How Do We Improve Outcomes? Evidenced Based Practice in Child Welfare

Christine Calpin
Managing Director
Public Policy
Casey Family Programs

• The nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children & families.

• We work to influence long-lasting improvements to the safety and success of children, families and the communities where they live.
Casey Family Programs

• Every child should grow up in a safe, supportive and permanent family
• Every family should have access to the support of a strong and caring community
• Every community should determine how to create hope and opportunities for its children and families in need
• Everyone has a role to play in building communities of hope for all children
Overview

• What does the current national child welfare landscape look like?

• What direction do we need to head in to keep children safe with their families and improve outcomes for future generations?

• What efforts should state legislators focus on to support these better outcomes?
In 2000 there were 509,259 kids in foster care*. On September 30, 2013, there were 385,000 children* in care - a 25% reduction since 2000.

Data source: The AFCARS Report 2013
* Under age 18
Children enter care for a variety of reasons, overwhelmingly due to neglect.

Removal Reason:

- Neglect or Other Reason, 82%
- Physical or Sexual Abuse, 18%

Removal Reasons
(FY 2013, may overlap)
- Neglect
- Parent Substance Abuse
- Caretaker Inability to Cope
- Physical Or Sexual Abuse
- Child Behavior
- Abandonment
- Inadequate Housing
- Parent Incarcerated
- Other Removal Reasons
In 2013... 238,280 children left care

Most children leaving care do achieve permanency

Permanency can take many forms.
(FY13, Children exiting by type)

- Reunification: 51%
- Adoption: 21%
- Live with Relatives: 8%
- Guardianship: 7%
- Age out: 10%
- Other: 3%

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The **universe of children at risk** is bigger than the standard child welfare data suggests.

1 in 8 children (12.5%) have been a confirmed victim by age 18

Data source: Dr. Putnam-Hornstein’s presentation to the Commission to Eliminate Child Abuse and neglect Fatalities (July 10, 2014)
Child Welfare: What do we know is best for children and families?

- The goal in child welfare should be to ensure the safety, permanency and well-being of children and their families.
- We know to support child well-being how important it is to intervene as early as possible.
- We know some vulnerable children can be better served by remaining safely at home while their parents receive the community services and support they need.
- We know that the act of removing children from their families and homes creates emotional distress and trauma that should be avoided whenever possible.
What is our challenge?

- The major federal funding source for foster care is not aligned with providing appropriate services to successfully address existing needs and enhance well-being.

- “We have a well-intentioned system that is operating in a policy and practice construct that doesn’t align with what research on child development tells us.”
  – Dr. David Sanders, Casey Family Programs
Child Welfare Spending

• States spent $28.2 billion for child welfare in SFY2012:
  o $12.7 billion in federal funds (45%)
  o $10.9 billion in state funds (39%)
  o $4.6 billion in local dollars (16%)

• Finance strategies and sources vary tremendously from state to state
National Child Welfare Funding
SFY2012: $28.2 billion

How does federal funding currently support child welfare?

- **Title IV-E of the Social Security Act**
  - $6.5 billion in SFY2012
    - Iowa: $59.4 million
    - Supports foster care, adoption assistance, and guardianship assistance

- **Title IV-B of the Social Security Act**
  - $595 million in SFY2012
    - Iowa: $5.8 million
    - Supports prevention and family support services
What other federal funding sources currently support child welfare?

- **Temporary Assistance for Needy Families (TANF)**
  - Iowa: $47.3 million in SFY2012

- **Social Services Block Grant (SSBG)**
  - Iowa: $16.4 million in SFY2012

- **Medicaid**
  - Iowa reported no expenditures in this category in SFY2012

- **Other Federal Funds**
  - Iowa: $7.4 million in SFY2012
Federal funds for child welfare
SFY2012: $12.7 billion

Title IV-E 51%
TANF 22%
SSBG 12%
Medicaid 8%
Title IV-B Other 5%
Other 3%

Source: Data from Child Trends Report 2014
Why do we believe finance reform is important to achieve better outcomes?

- Federal finance reform will promote strong and healthy families by allowing for a **complete continuum of services** including:
  - prevention services that are available to vulnerable children and families before serious risk has developed or harm has occurred,
  - *temporary* foster care that helps children return to a family setting as soon as possible,
  - therapeutic, mental and behavioral health and other individualized services that improve well-being, and
  - post-permanency supports to provide ongoing assistance to vulnerable families.
Evidence-Based and Promising Community-Based Family Support such as ACEs and NEAR

Evidence-Based Child Maltreatment Prevention Strategies

Evidence-Based Interventions for Permanence and Child Well-Being

Evidence-Based Interventions for Emotional and Behavioral Disorders

Evidence-Based and Promising Community-Based Family Support such as ACEs and NEAR

Short Term Emergency Foster Care Placements

Non-specific Psychotherapy

Long-Term Shelter and Group Care

Ineffective Parenting Skills Classes

**INEFFECTIVE APPROACHES**

**RESEARCH-BASED APPROACHES**

Investing savings to bridge from ineffective to effective practices.

Promoting early identification, engagement, and intervention.

