Moving to Evidence-based Policymaking: How child welfare systems are integrating safety, permanency, and well-being

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Chapin Hall at the University of Chicago
Policy research that benefits children, families, and their communities

Improving Outcomes for Vulnerable Children

Enabling Contexts × Effective Policies & Interventions × Effective Implementation

= Positive Outcomes

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Obama Administration's Evidence-based Policymaking

- The Obama administration has created the **most expansive opportunity** for **rigorous evidence** to influence social policy in the history of the U.S. government.
- No president has ever been so intent on using evidence to shape decisions about the **funding of social programs**.
- Instead of evidence being on the outside of the decision making process trying to get in, **Obama brings evidence inside from the beginning.**
- Outcomes from nation's social programs are unlikely to be improved until it **learns to implement policies/programs based on evidence-based models**, to improve **existing policies/programs** based on evidence, and to discontinue failing programs based on evidence from high-quality program evaluations.

Haskins & Baron, 2011

Key Components of the Obama Administration Evidence-based Initiatives

1. **Select an important social problem** that would make individual citizens and the nation better off if the problem could be successfully addressed by social policy.
2. **Identify model programs** relevant to the problem, that have also been shown by randomized trials or other rigorous research to significantly reduce the problem.
3. Obtain funds from Congress to **scale up evidence-based programs** of this type that attack the problem in accordance with the verified models.
4. Make the funds available to **government or private entities with a track record of good performance** to replicate the successful model programs and to develop new model programs.
5. **Continuously evaluate** the projects as they are implemented to ensure they are faithfully implementing the model program and producing good results.

Haskins & Baron, 2011

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Investing in Evidence-based Programs

- **Home Visiting**: $1.5 billion over the 2010-2014 period.
- **Teen Pregnancy Prevention**: Seventy-five selected programs received $75 million. In addition, $25 million was awarded to 27 projects claiming some evidence of success.
- **Investing in Educational Innovation Fund (i3):** At $650 million, i3 provided funding to 49 projects to K-12 intervention with evidence of success or promise.
- **Social Innovation Fund (SIF):** $124 million in funding was provided to eleven nonprofit organizations to conduct evidence-based programs focused on at least one of three broad areas of social policy: economic opportunity, youth development and school support, and promoting healthy lifestyles and avoiding risky behavior.
- **Community College and Career Training Program:** Department of Labor, in conjunction with the Department of Education, provided $2 billion for the development and improvement of postsecondary programs of two years or less that use evidence-based or innovative strategies to prepare students for successful careers in growing and emerging industries.

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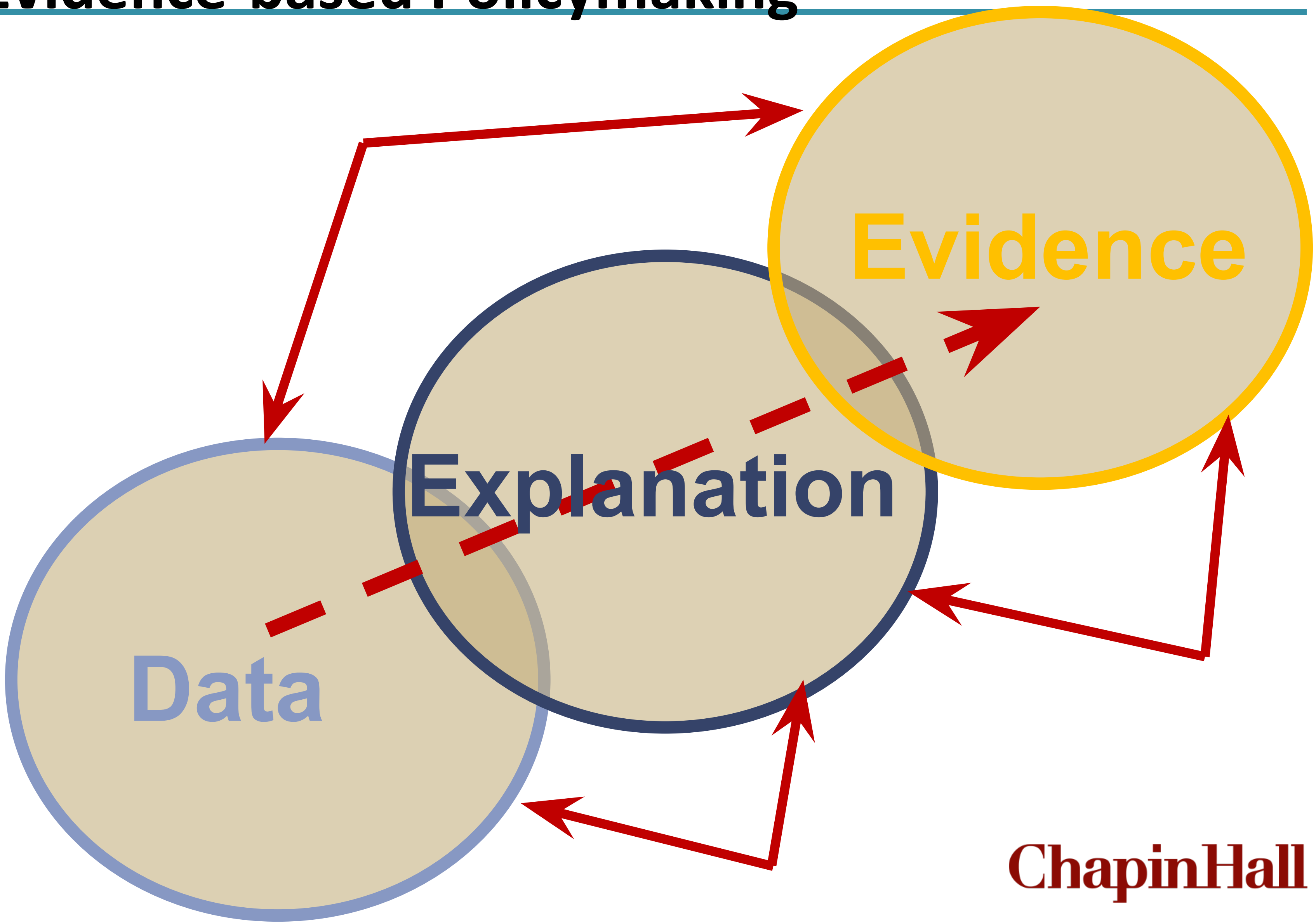
Opportunity: Move Child Welfare Towards Evidence-based Policymaking



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Moving Child Welfare Towards Evidence-based Policies, Practices, and Programs

Policy

- Promoting Safe and Stable Families – Trauma Screening and Treatment
- Information Memoranda: Well-Being, Psychotropics, CQI
- Title IV-E Child Welfare Waiver Demonstration Projects
- CMS: Early and Periodic Screening, Diagnosis, and Treatment

Program

- FOA: Screening, Assessment, and Services Array
- FOA: Regional Partnership Grants
- Protective Factors across Populations
- Ending Youth Homelessness (USICH)
- FOA: Supportive Housing and Child Welfare

Practice

- Permanency Innovations Initiative
- Collaboration with SAMHSA
- Waiver Demonstrations in 22 States Focused on Well-Being
- FOA: Integrating Trauma into Child Welfare Services
- Neuroscience and Child Maltreatment

Achieving Positive Outcomes by Increasing Use of Available Evidence

The use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result.

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Leveraging Opportunity to Make Change in Child Welfare

Building the case for changing child welfare

- Understanding current policy/practice context
- Demonstrating what could be achieved by change
- Developing accurate estimate of cost of implementing change
- Gaining buy-in and creating momentum

Creating capacity and structures

- Attracting professionals with right skills to move agenda
- Fostering cooperation among those with mutual interest
- Testing/piloting change and demonstrating outcomes
- Introducing change to larger systems

Making change a part of everything

- Embedding change in measurement/accountability systems
- Ensuring continuous support and resources
- Anticipating problems
- Changing "down stream" business processes
- Documenting success

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Guiding Principles of US Child Welfare System Adoptions and Safe Families Act of 1997

- **Safety** of children is the paramount concern that must guide all child welfare services
- Out of home care is **a temporary setting** and not a place for children to grow up
- Permanency **planning efforts should begin** as soon as a child **enters** the child welfare system
- Child welfare system must focus on **results and accountability**
- Three results are paramount; **safety, permanency, and well-being**

