



Review of Well-Supported In-Home Parent Skill-Based Programs on the Title IV-E Prevention Series Clearinghouse

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RGHSD is not responsible for the creation of content and any views expressed in its materials and programming.





Speaker SPOTLIGHT

A graphic of a spotlight, colored orange and yellow, pointing towards the speaker's name.

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Evidence-Based Practices
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- Director of the California Evidence-Based Clearinghouse for Child Welfare (CEBC) and the California Training Institute (CalTrin)
- Previously a Research Coordinator at the Child and Adolescent Services Research Center
- Work has focused on children receiving services through public sectors of care, including child welfare and mental health systems

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The California Evidence-Based Clearinghouse for Child Welfare

cebc4cw.org



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CEBC Mission

To advance the effective implementation of evidence-based practices for children and families involved with the child welfare system

Program
Registry

Selecting &
Implementing
Programs



CALIFORNIA

Regions Map



WHAT IS YOUR ROLE?



Rady
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Chadwick Center
for Children & Families



FFPSA Part 1 Overview



Chadwick Center
for Children & Families



FFPSA PART 1

- New option for States and Tribes to claim Title IV-E entitlement funds for evidence-based prevention and trauma-informed services for children and youth who are deemed candidates (at imminent risk for entry into foster care)



FFPSA PART 1

- Evidence-based interventions funded by Title IV-E must be selected from the Title IV-E Prevention Clearinghouse, fall within one of the following categories, and be included in California's Five-Year State Prevention Plan
 - In-home parent skill-based programs
 - Mental health services, and
 - Substance abuse prevention and treatment services



FFPSA PART 1

- The legislation is intended to **reduce entries into care** by funding prevention services and interventions to mitigate imminent-risk factors and maintain a child and youth's placement in-home



CALIFORNIA ASSEMBLY BILL (AB)153

The state Budget Act of 2021 includes funding to support prevention planning or service activities consistent for Title IV-E prevention services established by Part 1 of FFPSA.

Assembly Bill 153:

- Offers funding to develop a Comprehensive Plan which includes **primary, secondary, and tertiary intervention strategies** and services to support the ability for parents and families to provide safe, stable, and nurturing environments for their children.
- It requires a **cross-sector collaborative approach** to include tribes and the voices of those disproportionately impacted by child and family welfare systems.

