

# Delivering and Sustaining Evidence- Based Intervention

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# San Diego County Demographics

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



[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



# 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?



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

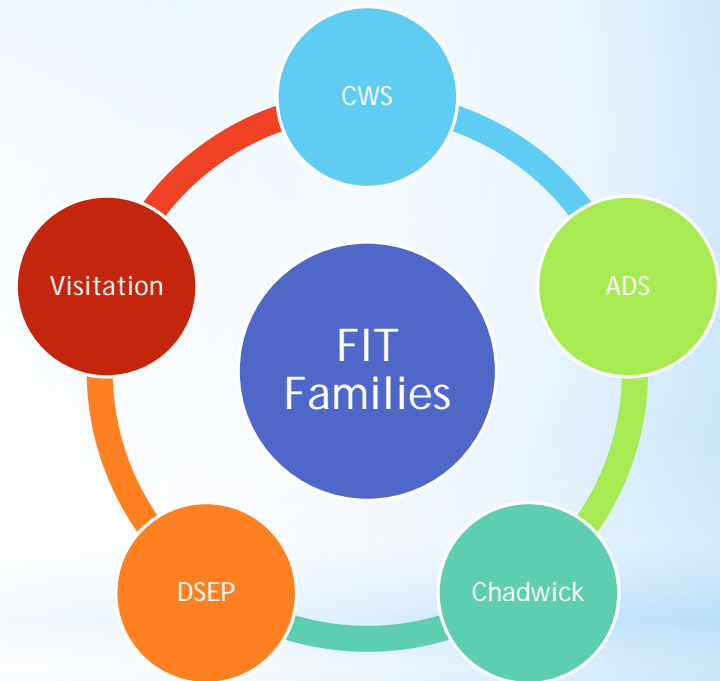


# Incredible Years Parenting Program Two Strategies for Implementation

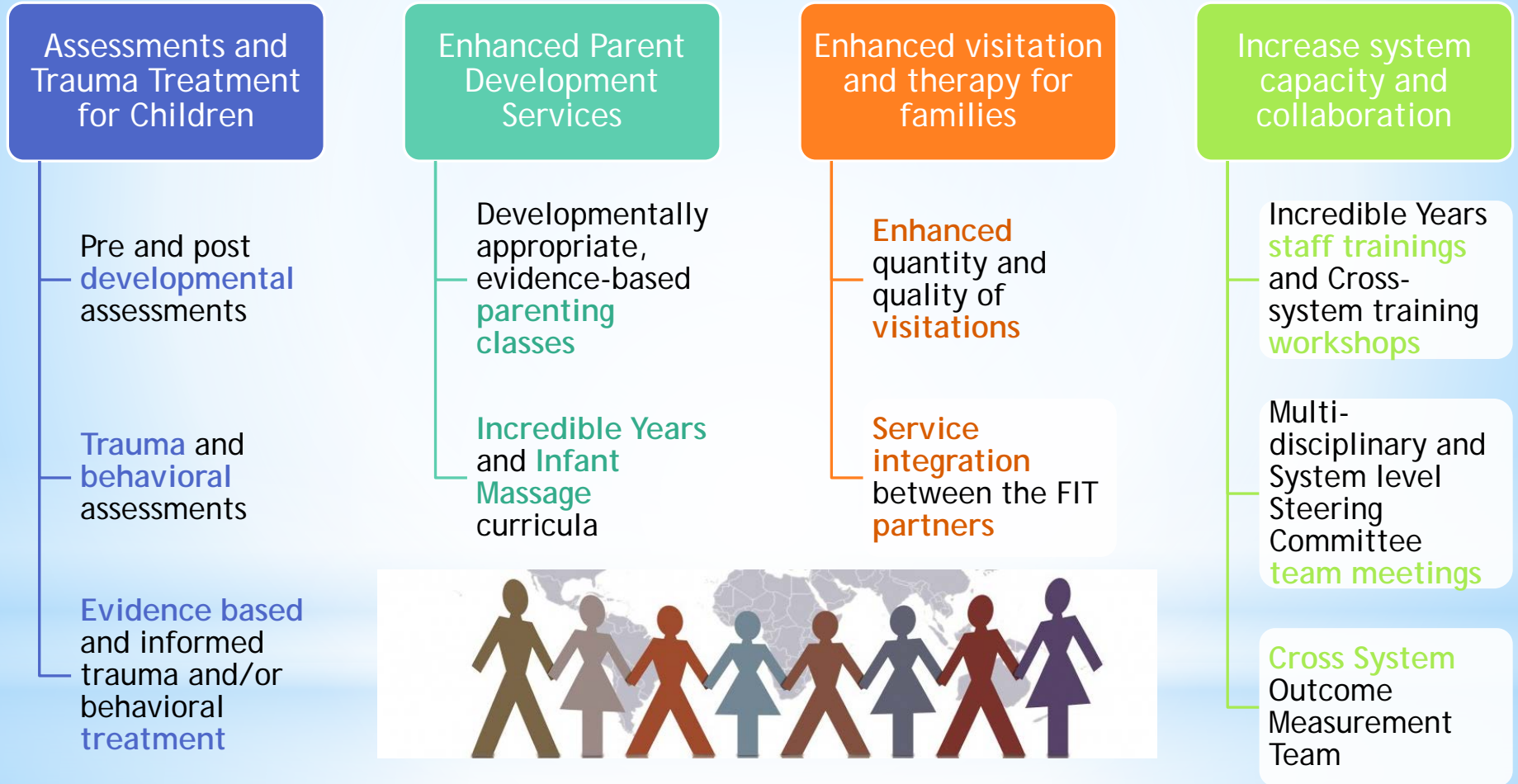
- ❖ Family Integrated Treatment Program Grant
  - ACF: Regional Partnership Grant to Increase the Well-Being of, and to Improve the Permanency Outcomes for Children, Affected by Substance Abuse
  
- ❖ Incredible Families
  - Funded California Mental Health Services Act

# 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



# 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%) reunified with their mothers
  - More than half (58.7%) reunified 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**