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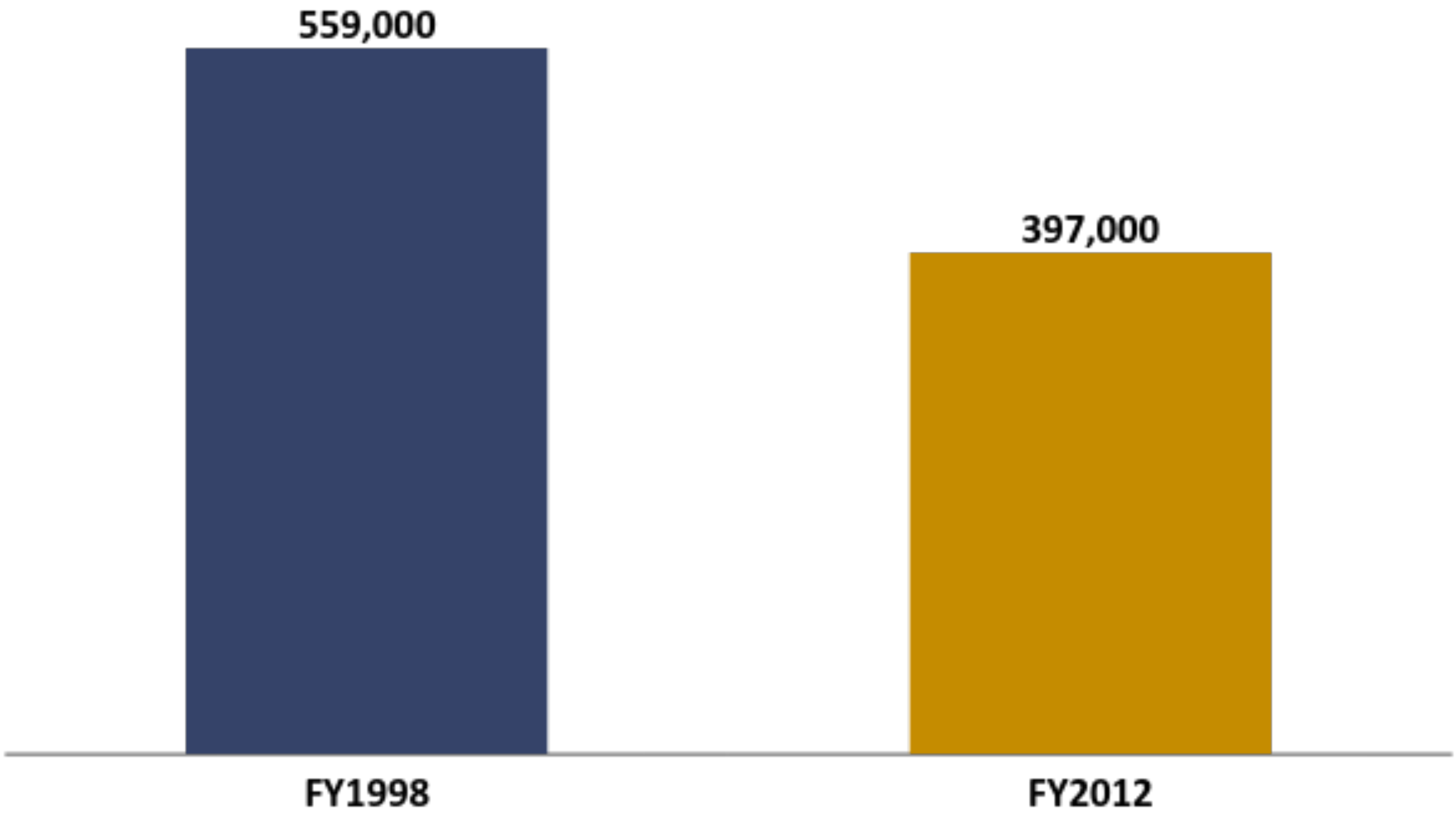
US Out-of-Home Care Declines by 30%



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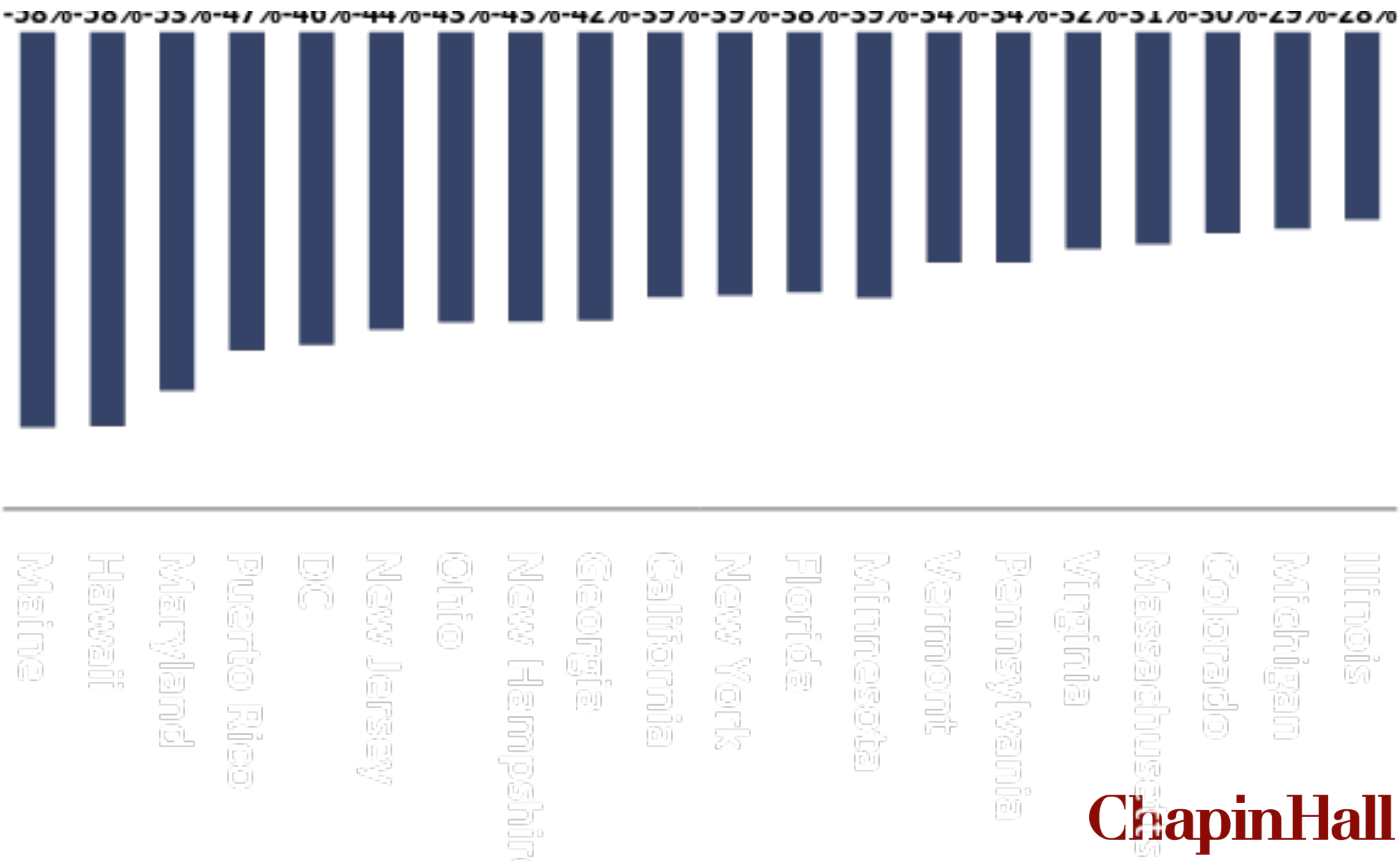
States with Largest Declines in Child Welfare Populations 2002-2011



