<http://www.colorado.edu/cspv/blueprints/>

Child Trends

<http://www.childtrends.org>

Mainspring Consulting

<http://www.mainspringconsulting.org>

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