

# Objectives

## **Participants will be able to**

- Describe key fiscal and human resources needed to sustain effective implementation of evidence-based programs in child welfare systems
- Identify child welfare funding streams that can support implementation of evidence-based programs

# Session Agenda

- Introduction and perspective of the Annie E. Casey Foundation
- Highlights from research on state and local child welfare systems that have funded and sustained evidence-based programs
- Implications of the Family First Prevention Services Act
- State leader perspective: North Carolina experience

# Funding Effective Implementation of Evidence-Based Programs in Child Welfare (available at [aecf.org](http://aecf.org))



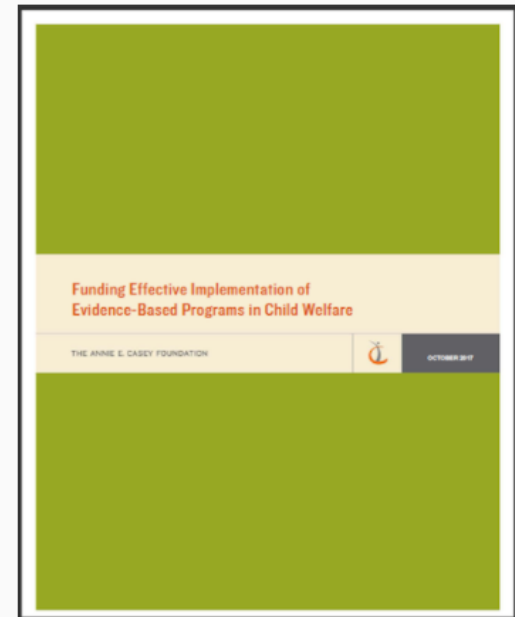
## BRIEF

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This brief shares eight strategies to help child welfare agency administrators and partners fund and sustain evidence-based programs that benefit children and families. These strategies — presented in the context of a stage-based framework — consider the costs, funding streams, partnerships and allocation of resources that are both specific to child welfare systems and necessary for effective implementation. Readers will also gain insights from agency leaders interviewed in nine jurisdictions across the United States, where evidence-based programs have been successfully implemented and sustained. These interviews reveal real-world challenges and the methods that the leaders used to address these challenges.

