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Agenda

• Overview presentation

• (Brief) Question and Answer

• Breakout Sessions
  – Evidence-Based Programs
  – Finance
  – Assessment

• Report-Back
Presentation Objectives

• Share a vision centered on improving well-being, building partnerships, using assessment tools and other data, creating financing strategies, and investing in proven programs

• Outline the current state of best practices in child welfare

• Outline an approach to integrating evidence-based programs into child welfare

• Answer your questions
Window of opportunity for Nebraska

- Attention to child welfare (and well-being) from all levels of government
- Leadership from inside and outside the agency focused on improving outcomes and child well-being
- Federal support for flexible child welfare funding to support prevention
- **Key question:** How does Nebraska move forward?
The core questions for moving forward

- How do you assess the needs and strengths of the children and families within your system?
- How do you identify the programs that can help meet those needs and build on existing strengths?
- How do you pay for those programs?
- How do you prepare your systems for program implementation?
- Who needs to be at the table in order to make this vision a reality?
A road map for child welfare systems

Business as Usual

Business as Should Be
A road map for child welfare systems

Signpost #1: Create a Vision and Build Support

Signpost #2: Assess the Needs of your Children

Signpost #3: Develop an Evidence-Based Service Continuum

Signpost #4: Finance Evidence-Based Programs

Signpost #5: Drive Lasting Reform

Business as Should Be
Create a vision and build support for your child welfare reforms

• Shift focus to **improving child well-being through evidence-based approaches**

• **Build high-level support** for the vision (e.g., chief executive, legislature)

• **Build key partnerships** with mental health, Medicaid, legal system, education, etc., for payment, training, advocacy, and referrals

• Develop a **policy agenda** to support key goals
ACYF vision to focus on social & emotional well-being:
De-scale what doesn’t work, scale up what does

De-scaling what doesn’t work

Investing in what does

Life skills training
Generic counseling
Proven assessments
Evidence-based interventions
Implementation support

INEFFECTIVE APPROACHES
RESEARCH-BASED APPROACHES

Source: Blueprints Conference Keynote Presentation
Examples of effective partnerships

• **Schools**
  – Prevention: (Social and Emotional Learning programs)
  – Targeted Treatment (Trauma-Focused Treatment)
  – Decision-Making Processes (Positive Behaviors in Schools, Individual Education Plans)

• **Community Mental Health**
  – Prevention (Mentoring Programs, Parenting Programs)
  – Targeted Treatment (Case Management Services, Multiple Treatment Approaches)
  – Decision-Making Processes (System of Care)

• **Medicaid**
  – Financing strategies
Assess the needs of your children

• Utilize screenings and functional assessments of children to **determine their needs and strengths**

• Use data to inform **development of service array**

• Use data to inform **decision-making for child placement and services**

• Implement on-going **progress monitoring** to determine if children are getting better as a result of the interventions

• Consider **child populations at risk** of entering the child welfare system
Domains of Child Well-Being

**Physical health & safety**
- Overall health status
- Avoids alcohol, tobacco, & other drugs

**Psychological health**
- Absence of serious externalizing/ internalizing symptoms
- Positive sense of future

**Social health**
- Participation in organized after-school activities
- Resolves conflicts non-violently

**Cognitive development & education**
- On-track for grade in reading, math
- Shows positive school-engagement

**Relationships**
- Has one or more adults who provide advice and support
- Avoids “negative peers”
Purposes of Indicators

- **Description**
  - “Snapshot” of the population

- **Monitoring**
  - Over time, are trends improving?

- **Goal-setting**
  - Based on the data, what are realistic goals? OR, are we meeting the goals we set?

- **Outcomes-based accountability**
  - What is the role of our program/agency/department in “turning the curve”?

- **Evaluation**
  - What can the data tell us about what’s working well, and what may need to be added, enhanced, or eliminated?