EVIDENCE-BASED PROGRAMS FOR EARLY IDENTIFICATION AND INTERVENTION
Defining the Level of Evidence

The level of evidence for Evidence-Based Programs includes three major categories:

• **Well-Supported by Research Evidence**
  – Sample criteria include multiple-site replication and at least two randomized control trials (RCTs) in different usual care or practice settings that have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published peer-reviewed literature. Marked with three asterisks:***

• **Supported by Research Evidence**
  – Sample criteria include at least one RCT in usual care or a practice setting that has found the practice to be superior to an appropriate comparison practice. The RCT has been reported in published peer-reviewed literature. In at least one RCT, the practice has shown to have a sustained effect at least one year beyond the end of treatment. Marked with two asterisks:**

• **Promising Research Evidence**
  – Sample criteria include at least one study utilizing some form of comparison (e.g., untreated group, placebo group, matched wait list) that has established the practice’s benefit over the comparison, or found it to be equal to or better than an appropriate comparison practice. In at least one RCT, the practice had a sustained effect for at least six months beyond the end of treatment. Marked with one asterisk:*  

Source: Definitions and levels of evidence are based on the California Evidence Based Clearing House (CEBC) criteria. See [http://www.cebc4cw.org/ratings/scientific-rating-scale/](http://www.cebc4cw.org/ratings/scientific-rating-scale/) for more complete definitions.
# Screening Programs

Evidence-based strategies to identify families at risk of entering the child welfare system

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Funding Source</th>
<th>Return on Investment</th>
</tr>
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<tbody>
<tr>
<td>Durham Connects***</td>
<td>Universal short-term post-natal home visiting service</td>
<td>State appropriations and federal funding including MIECHV funds</td>
<td>For every $1 invested, the program returned $3.02.¹ Cost per family: $700</td>
</tr>
<tr>
<td>Healthy Start Hawaii*</td>
<td>Hospital-based screening for new mothers that can be followed with home visiting</td>
<td>State appropriations and federal funding including MIECHV funds</td>
<td>-</td>
</tr>
</tbody>
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Level of Evidence: ***Well-supported, **Supported, *Promising

# Early Intervention Programs

Evidence-based programs for at-risk families to prevent engagement with the child welfare system.

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| Nurse Family Partnerships***   | Provides intensive home-visiting services from birth to age 5 for first-time mothers with low incomes | State and local appropriations, federal funds including MIECHV, Title V MCHBG, Title IV-B, IDEA funds, CCDBG, TANF, federal discretionary grants, and foundation grants and public-private partnerships | For every $1 invested, the program returned $1.61.¹  
Cost per family: $10,049                                                   |
| SafeCare**                     | In-home parent training program for at-risk parents or parents that have been reported for maltreatment | State appropriations, federal funds including MIECHV, Title IV-B subpart 2                         | For every $1 invested, the program returned $1.31.¹  
Cost per family: $2,106                                                   |

Level of Evidence: ***Well-supported, **Supported, *Promising

Source: (1) Washington State Institute for Public Policy (WSIPP).
## Programs for High-Risk Families

Evidence-based programs for response to families identified as being eligible for having their child(ren) enter the system

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| Kentucky Sobriety Treatment and Recovery Team (START)*                | Team decision-making approach to provide rapid access to treatment services for parents while maintaining child placement in the home when possible | State appropriations, federal funding from Children’s Bureau and SAMHSA (Regional Partnership Grant) | For every $1 invested, the program saved $2.52 in foster care costs.\(^1\)  
Cost per child: $5,900                                                                 |
| Intensive Family Preservation Services (HOMEBUILDERS) **               | Short-term crisis intervention services with goal of preventing out-of-home placement                                                        | State appropriations, Title IV-B subpart 2 (Promoting Safe and Stable Families)                     | For every $1 invested, the program returned $6.16.\(^2\)  
Cost per family: $3,453                                                                 |

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**Level of Evidence:** ***Well-supported, **Supported, *Promising**

Potential Federal Funding Sources

• **Dedicated Funds:**
  - Title IV-B
    - Subpart 1: Stephanie Tubbs Jones Child Welfare Services Program
    - Subpart 2: Promoting Safe and Stable Families (PSSF)
  - Child Abuse Prevention and Treatment Act (CAPTA) discretionary funds program
  - Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP) grants program

• **Non-dedicated Funds:**
  - Temporary Assistance for Needy Families (TANF)
  - Social Services Block Grant (SSBG)
  - Medicaid

Source: Child Welfare Information Gateway
Potential Federal Funding Sources (cont.)

• Other Federal Agencies
  – Maternal and Child Health Bureau, Health Resources and Services Administration
    • Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding
    • Title V Maternal and Child Health Services Block Grant (MCHSBG) Program
  – National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
  – Office of Head Start, Administration for Children and Families
  – Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice
  – Prevention for Substance Abuse and Mental Illness, Substance Abuse and Mental Health Services Administration (SAMHSA)

Source: Child Welfare Information Gateway
Why is federal child welfare finance reform urgent?

• Current structure and state efforts to keep children with their families means every year fewer children will be eligible for federal funding.

• Child welfare waivers are time-limited and small in scope, but provide an incredible opportunity to inform child welfare finance reform proposals.

• Child welfare is broader than foster care. It is urgent that we ensure necessary changes are implemented so that federal financing better supports the broader child welfare system.
Current Opportunities:

The Family First Prevention Services Act of 2016
(H.R. 5456/S. 3065)

• Landmark bipartisan, bicameral legislation that would fundamentally shift how the federal government partners with states and tribes to support families.

• Introduced in June 2016 by key leaders in the U.S. House of Representatives, with identical legislation introduced in the U.S. Senate

• Passed the U.S. House of Representatives unanimously by voice vote in late June, and currently pending consideration by the U.S. Senate