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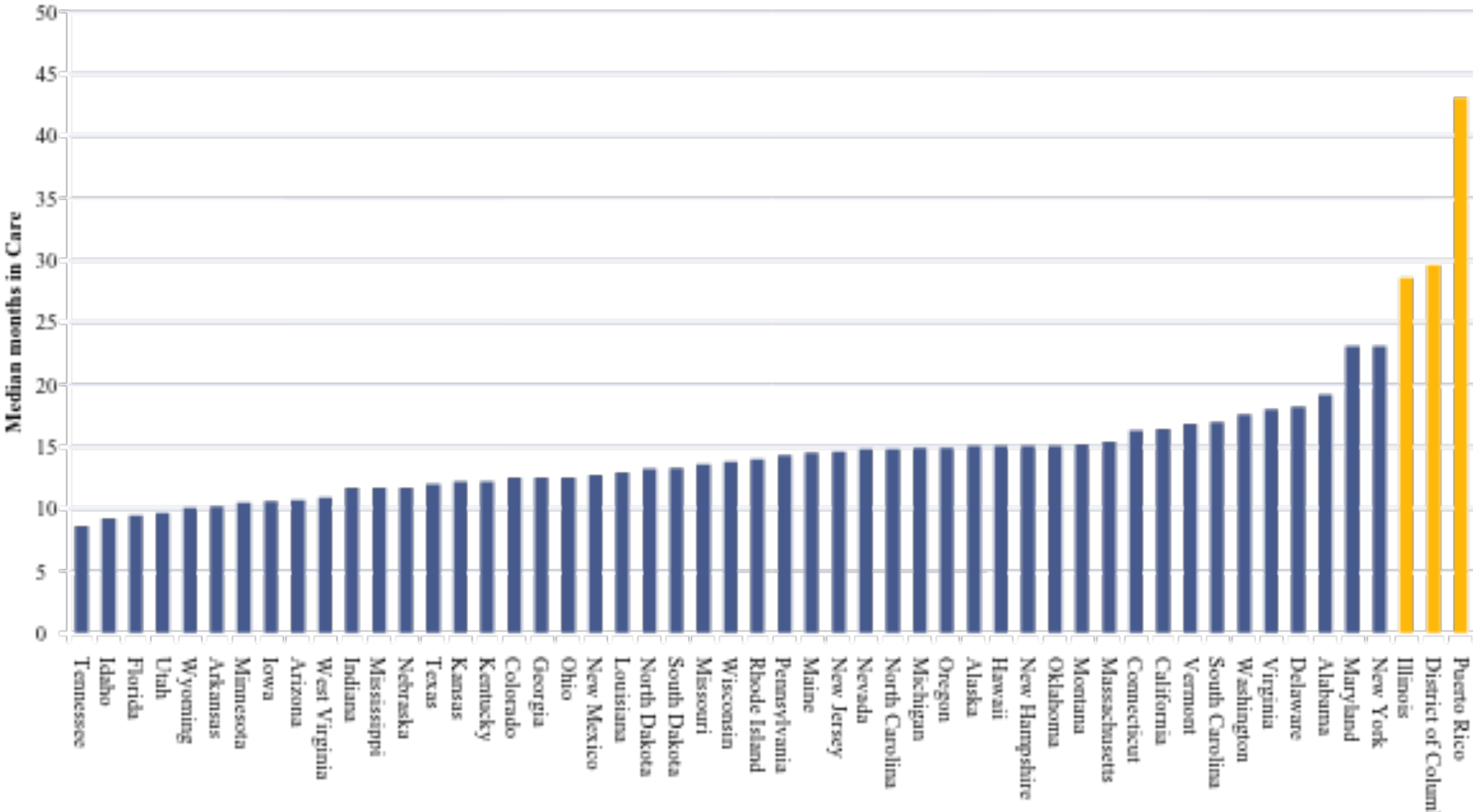
Median Length of Stay Have Also Declined



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, http://cwoutcomes.acf.hhs.gov/data/overview 2010 Data Highlights, Children in care on 9/30/10

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Child Maltreatment Can Be Long-lasting

"Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm's way should be removed from a dangerous situation. However, simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful. The child's memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious."

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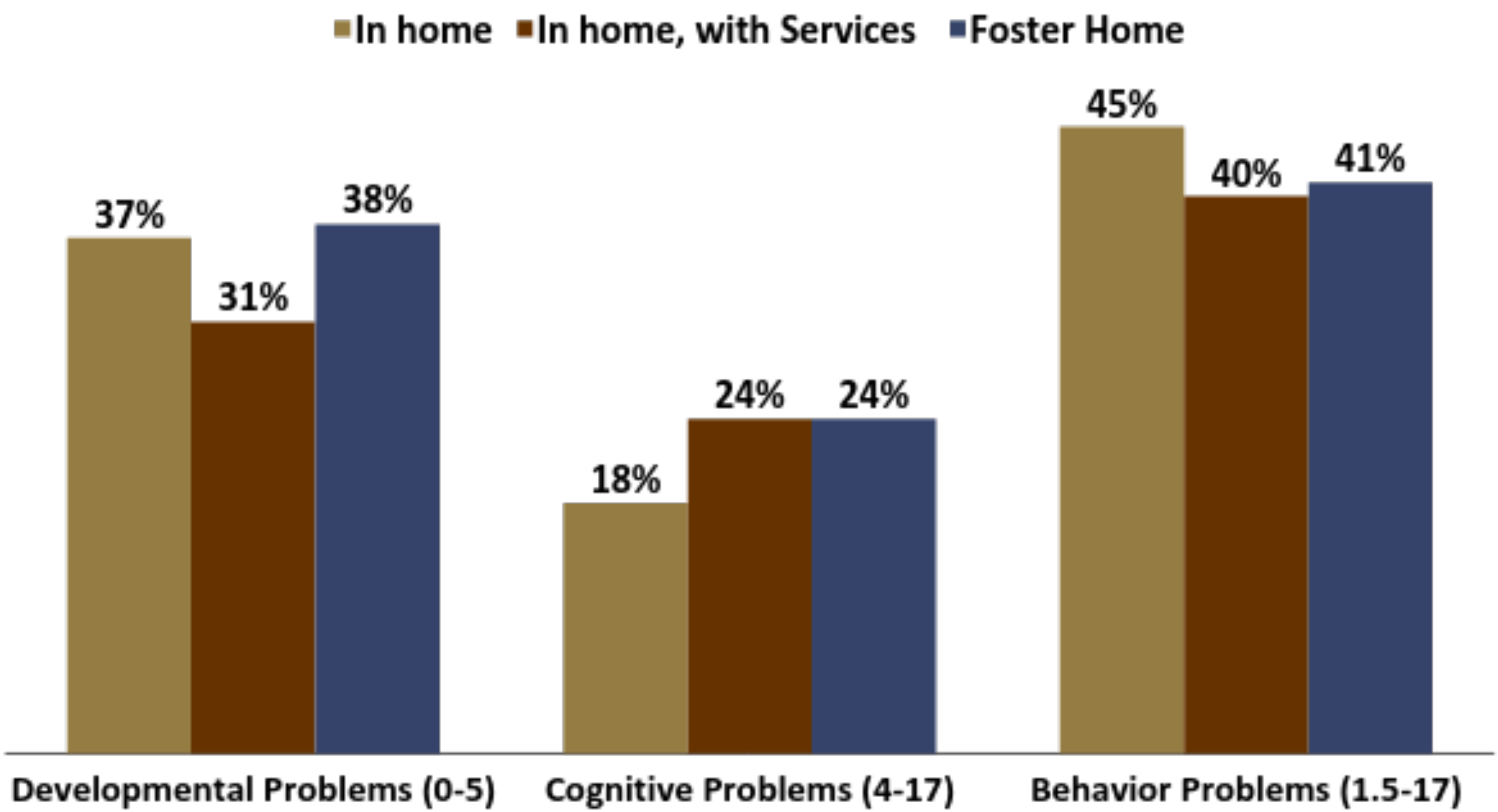
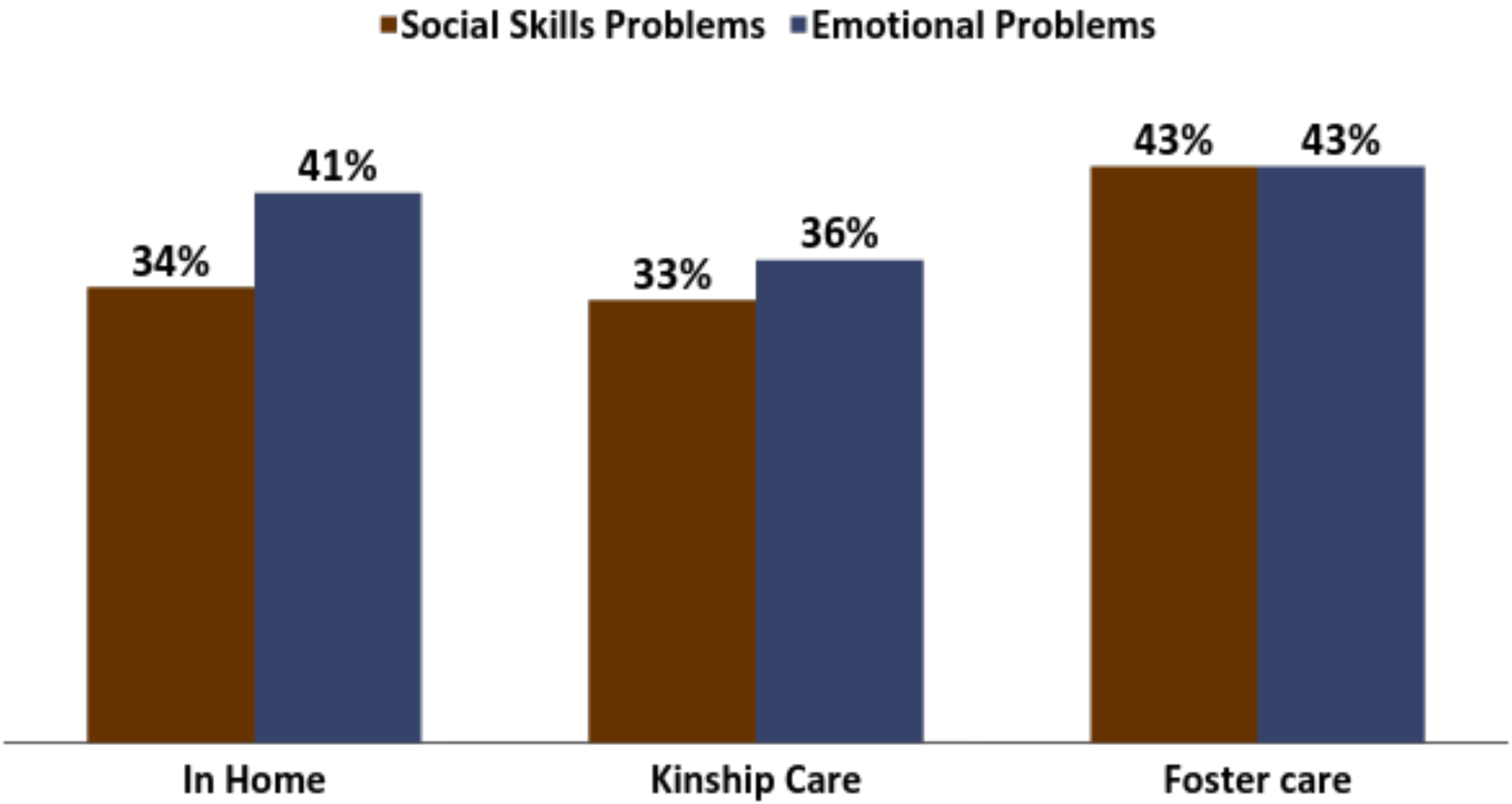
National Scientific Council on the Developing Child (2010). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*. Retrieved fromwww.developingchild.harvard.edu

