IMPROVING CHILD WELFARE SYSTEMS:
A ROADMAP FOR REFORM

Presentation to the Health and Human Services Committee of the Nebraska Legislature

September 13, 2012

The Annie E. Casey Foundation
<table>
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<th>Presenters</th>
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  Annie E. Casey Foundation |
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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
A road map for child welfare systems

Business as Usual

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

INEFFECTIVE APPROACHES

GRIESEH c.ounseling
Life skills training

RESEARCH-BASED APPROACHES

Proven assessments
Evidence-based interventions
Implementation support

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| 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
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?
- How frequently will it be repeated?
- Is it culturally sensitive?
- 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>
</tr>
</thead>
<tbody>
<tr>
<td>A-COPE</td>
<td>assessment</td>
<td>youth</td>
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</tr>
<tr>
<td>BPI</td>
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<td>caregiver, teacher, etc.</td>
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</tr>
<tr>
<td>CANS</td>
<td>assessment</td>
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<td>program staff</td>
<td>yes</td>
</tr>
<tr>
<td>CEDV</td>
<td>assessment</td>
<td>child/youth</td>
<td>child/youth</td>
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</tr>
<tr>
<td>CPSS</td>
<td>screening</td>
<td>child/youth</td>
<td>child/youth</td>
<td>no</td>
</tr>
<tr>
<td>MFQ</td>
<td>screening</td>
<td>child/youth</td>
<td>child/youth</td>
<td>no</td>
</tr>
<tr>
<td>NCFAS</td>
<td>assessment</td>
<td>family</td>
<td>program staff</td>
<td>yes</td>
</tr>
<tr>
<td>OH Scales</td>
<td>assessment</td>
<td>child/youth</td>
<td>child/youth</td>
<td>no</td>
</tr>
<tr>
<td>PSC-17</td>
<td>screening</td>
<td>child/youth</td>
<td>parent, child/youth</td>
<td>yes</td>
</tr>
<tr>
<td>PFS</td>
<td>perf.mgt./QI</td>
<td>Family</td>
<td>program staff</td>
<td>no</td>
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<tr>
<td>SCARED</td>
<td>screening</td>
<td>child/youth</td>
<td>child/youth</td>
<td>no</td>
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<tr>
<td>SDQ</td>
<td>assessment</td>
<td>child/youth</td>
<td>parent</td>
<td>no</td>
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</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/](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>
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<table>
<thead>
<tr>
<th>Evidence-based programs for child welfare populations</th>
</tr>
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</table>
| **Early Childhood**  
(Prenatal-5 years) | **Middle Childhood**  
(6-11 years) | **Adolescence**  
(12-18 years) |
| • Triple P | • Triple P | • Multidimensional Treatment Foster Care |
| • Nurse-Family Partnership | • Nurse-Family Partnership | • Functional Family Therapy |
| • Schools and families educating children (SAFE Children) | • Incredible years | • Multisystemic Therapy |
| • Raising Healthy Children | • Good Behavior Game | • Strengthening Families |
| • Parent-Child Interactive Therapy (PCIT) | • Cognitive Behavioral Intervention for Trauma in Schools (CBITS) | • Cognitive Behavioral Intervention for Trauma in Schools (CBITS) |
| | • Raising Healthy Children | • Raising Healthy Children |
| | • Parent-Child Interactive Therapy (PCIT) | • Big Brothers, Big Sisters |
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

• 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

Step 2: Estimate the costs of implementing those goals
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

- **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
Follow-up contact information:

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- David Murphey: dmurphey@childtrends.org