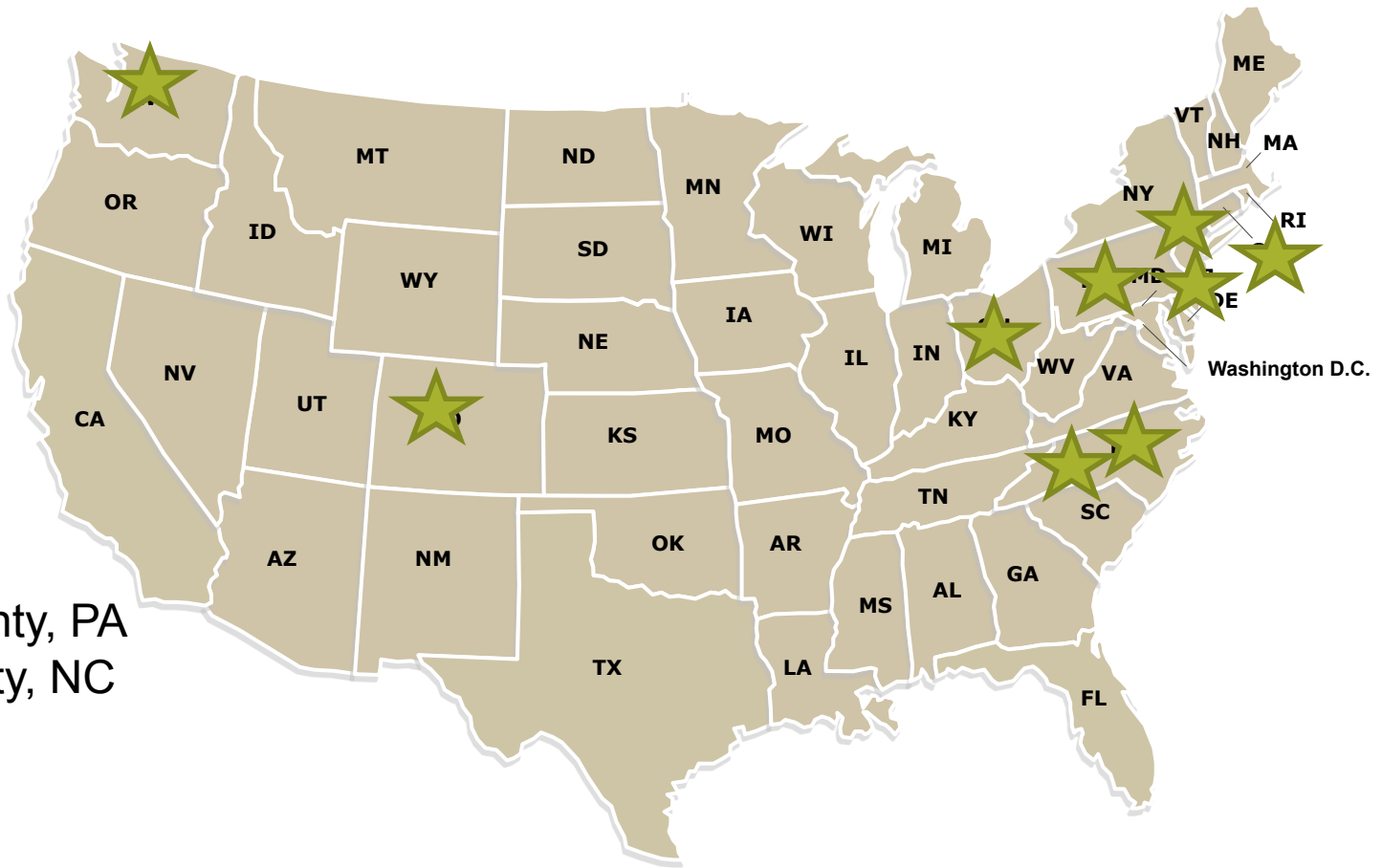
October 18, 2017



# Questions Asked of Child Welfare Leaders

- What evidence-based programs are you implementing?
- How are you funding them?
- Have you added positions or changed staff duties to support?
- Are you contracting for programs or infrastructure?
- Challenges and advice

# Jurisdictions Interviewed



- New York City
- Allegheny County, PA
- Catawba County, NC
- Colorado
- Connecticut
- New Jersey
- North Carolina
- Ohio
- Washington

# Key Costs to Consider

Stage	Agency Staffing Needs	Purchase/Contract
<b>Exploration</b>	<ul style="list-style-type: none"> <li>▪ Collect, analyze, review data</li> <li>▪ Research and identify evidence-based programs</li> <li>▪ Engage players and gain buy-in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Technical assistance to guide and facilitate program selection</li> </ul>
<b>Installation</b>	<ul style="list-style-type: none"> <li>▪ Develop RFP/contract process</li> <li>▪ Establish structures, processes and work supports</li> <li>▪ Attend training</li> </ul>	<ul style="list-style-type: none"> <li>▪ Program materials and training</li> <li>▪ Contracted provider time to attend training</li> </ul>
<b>Initial and Full Implementation</b>	<ul style="list-style-type: none"> <li>▪ Coordination and supervision of implementation</li> <li>▪ Align agency policy and practice</li> <li>▪ Data collection and analysis</li> <li>▪ Fidelity monitoring and quality improvement processes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Staffing and implementation costs</li> <li>▪ Licensing</li> <li>▪ Training due to staff turnover</li> <li>▪ Fidelity monitoring and quality improvement</li> <li>▪ Data and evaluation</li> </ul>