Making Case: Poor Functioning Among Children Involved with Child Welfare



Dolan, M., Casanueva, C., Smith, K., & Ringeisen, H. (2011). *NSCAW Child Well-Being Spotlight: Children Placed Outside the Home and Children Who Remain In-Home after a Maltreatment Investigation Have Similar and Extensive Service Needs.* OPRE Report #2012-32, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Making Case: Relational and Social-Emotional Problems Among Children Involved with Child Welfare



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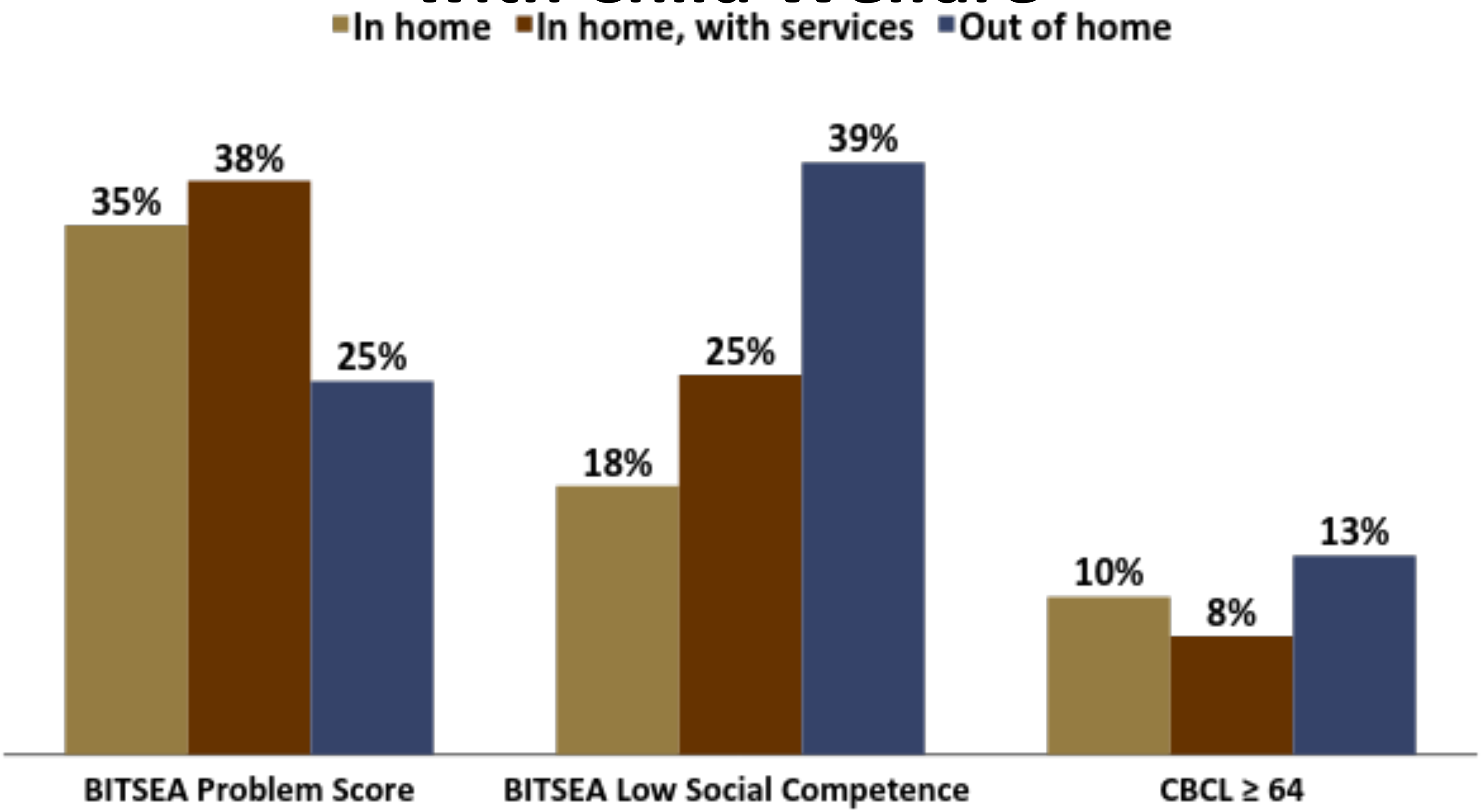
Making Case: Mental Health Problems for Young Children Among Children Involved with Child Welfare



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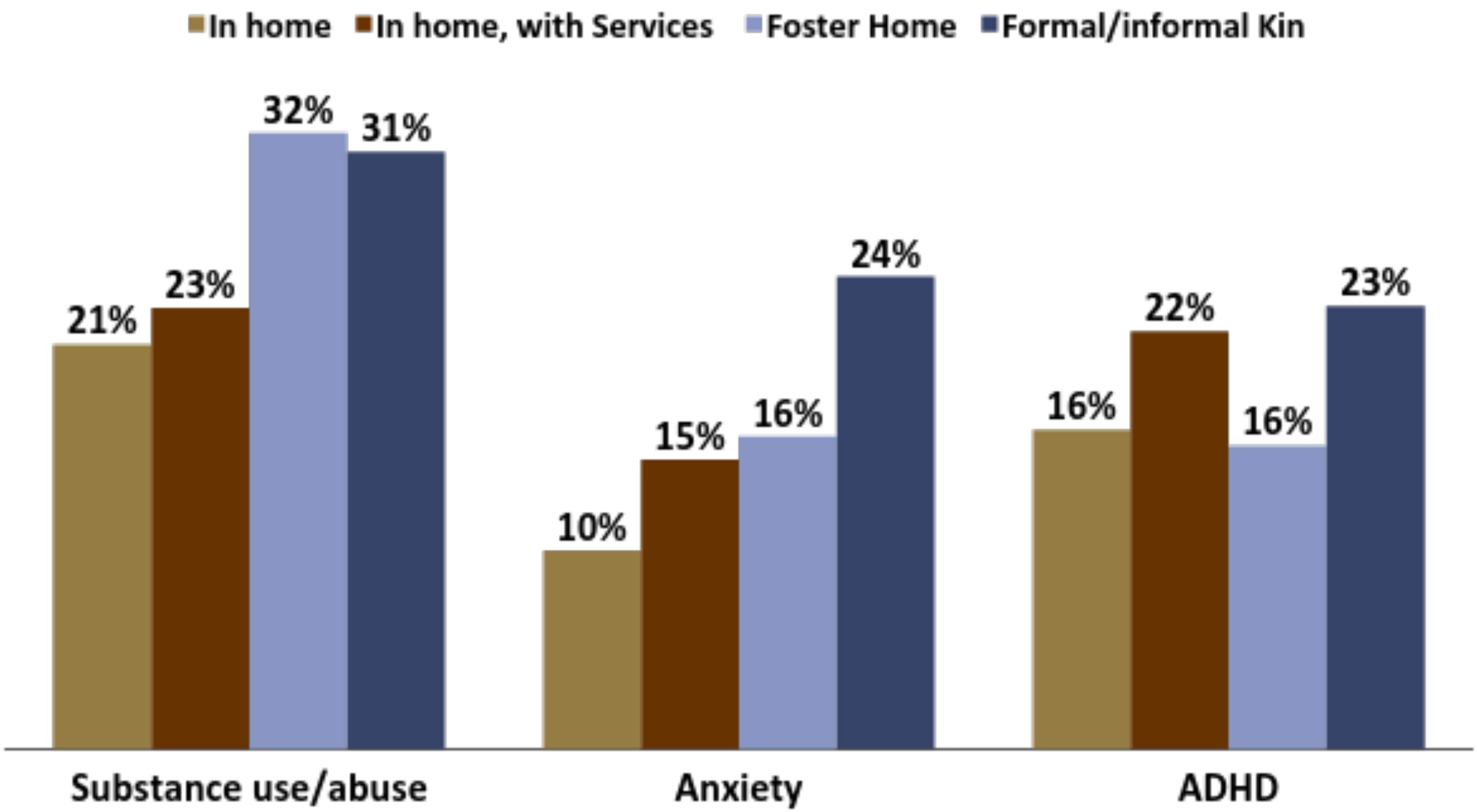
Making Case: Clinical Level Problems for Youth 12-18 Involved with Child Welfare



