EVIDENCE-BASED PROGRAMS BREAKOUT SESSION

Nebraska Child Welfare Forum

September 13, 2012

The Annie E. Casey Foundation

In the past, people believed that no social intervention programs for youth worked reliably. *Today, we know better.*

STATE OF THE ART, CIRCA 1980

Widespread belief that *nothing worked* in public systems

- Analysis of hundreds of programs in corrections found no evidence that any treatment could consistently reduce recidivism.
- Analysis of existing delinquency and substance abuse prevention programs found similar results.
- Symbolic of wider belief that no social intervention programs had positive effects

(Romig, 1978; Martinson, 1974; Lipton, et al, 1975; Janvier et al., 1980; Berleman,, 1979)

STATE OF THE ART, CIRCA 2011

Strong research that a wide range of programs for children and families can consistently produce better outcomes

- Prenatal & infancy programs
- Early childhood
- Parent training
- School behavior management strategies
- Children's mental health
- Juvenile delinquency and substance abuse prevention
- Community mobilization
- Education
- Public health

Safety and Permanency are *necessary but not sufficient* to ensure well-being

REUNIFICATION

- "Children who went home and stayed home had a four fold **increase in internalizing behavior** problems from baseline to 18-month follow-up. Though the percentage of children with behavior problems at 36-month follow-up decreased, still twice as many children met or exceeded clinical levels as compared to baseline"(Bellamy, 2008).

KINSHIP CARE

- "Kinship placements were **not predictive of mental health outcomes** regardless of the amount of time in kinship care. … [M]ultiple causes of mental health problems often occur previous to placement in care and may not be mediated by the child's foster care experience enough to show significant differences" (Fechter-Legget & O'Brien, 2010).

ADOPTION

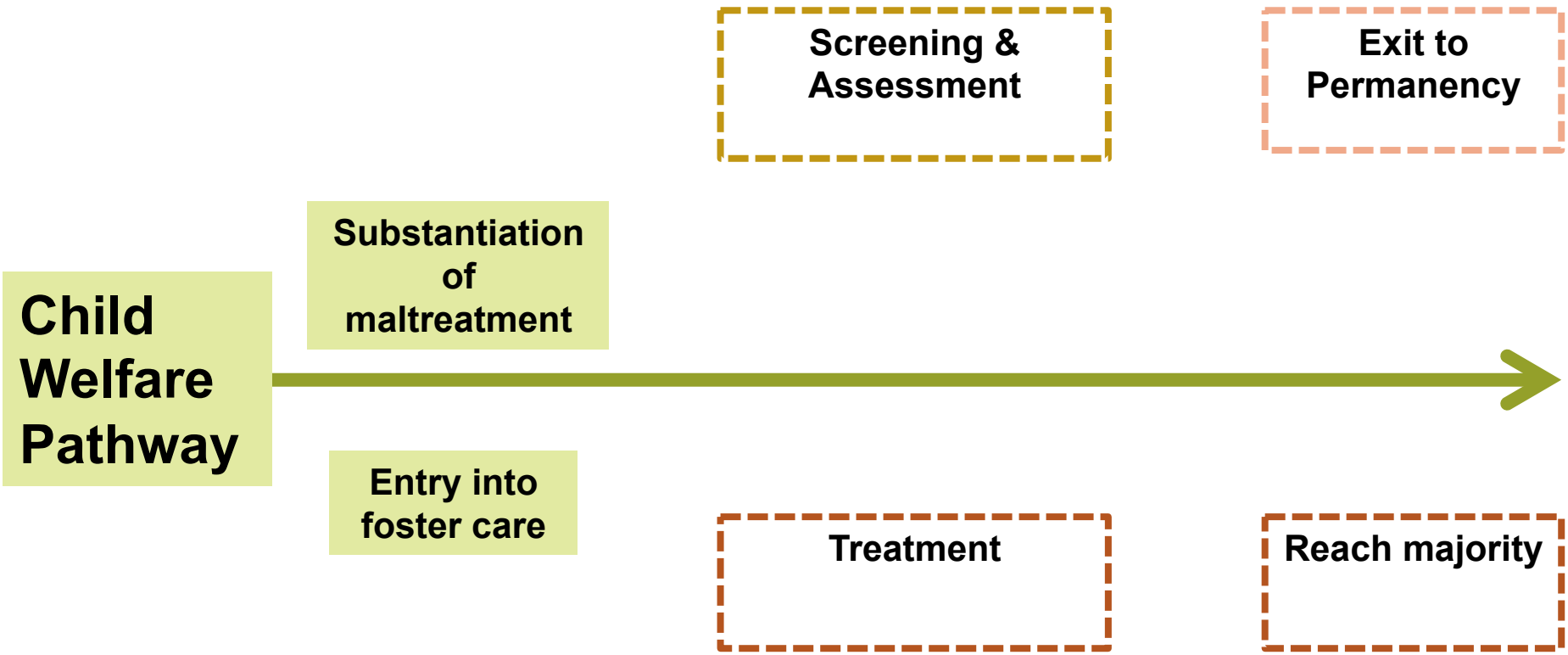
- In assessments of children at 2, 4, and 8 years following adoption, "**Adopted foster youth were more behaviourally impaired than their non-FC counterparts**, although a striking number of non-FC youth displayed behaviour problems as well" (Simmel, et al., 2007)

Source: Blueprints Conference Keynote Presentation

Evidence-based programs for child welfare populations

Early Childhood (Prenatal- 5 years)	Middle Childhood (6-11 years)	Adolescence (12-18 years)
• Triple P • Nurse-Family Partnership • Schools and families educating children (SAFE Children) • Raising Healthy Children • Parent-Child Interactive Therapy (PCIT)	• Triple P • Nurse-Family Partnership • Incredible years • Good Behavior Game • Cognitive Behavioral Intervention for Trauma in Schools (CBITS) • Raising Healthy Children • Parent-Child Interactive Therapy (PCIT)	• Multidimensional Treatment Foster Care • Functional Family Therapy • Multisystemic Therapy • Strengthening Families • Cognitive Behavioral Intervention for Trauma in Schools (CBITS) • Raising Healthy Children • Big Brothers, Big Sisters

Responding and intervening along the child welfare continuum



Adapted from Blueprints Conference Keynote Presentation

Responding and intervening along the child welfare continuum

Child Well-Being Pathway

Substantiation of maltreatment

Entry into foster care

Screening & Assessment

Child and Adolescent Needs and Strengths-Trauma (CANS)
Pediatric Symptom Checklist (PSC)
Strengths and Difficulties Questionnaire (SDQ)
Child Behavior Checklist (CBCL)

Home-Based Services

Multidimensional Treatment Foster Care
Functional Family Therapy
Parent-Child Interaction Therapy
Child-Parent Psychotherapy

Evidence-Based Treatment

Multisystemic Therapy
Cognitive Behavioral Therapy for Adolescent Depression
Trauma-Focused Cognitive Behavioral Therapy
Fostering Healthy Futures
Strengthening Families Program

Transitional Living

Rethink Independent Living Options and Transitional Living Programss

Adapted from ACYF Blueprints Conference Keynote Presentation

Evidence-Based Programs in Nebraska

- How might today's information change how you make decisions about planning and investing in programs?
- What supports would the child-serving community need to develop to deliver implementation of EBPs with fidelity?
- Based on what you heard in this group, what are some considerations you would like the Commission to think about as they develop the strategy?