# What EBPs are Agencies Using?

## Prevention

- Triple P
- Safe Care
- Strengthening Families

## Behavior Management

- Functional Family Therapy
- Multisystemic Therapy

## Therapeutic Services

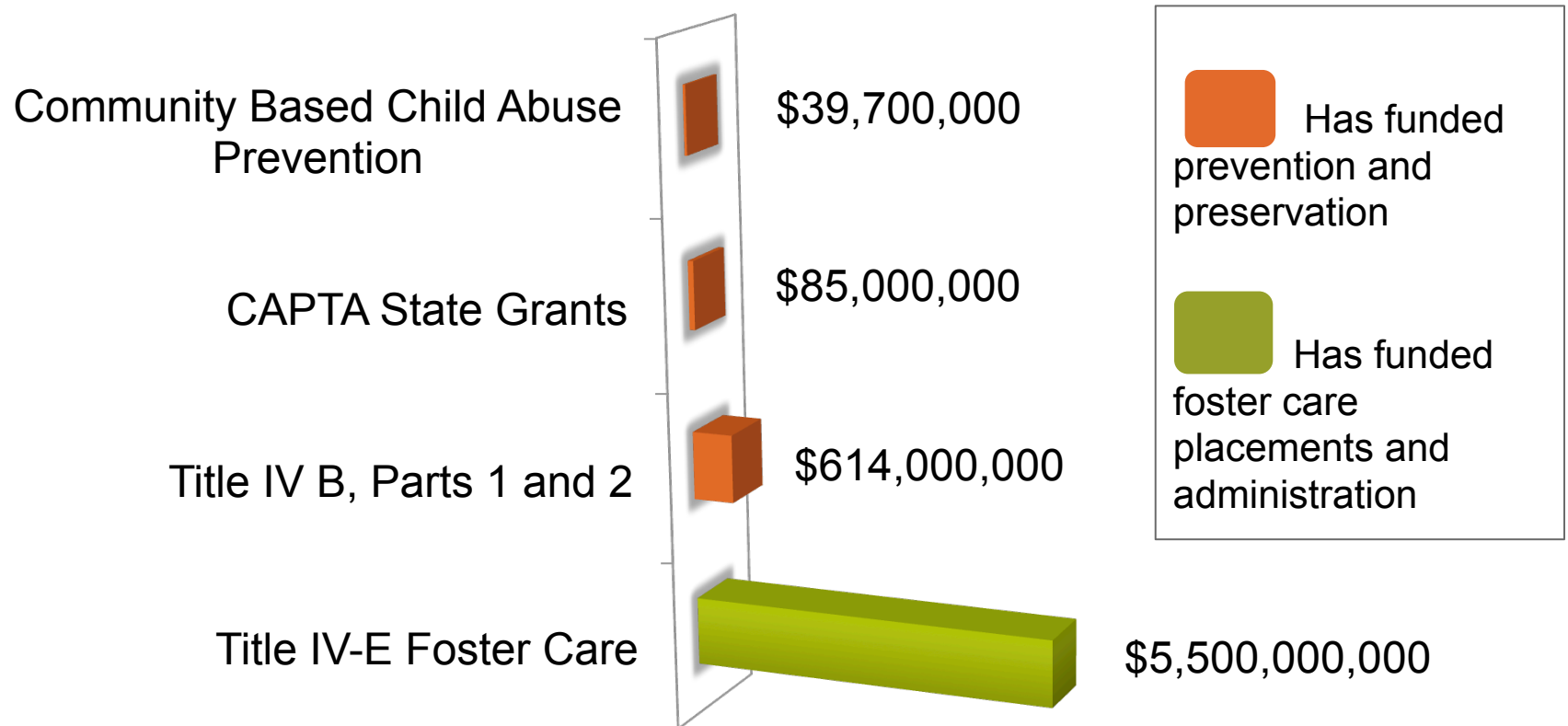
- Child-Parent Psychotherapy (CPP)
- Parent-Child Interaction Therapy (PCIT)
- Trauma-Focused Cognitive-Behavioral Therapy

# Funding Streams Supporting Programs

- Federal and foundation grants for start-up
- State and local child welfare funds
- Title IV-E Waivers
- Title IV-B, Parts 1 and 2
- Medicaid
- Other federal:
  - Temporary Assistance for Needy Families (TANF)
  - Community-Based Child Abuse Prevention (CBCAP)
  - Title V, Maternal and Child Health Block Grant & Home Visiting