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A. Heneghan et al. / Journal of Adolescent Health (2013)

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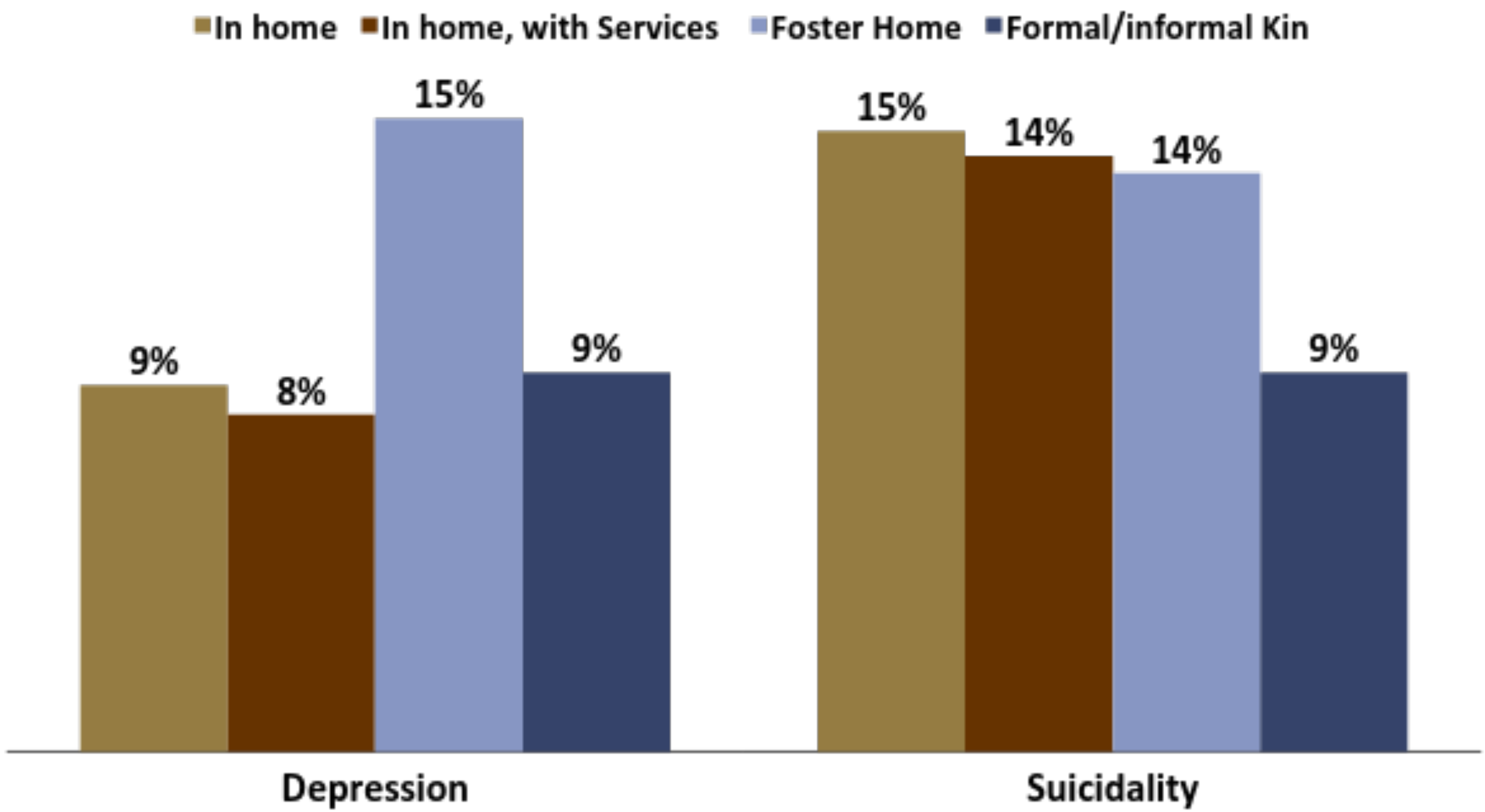

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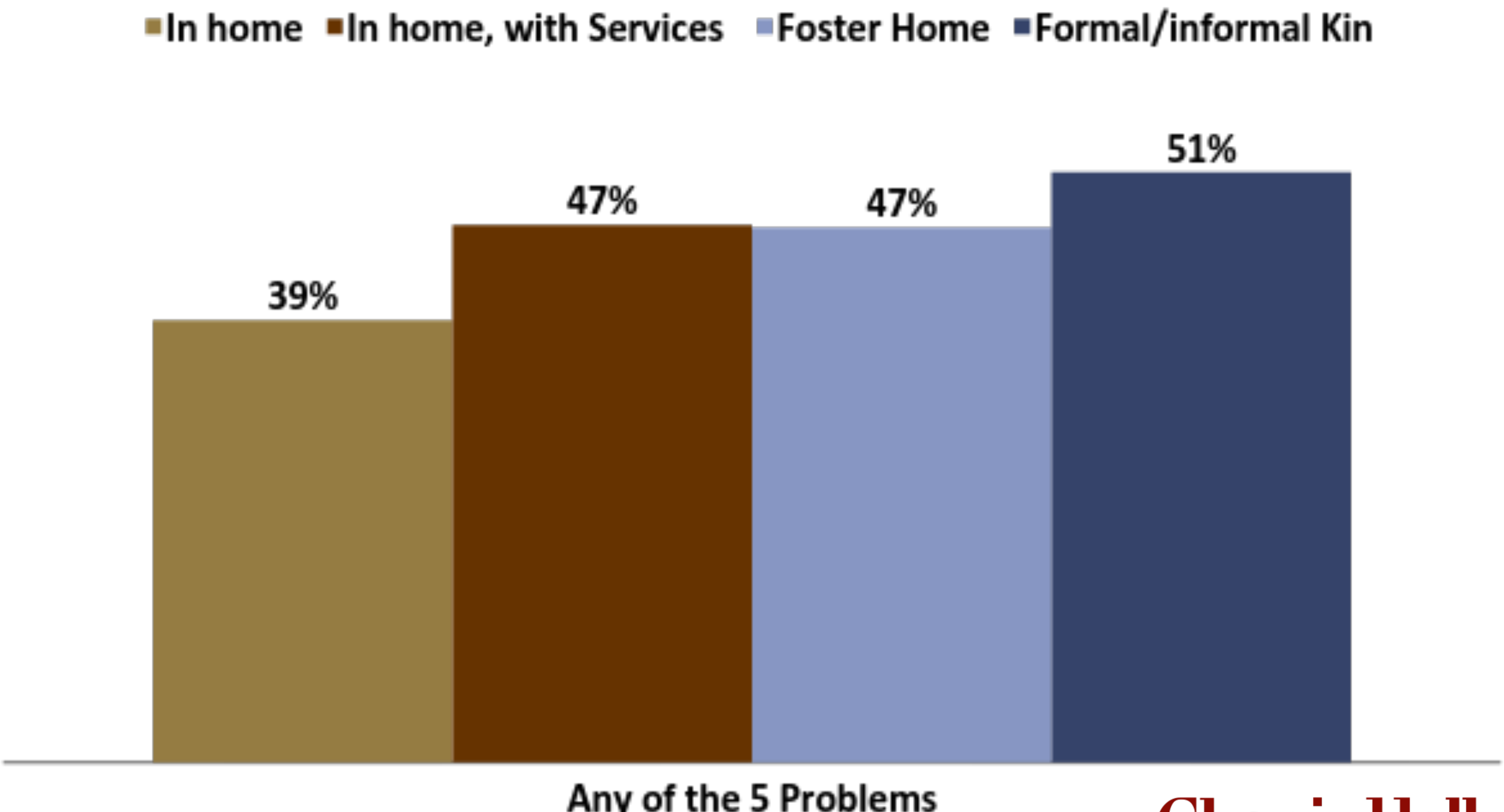

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Making Case: Chronic Health Conditions for Children Involved with Child Welfare

- Depending on the measure used, **31.6% to 49.0%** of all children investigated were reported by their caregivers to have a **chronic health condition**.
- For children ages 11 and over, **41.6% to 64.9%** were reported by their caregivers to have a **chronic health condition**.
- These findings are dramatic and show that when compared with the health of the nation's children **of chronic health conditions of 12.8% to 19.3%**.