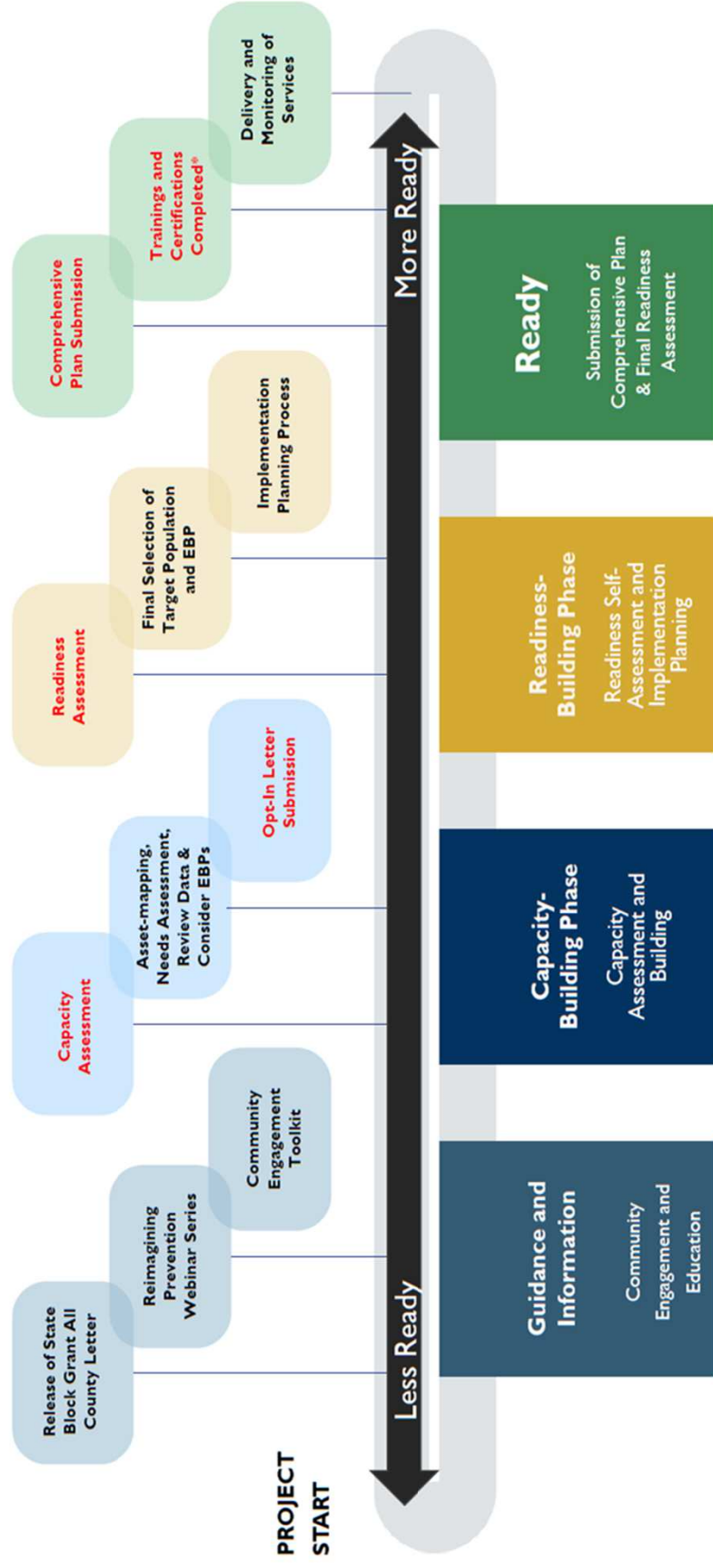


CALIFORNIA'S FAMILY FIRST PREVENTION SERVICES PROGRAM (FFPS)

- **Leverages current prevention efforts** to reach a broader audience and reach families sooner
- Built from a **comprehensive plan** that includes culturally appropriate and responsive services that are tailored to meet the needs of local families who are disproportionately represented in the child welfare system
- Rooted in a **cross-sector collaborative approach**
- **Meets** the federal requirements of FFPSA Part 1 and **goes beyond** to deliver services across the prevention continuum
- Access to a **Community Pathway approach** to service delivery for early community-based services



ROADMAP FOR COMPREHENSIVE PLANNING & IMPLEMENTATION



Why does all this matter?



Programs will be selected through Comprehensive Prevention Planning process



FRCs, CAPCs, and CBOs all need to be involved in the development of the Plan



Potential funding source



FFSPA Service Categories

Mental Health
Services

In-home Parent
Skill-based
Programs

Substance Abuse
Prevention and
Treatment Services



In-Home Parent Skill-Based Programs and Services

- Psychological, educational, or behavioral interventions or treatments (broadly defined) that involve **direct intervention** with a parent or caregiver.
 - Direct intervention contact means that intervention services are provided directly to the parent(s) or caregiver(s)
 - Children may be present or involved but are not required to be present for a program to be eligible.



In-Home Parent Skill-Based Programs and Services

- Contact may be face-to-face, over the telephone or video, or online.
- Programs may be **explicitly delivered as in-home** interventions or can be interventions for which **delivery in-home is a possible or recommended method** to administer the intervention. This may include residential facilities, shelters, or prisons if that is where the parent(s) or caregiver(s) resides.



Well-Supported Rating

- A program or service is rated as a well-supported practice if it has **at least two** contrasts with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain.
- At least one of the contrasts must demonstrate a sustained favorable effect of **at least 12 months** beyond the end of treatment on at least one target outcome.



5 Programs currently in the CA Plan

- Family Check-Up
- Healthy Families America (HFA)
- Homebuilders - Intensive Family preservation and reunification services
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)



1. Family Check-Up (FCU)

www.nwpreventionscience.org



Family Check-Up



The Family Check-Up® model is a brief, strengths-based intervention for families with children ages 2 through 17. The intervention aims to improve parenting skills and family management practices, with the goals of improving a range of emotional, behavioral and academic child outcomes.



Family Check-Up

- **Target population:** families with children ages 2 to 17
- **Dosage:**
 - The three main Family Check-Up® components are scheduled individually with families based on their availability.
 - After completing the feedback session, families may choose to complete follow-up services. These follow-up services can vary in intensity and duration based on family interest and need.