Informed Decision-Making to Better Serve Families

Signpost #2
Considerations in choosing assessments

- Purpose
- Source
- Focus
- Informant
- Domains
- Developmental stage
Other considerations in choosing assessments

• Who will administer the assessment?
• What prior training is required?
• How long does an assessment take?
• Are processes in place to see that the information is used to improve practice? (including capacity to refer for indicated services)
### Sample free assessments for child welfare systems

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Purpose</th>
<th>Focus</th>
<th>Informant</th>
<th>Training Req.?</th>
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<tbody>
<tr>
<td>A-COPE</td>
<td>assessment</td>
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<td>program staff</td>
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<td>CEDV</td>
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<tr>
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<tr>
<td>MFQ</td>
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<td>child/youth</td>
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<tr>
<td>NCFAS</td>
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<td>family</td>
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</tr>
<tr>
<td>OH Scales</td>
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<td>child/youth</td>
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</tr>
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<td>PSC-17</td>
<td>screening</td>
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<td>parent, child/youth</td>
<td>yes</td>
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<tr>
<td>PFS</td>
<td>perf.mgt./QI</td>
<td>Family</td>
<td>program staff</td>
<td>no</td>
</tr>
<tr>
<td>SCARED</td>
<td>screening</td>
<td>child/youth</td>
<td>child/youth</td>
<td>no</td>
</tr>
<tr>
<td>SDQ</td>
<td>assessment</td>
<td>child/youth</td>
<td>parent</td>
<td>no</td>
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</tbody>
</table>
Develop an evidence-based service continuum

• **Analyze the data** from child assessments and administrative data

• **Identify the most effective programs** and practices for the child populations you serve through evidence-based program databases

• **Consider the development of a continuum of services** including prevention and treatment programs
Why evidence-based programs?

• Improve well-being of our children across domains

• Stronger & more consistent positive outcomes

• Strong ethical argument – avoid potential harmful effects

• Potential cost savings to taxpayers and society
What do we mean by evidence-based program?

- Positive impact on child well-being outcomes
- Absence of any negative effects

- Population of focus is clearly defined
- Risk and protective factors that a program seeks to change is identifiable

- One randomized controlled trial OR a quasi-experimental trial without design flaws

- Training materials are available
- Information on the financial and human resources are required
- Cost-benefit analysis
Where to find EBPs:
Blueprints for Healthy Youth Development

• The Blueprints database connects programs to multiple domains of well-being and developmental age groups

• Expanded website will be open to general public in January 2013
  – University of Colorado hosts and maintains the database
  – http://www.colorado.edu/cspv/blueprints/

• In the meantime, Annie E. Casey Foundation representatives available to answer questions
### Evidence-based program examples

<table>
<thead>
<tr>
<th>Program</th>
<th>Age Group</th>
<th>Target Group/Outcomes</th>
<th>Return on Investment (per dollar spent)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incredible Years (Parent + Child)</td>
<td>2-4 years</td>
<td>All children at risk of behavior problems</td>
<td>$7.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improved behavior, academics, delinquency</td>
<td></td>
</tr>
<tr>
<td>Promoting Alternative Thinking Strategies</td>
<td>5-10 years</td>
<td>ALL</td>
<td>$13.04</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improved behavior, academics, emotional regulation</td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>10-14 years</td>
<td>ALL</td>
<td>$42.13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduced substance abuse, violence, risky driving</td>
<td></td>
</tr>
<tr>
<td>Functional Family Therapy (FFT)</td>
<td>10-16 years</td>
<td>Young people at risk of detention</td>
<td>$11.86</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduced substance abuse, recidivism, improved mental health</td>
<td></td>
</tr>
<tr>
<td>Nurse Family Partnership (NFP)</td>
<td>14-19 years</td>
<td>Pregnant girls and young women</td>
<td>$3.23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improved prenatal health, fewer childhood injuries, improved school readiness</td>
<td></td>
</tr>
</tbody>
</table>

## Evidence-based programs for child welfare populations

<table>
<thead>
<tr>
<th>Early Childhood (Prenatal- 5 years)</th>
<th>Middle Childhood (6-11 years)</th>
<th>Adolescence (12-18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple P</td>
<td>Triple P</td>
<td>Multidimensional Treatment Foster Care</td>
</tr>
<tr>
<td>Nurse-Family Partnership</td>
<td>Nurse-Family Partnership</td>
<td>Functional Family Therapy</td>
</tr>
<tr>
<td>Schools and families educating children (SAFE Children)</td>
<td>Incredible years</td>
<td>Multisystemic Therapy</td>
</tr>
<tr>
<td>Raising Healthy Children</td>
<td>Good Behavior Game</td>
<td>Strengthening Families</td>
</tr>
<tr>
<td>Parent-Child Interactive Therapy (PCIT)</td>
<td>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</td>
<td>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</td>
</tr>
<tr>
<td></td>
<td>Raising Healthy Children</td>
<td>Raising Healthy Children</td>
</tr>
<tr>
<td></td>
<td>Parent-Child Interactive Therapy (PCIT)</td>
<td>Big Brothers, Big Sisters</td>
</tr>
</tbody>
</table>
Implementation is essential to producing outcomes