Rolls-Reutz, Ellen J. Silver, Emily Fisher, John Landsverk and Sarah McCue Horwitz, Ruth E.K. Stein, Michael S. Hurlburt, Amy M. Heneghan, Jinjin Zhang, Jennifer, Chronic Conditions Among Children Investigated by Child Welfare, 2013

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Safety & 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" (1).

KINSHIP CARE

"Kinship placements were **not predictive of mental health outcomes** regardless of the amount of time in kinship care.
…
[M]multiple 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" (2).

ADOPTION

In assessments of children at 2, 4, and 8 years following adoption, "**Adopted foster youth were more behaviorally impaired than their non-FC counterparts**, although a striking number of non-FC youth displayed behavior problems as well" (3)

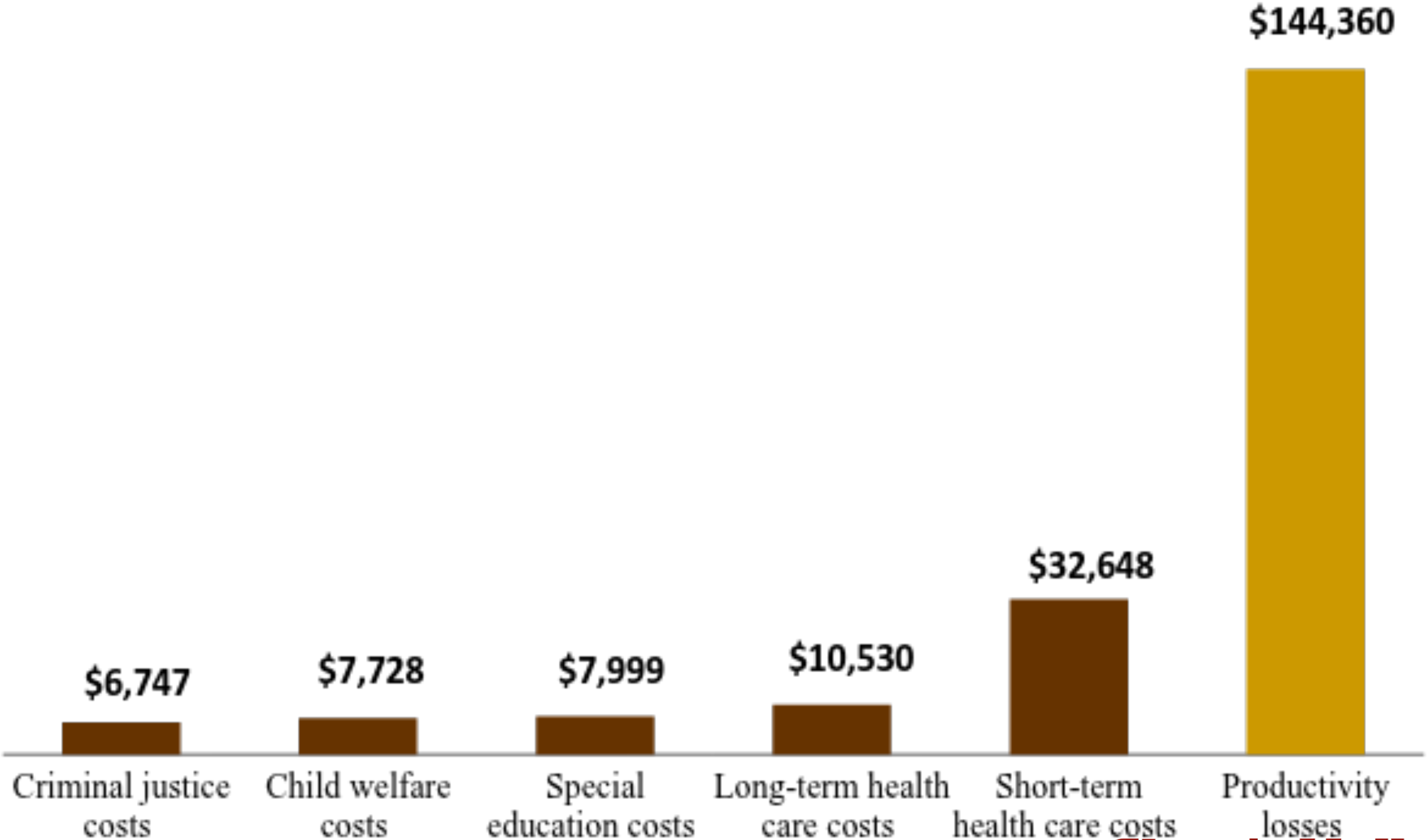
1. Bellamy, J. (2008). Behavioral problems following reunification of children in long-term foster care. Children and Youth Services Review. 30:216.
2. Fechter-Leggett, MO & O'Brien, K. (2010). The effects of kinship care on adult mental heath outcomes of alumni of foster care. Children and Youth Services Review. 32(2):206.
3. Simmel, C.; et al. (2007). Adopted youths psychosocial functioning: A longitudinal perspective. Child and Family Social Work. 12(4):336.

Chaffee Programs Yield Poor Outcomes

Chaffee Foster Care Independence Program Type	Outcomes Measures	Findings
Tutoring and Mentoring	Age percentile in reading and math, school grades, high school completion, highest grade completed, and school behavior problems	No statistically significant difference on key outcomes
Life Skills Training	High school completion, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	No statistically significant difference on key outcomes
Employment	High school completion, college attendance, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	No statistically significant difference on key outcomes
Intensive Case Management and Mentoring	High school completion, college enrollment and persistence, current employment, employment past year, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	Higher rates of college attendance and persistence among treatment than control group youth but difference was largely explained by continued child welfare system involvement among youth in the treatment group

Koball, Heather, et al. (2011). *Synthesis of Research and Resources to Support At-Risk Youth, OPRE Report # OPRE 2011-22, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.*

AVERAGE LIFETIME COST OF MALTREATMENT IS $210,000



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X. Fang et al., 2012

Well-Being: Positive Outcomes for Children Involved with Child Welfare

"Broadly, well-being refers to the *way a person thinks and feels about themselves* and others. It includes *being able to adapt and deal* with *daily challenges* (resilience and coping skills) while leading a fulfilling life. Hence, there is an emphasis on the behavioural and emotional *strengths of children*, as well as how they *respond to adversity*. Many of the characteristics or attributes of social and emotional well-being follow a *developmental pathway*, and *age-appropriateness* is therefore a *key factor in measurement."*

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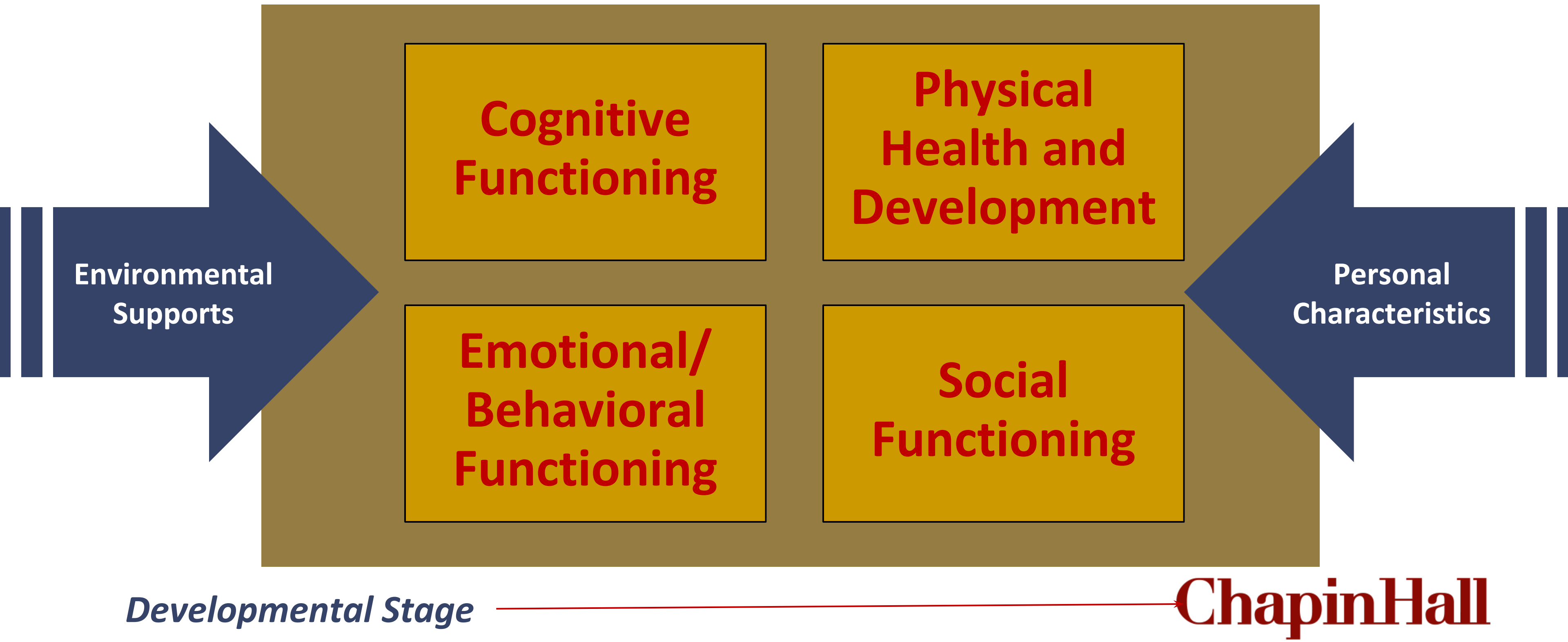
(Denham et al. 2009; Humphrey et al. 2010).