Family Check-Up: Goals

- Improve children's social and emotional adjustment by providing assessment- driven support for parents to encourage and support positive parenting, and to reduce coercive conflict
- Reduce young children's behavior problems at school
- Reduce young children's emotional distress
- Increase young children's self-regulation and school readiness
- Improve parent monitoring in adolescence
- Reduce parent-adolescent conflict
- Reduce adolescent depression
- Reduce antisocial behavior and delinquent activity
- Improve grades and school attendance



Essential Components

1. An **initial interview** that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context
2. An **ecological family assessment** that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions

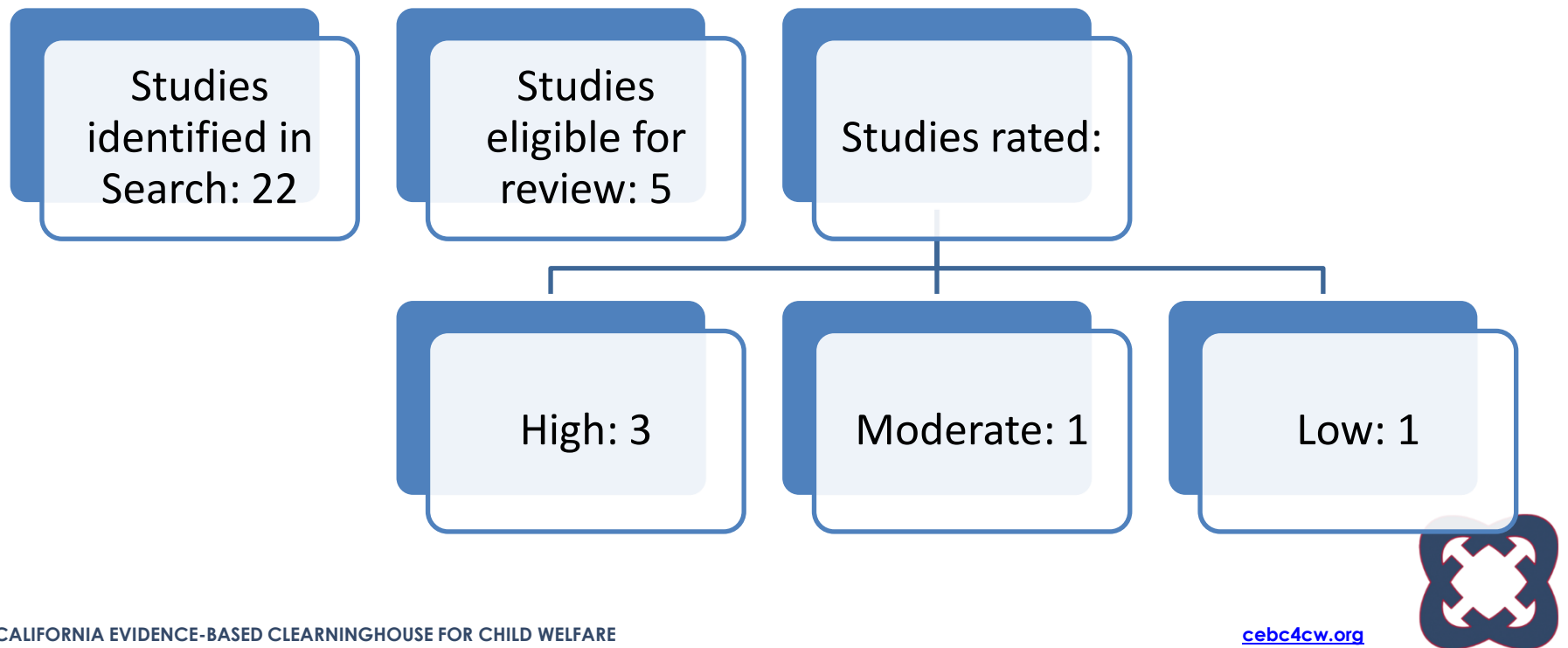


Essential Components

3. **Tailored feedback** that involves reviewing assessment results and discussing **follow-up service options** for the family. Follow-up services may include clinical or support services in the community. They may also include the Everyday Parenting program, which is a parenting management program that is typically delivered by the provider.