- Evidence-based programs can be expected to produce results only if they adhere to the program model (“fidelity”)

- Implementation fidelity requires thoughtful staff selection, training, coaching, quality assurance, and ongoing support

- A quality assurance process has 4 key elements:
  - Program oversight
  - Provider development and evaluation
  - Corrective action
  - Ongoing outcome evaluation
Financing evidence-based programs

Steps to create a strategic financing plan:

1. **Identify clear financing goals** regarding what programs and services you will implement for what populations to achieve what outcomes.

2. **Estimate the costs of implementing those goals** including start-up costs, transition costs, ongoing operating costs, as well as infrastructure costs.

3. **Analyze current investments** to determine opportunities and constraints.

4. **Identify financing strategies and structures** to support implementation.
Financing evidence-based programs

Step 1: Identify clear financing goals

- Use assessment data to identify financing goals.
- Be focused and clear on how financing goals will lead to desired outcomes.
- Phase in changes in services and programs over reasonable time-frame.
- Consider capacity among providers and develop realistic plans for practice change.
Financing evidence-based programs

Step 2: Estimate the costs of implementing those goals

- Program start-up costs – initial training, technical assistance, licensing, materials
- Transition costs – to move from current practice to new practice such as staff development, phase-out and phase-in costs
- On-going program operating costs: staffing, fidelity monitoring, program evaluation
- Infrastructure costs: system-level functions including assessment, monitoring, evaluation, and capacity building
Financing evidence-based programs

Step 3: Analyze current investments

- Out of home care vs. community-based alternatives
- Prevention vs. deep-end treatment programs
- Placement options:
  - Title IV-E penetration rate
  - Investments support evidence-based practices
- Review opportunities for coordination with public health and behavioral health
Child Welfare Funding Landscape

**Dedicated Funds:**
Title IV-E, Title IV-B, Chafee, State and Local Child Welfare Allocations

**Typically-Used Human Service Funds:**
TANF, SSBG, Medicaid

**Other Aligned Funding:**
MHBG, SABG, IDEA, Title I, WIA
Financing evidence-based programs

**Step 4:** Develop short- and long-term financing strategies

- **Redirection:** shifting funding from lower priority services (those with less evidence) to higher priority services (those with higher levels of evidence) (Florida’s Project Redirection)
- **Reinvestment:** shifting funding from higher cost services to lower cost services, and reinvesting the savings (Maryland Opportunity Compact)
- **Maximize federal funding:** maximizing Title IV-E and Medicaid (claiming for all eligible services, increasing the IV-E penetration rate) (Arizona Cross Agency Partnership)
Financing evidence-based programs

Step 4: Develop short- and long-term financing strategies

• **Changes to budget structures:** ensure funding is directed toward evidence-based practices (Tennessee’s Evidence-Based Law)

• **Pooled or braided funding:** combines or coordinates funding from categorical sources to support comprehensive services (WrapAround Milwaukee)

• **Performance-based incentives:** improve contracting processes to gain efficiency and accountability for outcomes (Illinois’ foster care contracts)
Importance of Title IV-E

• **Title IV-E:**
  – Major federal funding program supporting child welfare services. Provides funding for (1) adoption assistance; (2) guardianship assistance; and (3) foster care maintenance programs as well as for administration and training costs

• **Opportunities under Waiver:**
  – Flexibility to use IV-E to shift investments “upstream”: enables states to use IV-E to support evidence-based family support and treatment models to prevent placement, expedite reunification, and improve child well-being.

• **Considerations**
  – Cost-neutrality: must “free up” IV-E dollars from traditional maintenance costs to reinvest in community-based services
  – Trading uncapped funds for funding flexibility
  – Provider capacity and transition costs
Drive lasting reform

- **Build capacity within your system** to support change efforts
- **Build 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
Question and Answer

- Any questions?
Breakout Group Sessions

• **Evidence-Based Programs:**
  – Room: Main room

• **Assessments and Child Welfare:**
  – Room: Arbor 1

• **Financing Evidence-Based Programs**
  – Room: Arbor 2