Delivering and Sustaining Evidence-Based Intervention

Roseann Myers, J.D., R.N.
County of San Diego
Health and Human Services Agency
Child Welfare Services
### San Diego County Demographics

#### Ethnicity 2010 %

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2010</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>991,348</td>
<td>32%</td>
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<tr>
<td>Non-Hispanic</td>
<td>2,103,965</td>
<td>68%</td>
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<tr>
<td>White</td>
<td>1,500,047</td>
<td>48%</td>
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<tr>
<td>Black</td>
<td>146,600</td>
<td>5%</td>
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<tr>
<td>American Indian</td>
<td>14,098</td>
<td>&lt;1%</td>
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<tr>
<td>Asian</td>
<td>328,058</td>
<td>11%</td>
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<tr>
<td>Hawaiian &amp; Pacific Islander</td>
<td>13,504</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>6,715</td>
<td>&lt;1%</td>
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<tr>
<td>Two or More Races</td>
<td>94,943</td>
<td>3%</td>
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<tr>
<td>All Ethnic Groups</td>
<td>3,095,313</td>
<td>100%</td>
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</table>

[http://www.sandag.org/resources/demographics_and_other_data/demographics/fastfacts/regi.htm](http://www.sandag.org/resources/demographics_and_other_data/demographics/fastfacts/regi.htm)
San Diego County Demographics

- 80-mile border with Mexico
- 70 miles of coastline
- Covers 4,261 square miles

Source: SANDAG San Diego Association of Governments, 2007
Significant Changes in the Last Ten Years

Increased focus on system improvement planning, practice improvements & outcomes

Fewer children in foster care - 20% drop nationally; over 46% drop in San Diego County.
Why the Change?

We now have more children exiting than entering the system each year due to:

- **Practice and policy reforms** – Structured Decision Making (SDM), Safety-Organized Practice, early childhood services, staff training, reductions in shelter population and use of group homes
- **Emphasis on quality assurance, performance and outcomes** – 5-year System Improvement Plans, Data Unit, Safe Measures web-based reporting tool, quality assurance supervisors in regions and programs
- **Increased focus on permanency and stability for children** – Team Decision Making (TDM), Melding, Comprehensive Assessment & Stabilization Services (CASS), In-home support services such as Wraparound services
- **Increased use of evidence informed approaches** – Incredible Years, Safe Care, Project KEEP
Evidence-Based Practice

❖ Best Research Evidence
❖ Best Clinical Experience
❖ Consistent with Family/Client Values
❖ “The world of social science does not speak with one voice, and even the best evidence can lead to multiple- and sometimes opposing conclusions.” Hoskins et al.
Upstream

How do we formulate new and better strategies to improve outcomes for children and families?

- Partnership and collaboration between public child welfare and the “Ivory Tower”
- Shared responsibility for quality research
- Planning for implementation in real world settings: sustainability
County of San Diego Research Projects

- Project KEEP
- Long Scan
- Safe Care Home Visiting
- Fetal Alcohol Spectrum Disorder
- National Survey of Child and Adolescent Well-Being
- Child Welfare and Housing Impact and Cost Study
- Foster Children Access to Oral Health
Project KEEP: San Diego

keeping Foster & Kinship Parents Supported
Specific Aims

- Project KEEP
- To test the effectiveness of the intervention in six culturally diverse regions of the Department of Health and Human Services in San Diego
- To test the transferability of the intervention from the original developers to two sets of progressively independent interventionists
- To increase foster parents’ parenting skills to prevent and reduce problem behaviors in children in their care
- To reduce foster parent drop-out and placement disruptions
Key Findings

- The KEEP intervention was effective in reducing behavior problems of children in regular foster care.
- Improving parenting skills contributed to decreases in child behavior problems.
- The KEEP intervention contributed to increases in positive exits (e.g., placement with a relative, adoption), and served to mitigate the negative influences of placement history on negative exits.
Implementing KEEP in San Diego County

❖ Challenges

• Obtaining funding
• Identifying community agency to deliver intervention: Social Advocates for Youth (SAY San Diego)
  ○ Began in central region and expanded: 175 families served
  ○ Hiring qualified facilitators
• Training agency staff
  ○ In intervention model
  ○ Recruitment procedures
  ○ Evaluation of outcomes

❖ Agency/Provider/Researcher partnership: Platform for new research - KEEP Reaching
Implementing KEEP in San Diego County

What was in place:

- Interest at CWS in implementing KEEP
- Intervention material and process guidelines
- Mechanism for training
- Supervisor and means of supervision
- Outcome assessments
- Meeting locations throughout San Diego County
- Foster parent community familiar with KEEP
Community Partner - United Way

- Vision Council for Child Abuse and Neglect
- Funding required Evidence-Based Practice
- Leveraging Government Funds with United Way Funding
- Safe Care Home Visiting strategy
- Led to research partnership with UCSD and University of Oklahoma
The Evidence Base for SafeCare®

- Research methods supporting efficacy and effectiveness of SafeCare®
  - Single case studies of behavior change
  - Within-subjects group studies
  - Quasi-experimental recidivism studies
  - Site-randomized & case-randomized trials (in progress)

- Populations
  - High-risk parents
  - Parents reported for child maltreatment
  - Children with autism and related disabilities
  - Adults with intellectual disabilities
SafeCare® Implementation and Research

Exploration Phase
Adoption/Adaption
Active Implementation
Sustainment
Why is SafeCare® So Good?