FCU: Extent of Evidence



FCU: Summary of Child Findings

Child well-being: Behavioral and emotional functioning

- Favorable: 0
- No Effect: 23
- Unfavorable: 0

Child well-being: Cognitive functions and abilities

- Favorable: 0
- No Effect: 4
- Unfavorable: 0

Child well-being: Educational achievement and attainment

- Favorable: 0
- No Effect: 1
- Unfavorable: 0



FCU: Summary of Adult Findings

Adult well-being:
Positive parenting
practices

- Favorable: 4
- No Effect: 20
- Unfavorable: 0

Adult well-being:
Parent/caregiver mental
or emotional health

- Favorable: 0
- No Effect: 8
- Unfavorable: 0



FCU: Study Populations

- Race/Ethnicity examples:
 - 48.3% African American, 40% Caucasian, and 11.7% Biracial
 - 50% European American, 28% African American, 13% Hispanic American, 13% Biracial, and 9% Other
- Samples
 - Participants enrolled in the Women, Infants and Children (WIC) program
 - Families of kindergarten children recruited from 5 public elementary schools
 - Universal Well-child program



FCU: Support for Implementation

- Pre-implementation materials:
 - None
- Formal Support:
 - Available from the REACH (Research and Education Advancing Children's Health) Institute at Arizona State University
- Fidelity:
 - Measures are available
- Implementation Guides or Manuals:
 - Available on the FCU website



FCU: Training Requirements

- Education:
 - Master's level (MSW, MS, MA, and M.Ed.) with some clinical experience.
- Training: Available in three formats:
 - In-person 2-day training;
 - Online training that consists of an e-learning course and two webinars; and
 - Hybrid training that consists of an e-learning course, 1-day in-person training, and 1-hour consultations that occur before and after training.



2. Healthy Families America (HFA)

www.healthyfamiliesamerica.org



Healthy Families America (HFA)

- Healthy Families America (HFA) is a home visiting program for new and expectant families with children who are at-risk for maltreatment or adverse childhood experiences. The overall goals of the program are to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.



Healthy Families America (HFA)

- **Target population:**
 - Families are eligible to receive HFA services beginning prenatally or within three months of birth. This program is designed to serve the families of children who have increased risk for maltreatment or other adverse childhood experiences.
- **Dosage:**
 - Services begin as early as prenatally and continue for a minimum of three years.
 - For the first six months after birth, families are offered at least one in-home visit per week, approximately an hour in duration.
 - After six months, families may move to less frequent visits (bi-weekly and then monthly).



HFA: Goals

- Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth
- Cultivate and strengthen nurturing parent-child relationships
- Promote healthy childhood growth and development
- Enhance family functioning by reducing risk and building protective factors