# Funding Prevention and Preservation

## Federal FY 18 Funding Levels



# The Changing Child Welfare Landscape

- Title IV-E Waivers

- Allowed states to apply for approval to use funds more flexibly for family preservation and kinship care

- The Family First Prevention Services Act

*(within Bipartisan Budget Act of 2018, HR 1892)*

- Places limits on federal payments for the use of congregate care placements
- Allows Title IV-E Funds to support prevention and preservation services
- Requires states to use services that have evidence they work

# Family First: Limits on Congregate Care

- After 30 days in care, IV-E Foster Care reimbursement only available for children and youth:
  - In foster home
  - In following child care institutions
    - Qualified residential treatment program (QRTP)
    - Home for parenting and pregnant teens
    - Independent living setting for youth 18+
    - Placed with parent in substance abuse treatment facility
- Timeline
  - Begins October 2019, but state option to ask for delay for up to two years

# Family First: Support for Prevention Services

- Who can receive:
  - Candidates for foster care to prevent their entry into care
  - Pregnant and parenting youth in foster care
  - Parent and kin caregivers to prevent entry of child in their care
- Types of services
  - Mental health and substance abuse prevention and treatment
  - In-home parent education, parenting skills training and individual and family counseling
- Timeline
  - State option to begin October 2019 (*provided state does not ask for delay on complying with placement requirements*)

# Family First: Evidence Provisions

- Prevention and family support services
  - Promising: “Superior to” a comparable practice using conventional standards of statistical significance. This must be borne out in an independently reviewed study that used “some form of control” group (a placebo group, a waitlist, or a group of untreated people).
  - Supported: Same as promising, but has a random-controlled trial or a “rigorous” quasi-experimental design carried out in a usual care or practice setting . Must demonstrate sustained effects for six months beyond end of treatment.
  - Well-Supported: Same as supported, but a sustained effect for “at least one year beyond the end of treatment.”
- **By Oct 2018** - HHS will provide guidance to states on applying criteria and list of programs and services that meet criteria

# Family First: Implications

Restrictions on  
congregate  
care

States may need more programs and  
services to keep children and youth  
stable in homes

Ability to use IV-E  
for prevention and  
preservation

May lead to significant expansion of  
state use of evidence-based family  
support and therapeutic programs

New requirements for data  
and evaluation

States will need help with  
prevention planning,  
implementation and evaluation

# STATE HIGHLIGHT: NORTH CAROLINA

NORTH CAROLINA DIVISION OF SOCIAL SERVICES

CHILD WELFARE SERVICES

KRISTIN O'CONNOR

SECTION CHIEF FOR POLICY AND PROGRAMS

# North Carolina Child Welfare Context

- North Carolina Division of Social Services within North Carolina Department of Health and Human Services
- State supervised, county administered system – 100 counties
- Child Welfare Services Section – Nine functional teams
- Lead agency:
  - Community-Based Child Abuse Prevention (CBCAP)
  - North Carolina Children's Trust Fund

# NC's Beginnings: The Changing Landscape

- Focus on EBPs seen across all fields, in public and private sectors, at all levels of government
- Increased focus on accountability
- Good stewardship of public and private dollars
- A learning process — changing systems and practice is a long-term (and challenging) endeavor.

# The Need to Measure EBPs

- 2004: CBCAP was reviewed under Office of Management and Budget Program Assessment Rating Tool (PART)
- Score of “Results Not Demonstrated”
- CBCAP lacked efficiency measure and independent evaluation
- 2005: New efficiency measure and work with state leads to demonstrate results

## OUTCOME

To decrease the rate of first-time victims of child maltreatment

## EFFICIENCY

To increase the percentage of CBCAP total funding that supports evidence-based and evidence-informed child abuse prevention programs and practices

# NCIOM Task Force on Child Abuse Prevention

## 37 recommendations:

- State-level leadership
- Surveillance system
- Social norms and policies
- Evidence-based programs
- Enhancing existing systems
- Increased and/or shifted funding for primary prevention