Well-being: Four Outcome Domains

The framework identifies four basic domains of well being: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning. Within each domain, **the characteristics of healthy functioning** related directly to **how children and youth navigate their daily lives**: how they engage in relationships, cope with challenges, and handle responsibilities.



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Well-being: Basis Approach to Achieving Positive Outcomes

- **Knowledge building and developing practice**
  - Training staff and foster parents
  - Providing supports to staff to address secondary trauma
- **Validated screening & assessment**
  - Screening and continual functional assessment that gathers information from multiple sources
- **Case planning and management**
  - Requires sensitive and responsive relationship between child and social worker, birth parents, foster parents, etc.
- **Scaling-up of evidence-informed services**
  - Skilled mental health providers available
  - Increasing capacity to deliver trauma-focused mental health treatment
- **Cross-system partnerships and system collaboration**
  - Work with Medicaid and mental health systems to respond to identified trauma needs

Conradi, L; et al. (2011). Promising practices and strategies for using trauma-informed child welfare practice to improve foster care placement stability: A breakthrough series collaborative. *Child Welfare*. 90(6):207.

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Screening, Functional Assessment & Progress Monitoring

"Functional assessment—assessment of multiple aspects of a child's social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the **major domains of well-being.**"

"Child welfare systems often use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. **Functional assessment, however, can be used to measure improvement** in skill and competencies that contribute to well-being and allows for **on-going monitoring of children's progress towards functional outcomes**."

"Rather than using a "one size fits all" assessment for children and youth in foster care, systems serving children receiving child welfare services should have an **array of assessment tools** available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups." (O'Brien, 2011)

Valid and **reliable** mental and behavioral health and developmental **screening and assessment tools** should be used to understand the impact of maltreatment on vulnerable children and youth.

TRAUMA SCREENING

- Child and Adolescent Needs and Strengths (CANS) Trauma Version
- Childhood Trauma Questionnaire (CTQ)
- Pediatric Emotional Distress Scale (PEDS)

FUNCTIONAL ASSESSMENT

- Strengths and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL), the Social Skills Rating Scale (SSRS)
- Emotional Quotient Inventory Youth Version (EQ-i:YV)

Time to Stop Counting Services

"It is common for child welfare systems to gauge their success based on whether or not services are being delivered. One way to focus attention on well-being is to measure how young people are doing behaviorally, socially, and emotionally and track whether or not they are improving in these areas as they receive services" (ACYF-CB-IM-12-04).

Measuring Services

How many children received…?
How many hours of training were delivered?
What percent of children got…?

Measuring Outcomes

Are trauma symptoms reduced?
Did services increase relationship skills?
Do children have healthier coping strategies?

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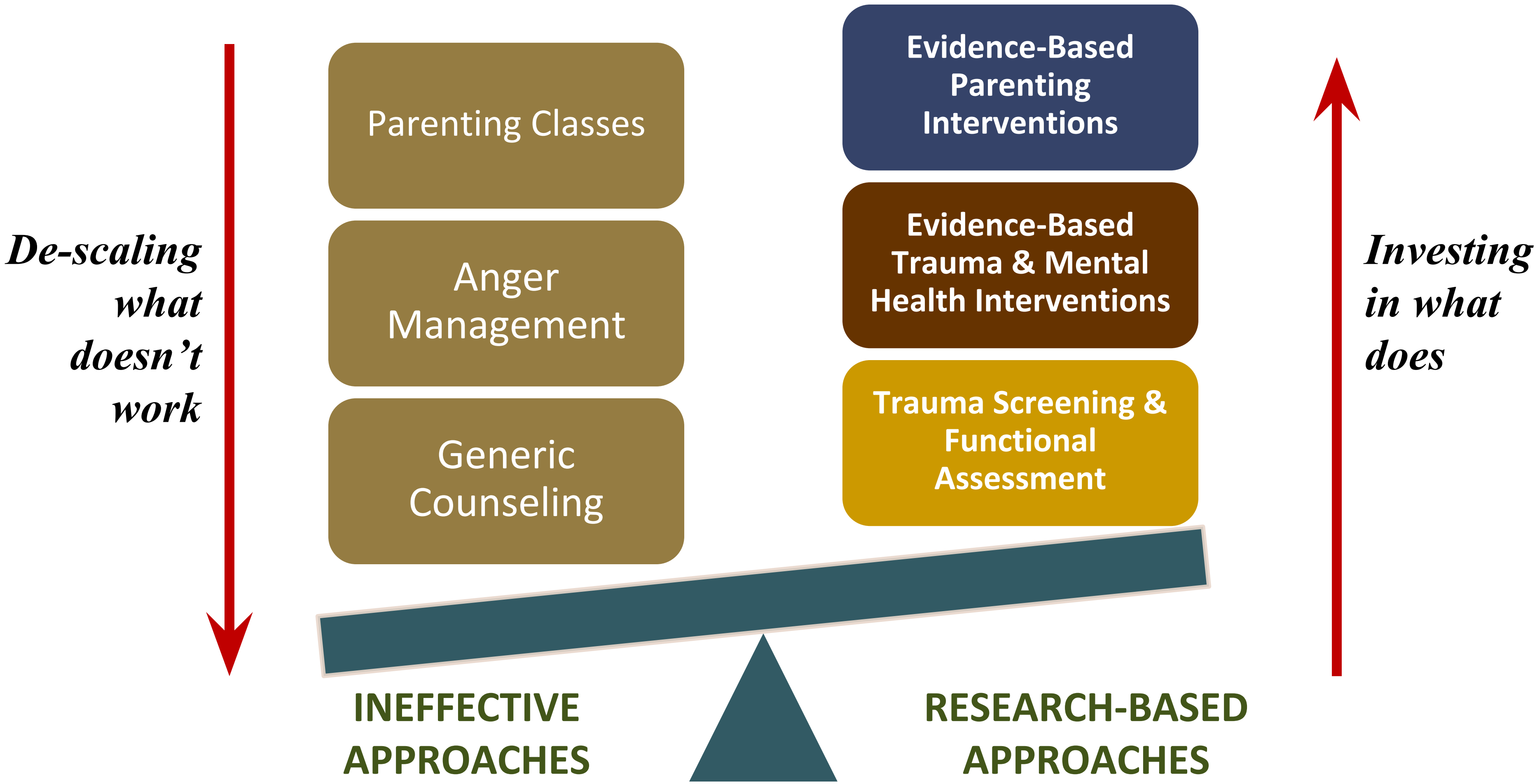
De-scaling What Doesn't Work, Scaling Up What Does