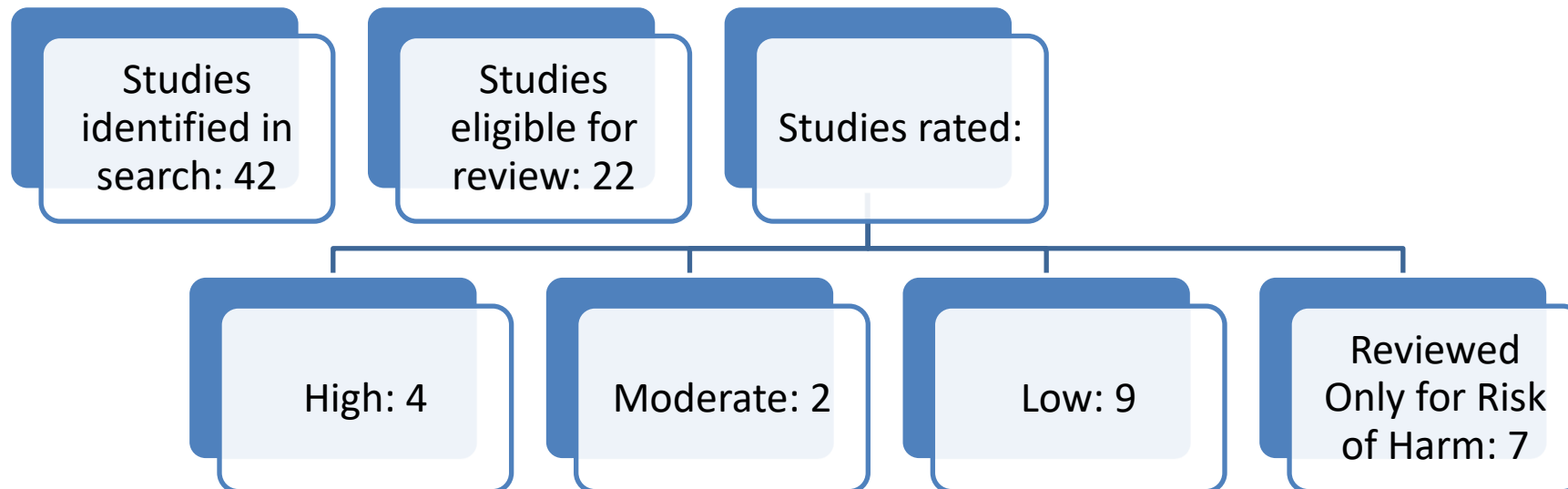


HFA: Essential Components

- HFA includes screening and assessments to identify families most in need of services, offering voluntary, intensive, long-term and culturally responsive services to both parent(s) and children, and linking families to a medical provider and other community services as needed.
- Each HFA site is able to determine which family and parent characteristics it targets.
- Family Support Specialists have small caseloads and are sufficiently trained and supported to empower families



HFA: Extent of Evidence



HFA: Summary of Child Findings

Child Safety: Child welfare administrative reports

- Favorable: 0
- No Effect: 43
- Unfavorable: 0

Child Safety: Self-reports of maltreatment

- Favorable: 5
- No Effect: 38
- Unfavorable: 1

Child Safety: Maltreatment risk assessment

- Favorable: 0
- No Effect: 7
- Unfavorable: 0



HFA: Summary of Child Findings

Child Safety: Medical indicators of maltreatment risk

- Favorable: 0
- No Effect: 11
- Unfavorable: 0

Child Permanency: Out-of-home placement

- Favorable: 0
- No Effect: 6
- Unfavorable: 0

Child well-being: Behavioral and emotional functioning

- Favorable: 5
- No Effect: 2
- Unfavorable: 0



HFA: Summary of Child Findings

Child Well-being: Social functioning

- Favorable: 0
- No Effect: 2
- Unfavorable: 0

Child Well-being: Cognitive functions and abilities

- Favorable: 2
- No Effect: 6
- Unfavorable: 1

Child Well-being: Physical development and health

- Favorable: 0
- No Effect: 6
- Unfavorable: 0



HFA: Summary of Child Findings

Child Well-being: Delinquent behavior

- Favorable: 0
- No Effect: 0
- Unfavorable: 0

Child Well-being: Educational achievement and attainment

- Favorable: 1
- No Effect: 2
- Unfavorable: 0



HFA: Summary of Adult Findings

Adult well-being: Positive parenting practices

- Favorable: 3
- No Effect: 24
- Unfavorable: 0

Adult well-being: Parent/caregiver mental or emotional health

- Favorable: 3
- No Effect: 16
- Unfavorable: 0

Adult well-being: Parent/caregiver substance use

- Favorable: 0
- No Effect: 15
- Unfavorable: 0



HFA: Summary of Adult Findings

Adult well-being: Family functioning

- Favorable: 3
- No Effect: 28
- Unfavorable: 1

Adult well-being: Economic and housing stability

- Favorable: 0
- No Effect: 5
- Unfavorable: 1



HFA: Study Populations

- Race/Ethnicity examples:
 - 32% Native Hawaiian, 23% Asian, 20% Other Pacific Islander, 7% Caucasian, and 18% Other
 - 35% Caucasian, 46% African American, and 19% Hispanic
- Sample examples
 - Families at risk for child maltreatment
 - Pregnant adolescents recruited from American Indian health service catchment areas
 - Pregnant women and adolescents and their infants 3 months of age or younger at high risk for low birth weight and infant mortality



HFA: Support for Implementation

- Pre-implementation materials:
 - Available through HFA
- Formal Support:
 - Available through HFA National Office
- Fidelity:
 - Measures are available
- Implementation Guides or Manuals:
 - Available through HFA website



HFA: Training Requirements

- Education:
 - Home visiting staff: high school diploma or equivalent, experience providing services to families, and knowledge of child development.
 - Supervisors and Program Managers: Bachelor's degree with three years prior experience.
- Training:
 - 4 full days for direct service staff, 5 days for supervisors
 - Two tracks: Parent Survey (assessment) and Integrated Strategies (home visiting)
 - Three day advanced clinical and reflective practice training for Supervisors



3. Homebuilders - Intensive Family Preservation and Reunification Services

www.institutefamily.org/programs_IFPS.asp



Homebuilders

- Homebuilders is a home- and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning.