**Led to the Alliance for Evidence-Based Family Strengthening Programs**



## New Directions for North Carolina

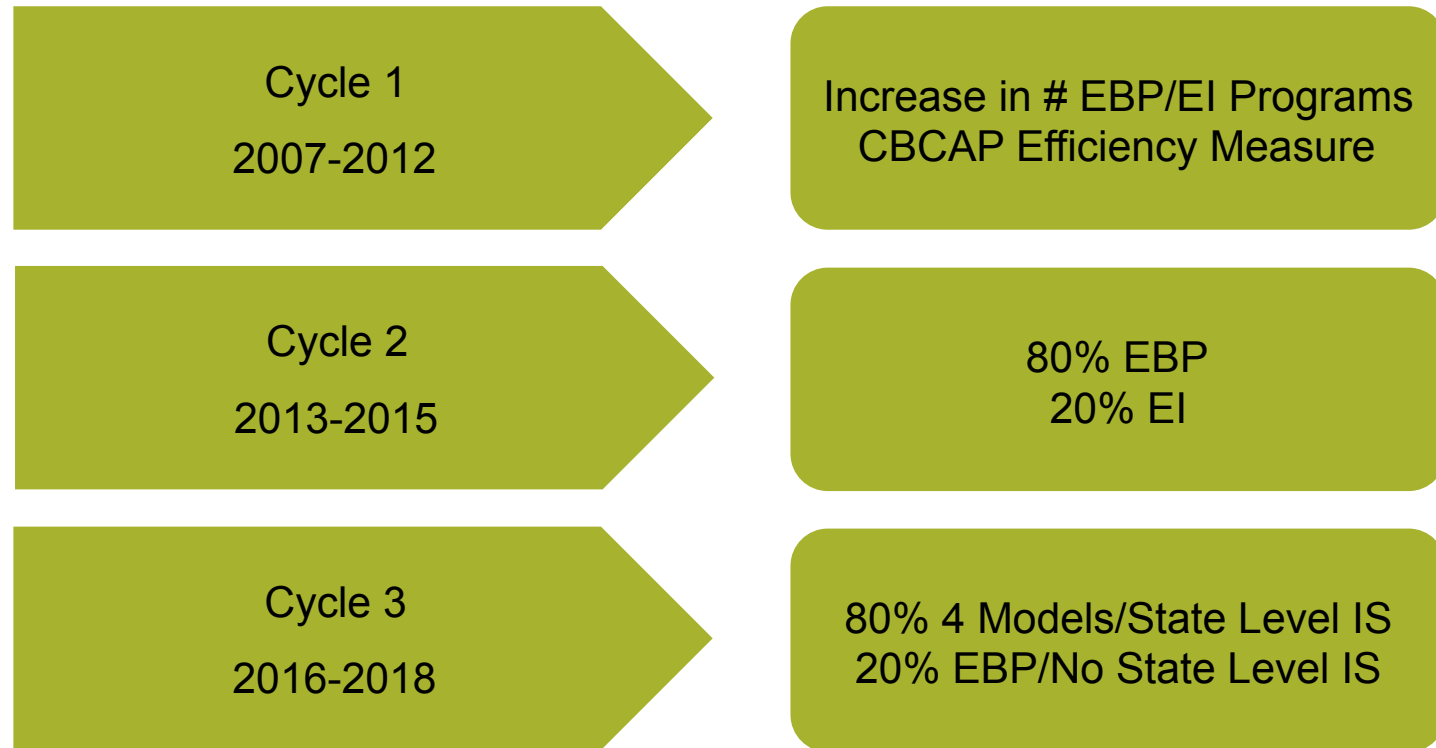
A Report of the NC Institute of Medicine  
Task Force on Child Abuse Prevention