- Systematically addresses issues most related to child neglect
- Evidence-Based
- Fits the needs of families in child welfare
- Fits with goals of service providers
- Helps providers deliver services more effectively
- Structures tasks/interventions in an effective way
- Provides for ongoing fidelity support
SafeCare® Training for Professionals

- Uses the same format as parent training
- Training for professionals includes:
  - Didactic presentations by the trainer
  - Modeling of skills by the trainer
  - Practice role-play exercises for trainees
  - Feedback by trainer
  - Ongoing consultation
- Home visitors maintain fidelity to the model over time through ongoing fidelity monitoring by on-site coaches or supervisors
Scaling up Evidence-Based Practice

- Less can be more: for example SD implemented Safe Care in existing home-based child welfare service contracts
- Politics and relationships matter
- Leadership matters
- Be persistent
- Localize: expertise system and CBO leaders dislike long-term dependency on remote developers
- Stay in for Long Haul: planning is important but scaling up requires ongoing attention
- Formalize and Institutionalize
Casey Family Programs Introduced and Supported Implementation in partnership with County and CRC
Why Integrated Safety-Organized Practice?

Best Available Research

Client characteristics, values and preferences

Practitioner Judgment and Expertise

Environment and organizational context

BEST OUTCOMES

Adapted from Institute of Medicine, 2001
Signs of Safety Objectives

❖ **Engagement:**
  • Solution-Focused Interviewing
  • Strategies for Interviewing Children

❖ **Critical Thinking**
  • Mapping

❖ **Enhancing Safety**
  • Harm & Danger Statements
  • Well-Formed Goals
  • Building Safety Networks
  • Safety Planning

SDM and Signs of Safety: An Integrated Practice
Applied Implementation Science

- Early Adopters
- Cascading Diffusion Model
- Training reinforced by coaching
- Adaption of Model
Incredible Years Parenting Program
Two Strategies for Implementation

❖ Family Integrated Treatment Program Grant
  • ACF: Regional Partnership Grant to Increase the Well-Being of, and to Improve the Permanency Outcomes for Children, Affected by Substance Abuse

❖ Incredible Families
  • Funded California Mental Health Services Act
Family Integrated Treatment Program (FIT) Partnership

- Cross-disciplinary collaboration across multiple agencies in San Diego County
- Provided co-located and enhanced services to methamphetamine addicted mothers and their young children
FIT Program Goals

Assessments and Trauma Treatment for Children
- Pre and post developmental assessments
- Trauma and behavioral assessments
- Evidence based and informed trauma and/or behavioral treatment

Enhanced Parent Development Services
- Developmentally appropriate, evidence-based parenting classes
- Incredible Years and Infant Massage curricula

Enhanced visitation and therapy for families
- Enhanced quantity and quality of visitations
- Service integration between the FIT partners

Increase system capacity and collaboration
- Incredible Years staff trainings and Cross-system training workshops
- Multi-disciplinary and System level Steering Committee team meetings
- Cross System Outcome Measurement Team

Prepared by Harder+Company Community Research for San Diego County Child Welfare Services (CWS) and Alcohol and Drug Services (ADS) September 2013
FIT Children

FIT Children
- 595 children were identified as FIT children between April 1, 2008 and March 31, 2013

Out of Home Placements
- 571 (96.0%) of these children were removed from their mother’s care for eight days or longer due to a substantiated maltreatment allegation

Supportive Services
- More than 90 percent of the children referred for a developmental screening received one through DSEP.
- Two-thirds (65.6%) of the children screened initiated development services
Family Outcomes

- 236 families received visitation services and 4,055 transports were facilitated by the three visitation contractors
- How many FIT children exited foster care since the beginning of the program?
  - Of the children who exited foster care, 310 (75%) reunited with their mothers
  - More than half (58.7%) reunited within 12 months
Sustainability Plan

- Sustainability of communication will allow for the seamless service delivery between the partnering agencies to continue
- Staff trained at all treatment centers in San Diego County will continue implementing the Incredible Years and Infant Massage evidence-based curricula to clients
- Collaboration between ADS and First 5 San Diego Healthy Development Services JumpStart program
  - Behavioral and development screenings and assessments for children in all nine women’s treatment centers across the County
Incredible Families

- Innovation of regional child welfare manager
- Started as a pilot at one site
- Multi-Family Parent Child Visitation
- 15 week parenting group utilizing Incredible Years curriculum
- Brief mental health outpatient services focus
It does not really matter whether you can quantify your results. What matters is that you rigorously assemble evidence-quantitative or qualitative to track progress. If the evidence is qualitative, think like a trial lawyer assembling the evidence. If the evidence is quantitative then think as a laboratory scientist assembling and assessing the data. (Collins, 2005)

“A lot to Lose: A Call to Rethink What Constitutes “Evidence” in Finding Social Interventions that Work”

Katya Fels Smyth and Lisbeth B. Schorr

*Final Thoughts*