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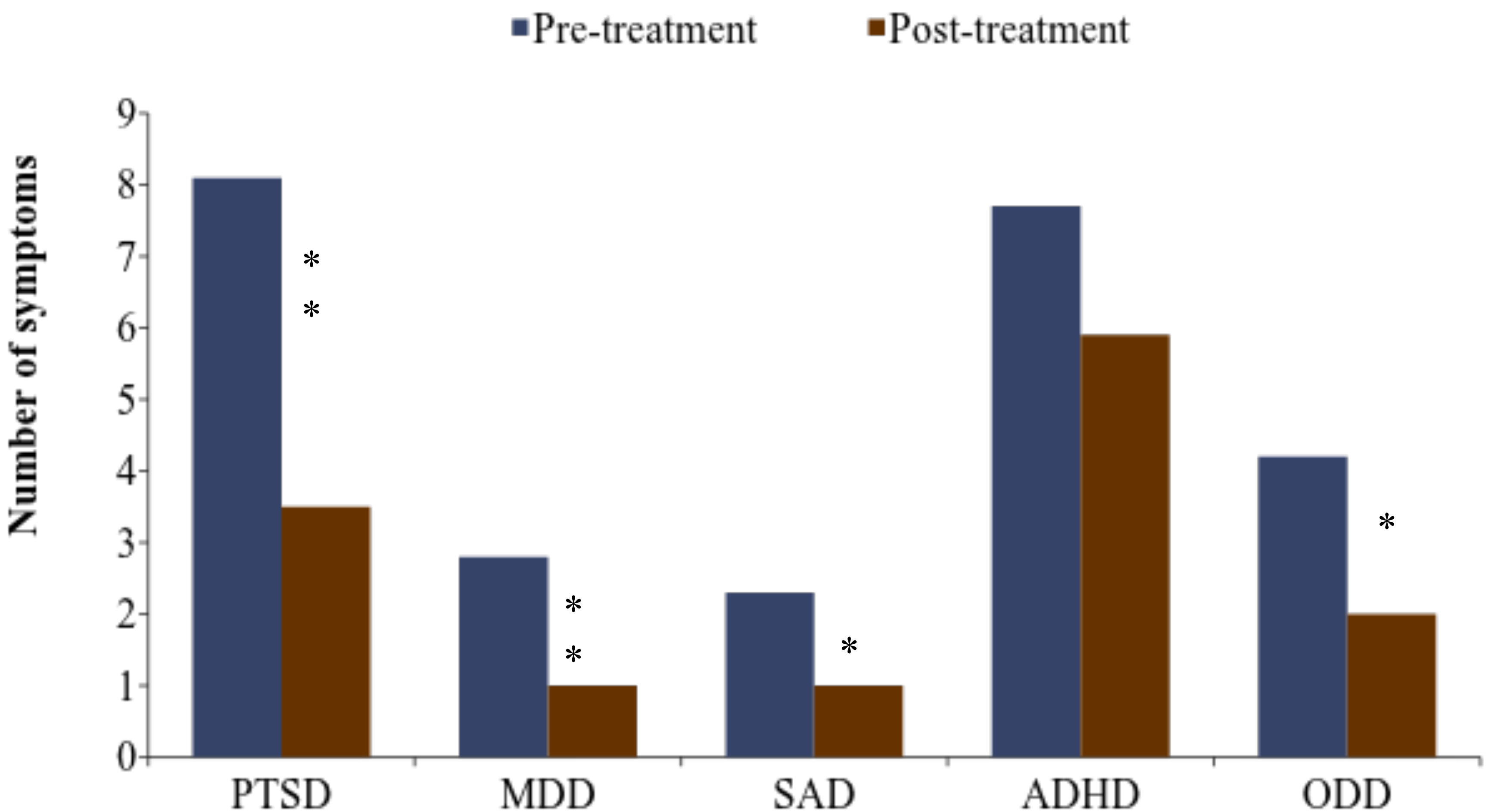
Intervention Must be Strong Enough to Meet Complex Profiles



*p<.001, **p<.0001

Scheeringa, M. and Gonzales, R.. Clinical treatment approaches to trauma. Tulane University School of Medicine. (April 15, 2013 presentation to at the CWLA Neuroscience and Child Maltreatment Conference).

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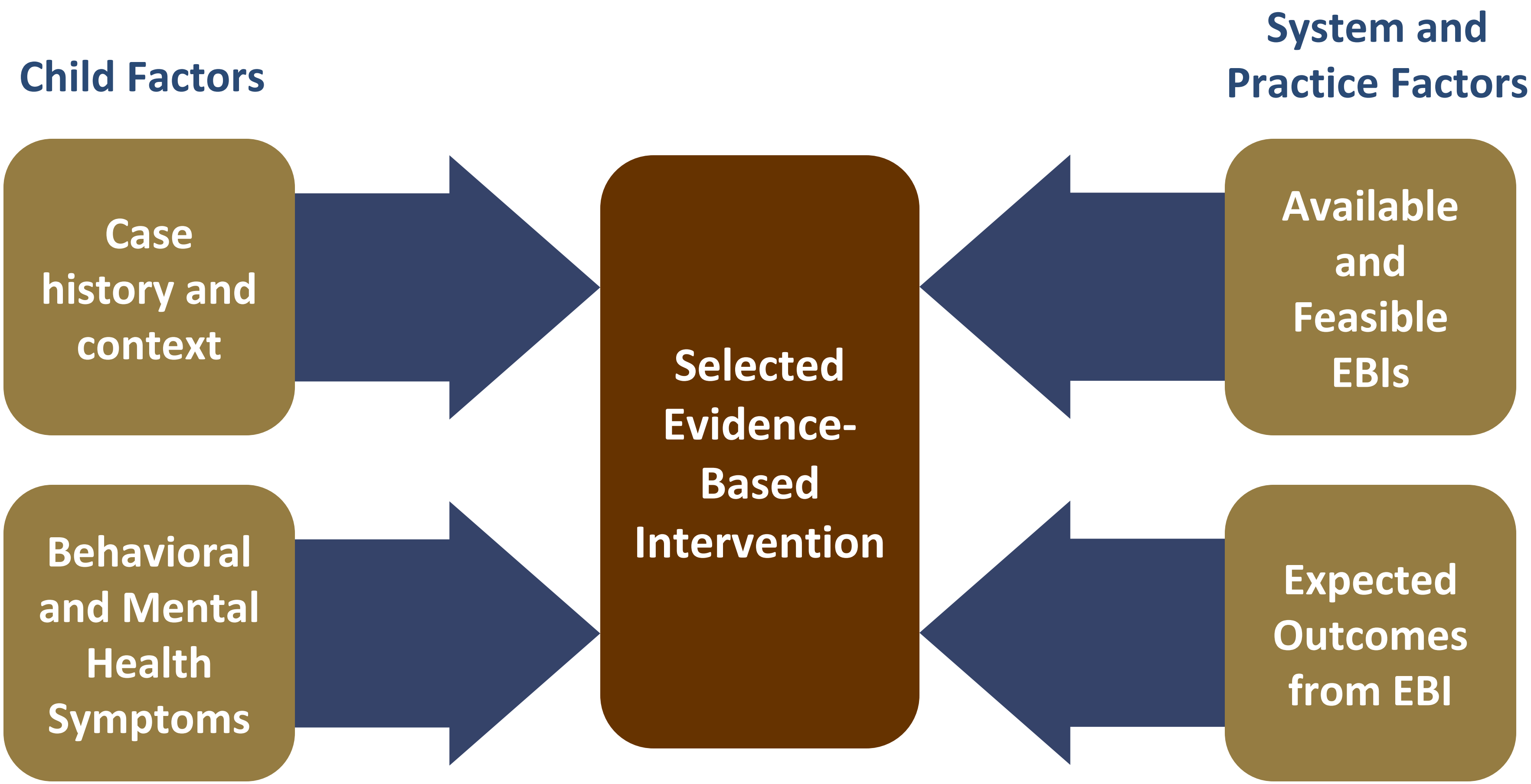
Matching Needs of Child with Interventions



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Title IV-E Waivers for Improved Outcomes

- The Child and Family Services Improvement and Innovation Act of 2011 allowed HHS to **waive certain provisions** of titles IV-E and IV-B to carry out demonstration projects.
- Authorized HHS to approve up to **10 new demonstrations** in each of FYs 2012, 2013 and 2014.
- Unlike competitive discretionary grants, waiver demonstrations **do not provide additional funding**; they provide title IV-E agencies authority to spend existing resources more flexibly.
- Waiver demonstrations test **new approaches to service delivery** and financing structures, to improve outcomes for children and families in the child welfare system.
- Projects must be **cost-neutral** to the Federal government; must have a **rigorous evaluation**.

HHS Information Memorandum (IM) on title IV-E Waiver Demonstration, 2011

Matching Populations, Outcomes, and Approaches: IV-E Waiver Examples

Population	Screening & Assessment	EBIs	Outcomes
Children, 8-17	- UCLA PTSD Index - Strengths & Difficulties Questionnaire - Child & Adolescent Needs & Strengths	Trauma-Focused Cognitive Behavioral Therapy	- Behavior problems - PTS symptoms - Depression
Children, 13-17	- Strengths & Difficulties Questionnaire - Child & Adolescent Needs & Strengths	Multisystemic Therapy	- Delinquency/Drugs - Peer problems - Family cohesion
Children, 2-7	- Trauma Symptoms Checklist for Young Children - Infant Toddler Emotional Assessment - Child Behavior Checklist	Parent-Child Interaction Therapy	- Conduct disorders - Parent distress - Parent-child interaction

President Obama's 2015 Budget Proposal of $750 Million to Improve Outcomes

"The existing evidence-base in the area of ***trauma-informed psychosocial interventions*** *warrants a large initial investment to expand access to effective interventions. The ACF investment of $250 million over five years would fund infrastructure and capacity building, while the Medicaid investment of $500 million over five years would provide incentive payments to states that* ***demonstrate measured improvement.***

This proposal presents a concerted effort to reduce over-prescription of psychotropic medications for these children by ***increasing the availability of evidence-based psychosocial treatments*** *that meet the complex needs of children who have experienced maltreatment.* ***Increased access to timely and effective screening, assessment****, and non-pharmaceutical treatment will reduce over-prescription of psychotropic medication as a first-line treatment strategy, improve their emotional and behavioral health, and increase the likelihood that children in foster care will exit to positive, permanent settings, with the* ***skills and resources they need to be successful in life****."*

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QUESTIONS?