*September 2005*

*health policy*  
North Carolina Institute of Medicine

 **Prevent Child Abuse**  
North Carolina

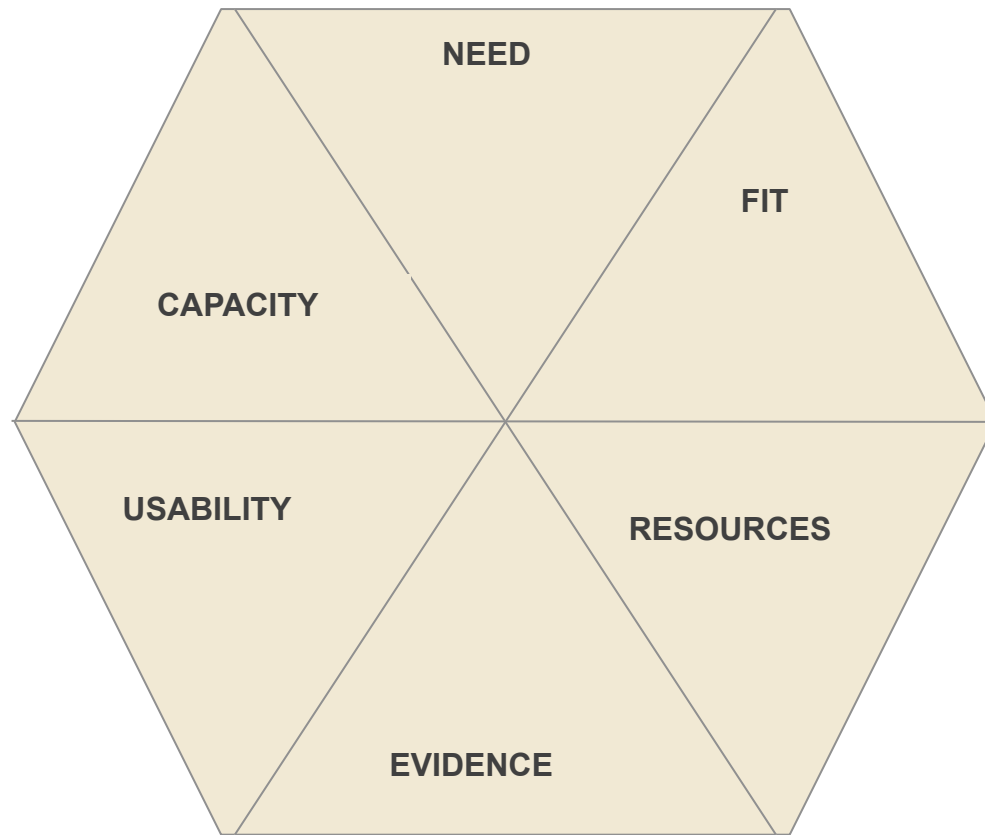
# 2007-2018: RFA Refinement



Getting to Outcomes: Focus on Implementation

State-Level Infrastructure Development

# Assessing Evidence-Based Programs and Practices



# MODELS AND FINANCING

ALONG THE CHILD WELFARE CONTINUUM

# Service Area + Models + Sources

LEAST INTENSIVE

MOST INTENSIVE



	<b>Family Support Fund</b>	<b>Community Response Series</b>	<b>CPS In-Home Services</b>	<b>Out-of-Home Placement</b>	<b>Permanency</b>
<b>Evidence-based programs</b>	<ul style="list-style-type: none"> <li>• Incredible Years Preschool + School Age</li> <li>• Circle of Parents</li> <li>• Strengthening Families 6-11</li> <li>• Triple P</li> </ul>	EBP varies based on family needs	<ul style="list-style-type: none"> <li>• Home-builders (IFPS)</li> <li>• Child FIRST</li> <li>• Attachment and Bio-behavioral Catchup</li> <li>• Triple P</li> </ul>	<ul style="list-style-type: none"> <li>• TF-CBT</li> <li>• SPARCS</li> <li>• PCIT</li> <li>• CPP</li> </ul>	<ul style="list-style-type: none"> <li>• Triple P</li> <li>• Resource Parent Curriculum</li> </ul>
<b>Funding source</b>	<ul style="list-style-type: none"> <li>• CBCAP</li> <li>• IVB-2 Family Support</li> <li>• Children's Trust</li> </ul>	<ul style="list-style-type: none"> <li>• IVB-2 Family Support</li> </ul>	<ul style="list-style-type: none"> <li>• IVB-2 Family Preservation</li> <li>• State Appropriation</li> <li>• Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• State Appropriation</li> <li>• Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• IVB-2 Adoption Promotion</li> <li>• TANF</li> <li>• State Appropriation</li> </ul>

# Exploration and Installation Considerations

- Model exploration by Alliance for Evidence-Based Programs
- Nurse Family Partnership and Incredible Years Preschool and School-Age
- Expanded to include Strengthening Families 6-11
- Public/private investments to support
  - Start-up
  - Infrastructure
  - Implementation
  - Evaluation
- \$3 million-\$4 million initial investment from IVB-2 and CBCAP

# Key Anchors for Public-Private Partnership

Establish shared vision  
Interest > position

Support common  
intermediate outcomes

Collaborative  
funding decisions

Prioritize implementation  
supports and evaluation

# Service Area + Models + Sources

## Family Support Fund

### Evidence-based programs

- Incredible Years Preschool + School Age
- Circle of Parents
- Strengthening Families 6-11
- Triple P

### Funding source

- CBCAP
- IVB-2 Family Support
- Children's Trust

# Successes

- Strong public/private partnerships leverage buy-in
- Better than national outcomes in Incredible Years and Strengthening Families
- Grantees building capacity for general implementation support
- Prevention investments paving way for deeper child welfare focus
  - Child welfare reform
  - Families First Prevention Services Act
- Scaling of Triple P

# Challenges

- Scaling EBPs is slow – only penetrating small % of need
- Shifting government “think” around importance of investments in implementation support
- Little implementation support for EBPs within CPS, foster care and adoption at local child welfare agency level
- Child welfare is legislated as a response system

# Lessons Learned

- Need for strategic road map: vision and outcomes
- Responsibility to invest in both direct services and implementation supports
- Importance of Organizational Supports and Leadership Drivers
- Public/Private financing and programmatic partnerships
- Shift from PROVIDER PROPOSED to STATE DRIVEN
- Trust = transparency + time + surrender of agency agenda

“Everything rises and falls on leadership and relationships”

# PARTNERING WITH CHILD WELFARE SYSTEMS

## CONSIDERATIONS FOR PURVEYORS AND PROVIDERS

# Considerations for Purveyors/Model Developers

Clear theory of change  
and logic model

Easily teachable  
core components,  
manualization  
and supportive TA

Alignment with state  
mandates/conditions  
placed on funding by  
legislators/rule makers

Meeting agency goals  
for populations  
to be served

Clarity about  
adaptations needed

What are training and  
implementation costs  
and who bears them?

Implementation supports  
for model and for how long

Evaluation requirements  
and how they are funded

Replications over \_\_ trials  
to ensure validity  
of intervention

# Considerations for Providers

Time for exploration  
and installation phases

Provider competencies  
required/desired to  
apply EBP

Training and ongoing  
workforce development  
available to  
support model

Capabilities to serve  
desired population

Supplemental services  
aligned in support of  
EBP (case management,  
screenings, etc.)

Plans to ensure  
compliance with  
funding/legislative/  
accountability  
requirements

Fit with community  
vision for serving children  
and families

Sustainability plans to  
ensure service continuity

Evaluation of outcomes

# Partnering with Child Welfare Systems

- Know your child welfare system's context/landscape
  - State versus county administered
  - Existing services and gaps
  - CFSR findings/areas in need of improvement
  - Legislative mandates
- Lead from shared interest rather than agency position
  - Family First Prevention Services Act
  - State specific prevention initiative
  - Avoid the “white chariot” path
- Demonstrated theory of change for improving core child welfare outcomes
- Understand challenges of implementation within complex systems of care/parameters of child welfare financing

# QUESTIONS

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# Next in Our Webinar Series



***Funding Evidence-Based Programs in Child Welfare:  
Implications of the Family First Prevention Services Act***

1 p.m. — 2 p.m. ET

Thursday, June 21, 2018

Register at <http://bit.ly/2ptnYrc>

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