Homebuilders

- **Target population:**
 - Homebuilders serves families who have children (0-18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services.
- **Dosage:**
 - Services are concentrated during a period of 4 to 6 weeks.
 - Families typically receive 40 or more hours of direct face-to-face services.
 - The Homebuilders practitioner is available to family members 24 hours per day, 7 days per week



Homebuilders: Goals

- Reduce child abuse and neglect
- Reduce family conflict
- Reduce child behavior problems
- Teach families the skills they need to prevent placement or successfully reunify with their children

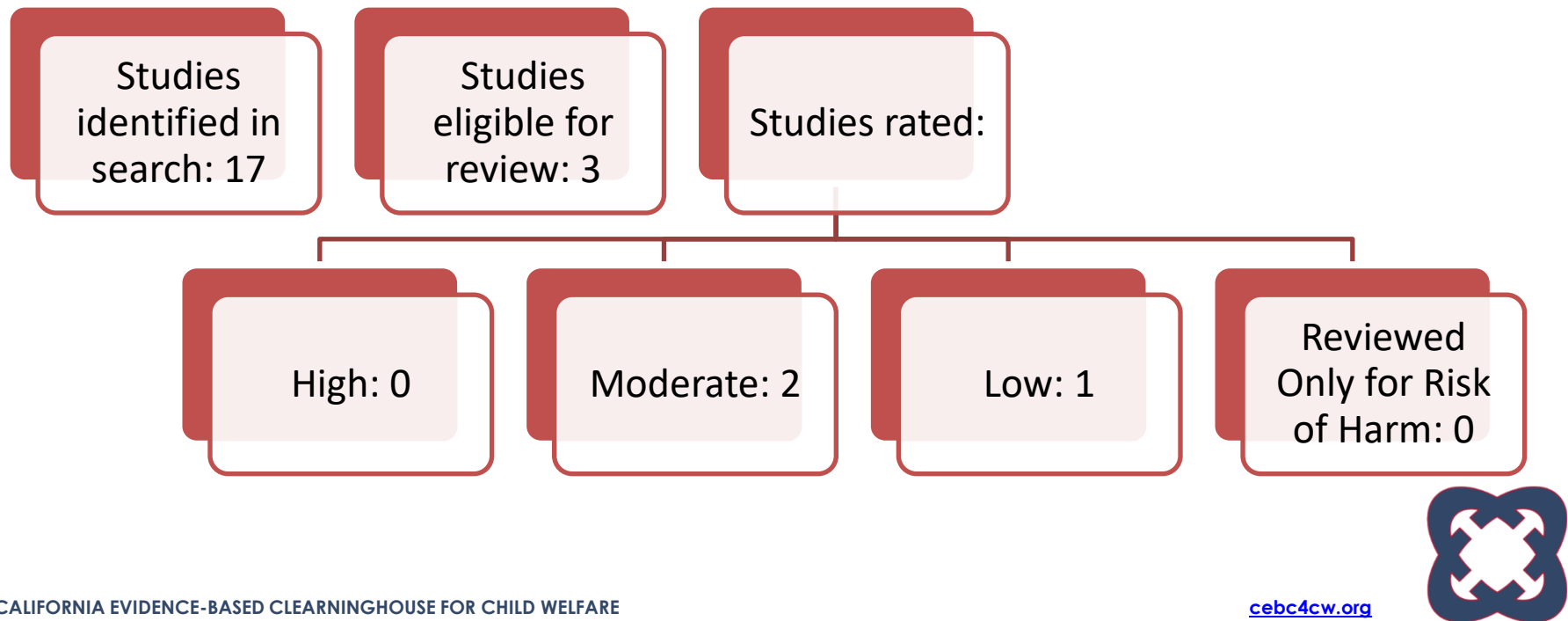


Homebuilders: Essential Components

- Engagement
- Assessment and Goal Setting
- Behavior Change
- Skills Development
- Concrete Services
- Community Coordination and Interactions
- Immediate Response To Referral
- Service Provided in the Natural Environment
- Caseload Size: two families at a time on average
- Flexibility and Responsiveness



Homebuilders: Extent of Evidence



Homebuilders: Child Findings

Child safety: Child welfare administrative reports

- Favorable: 0
- No Effect: 9
- Unfavorable: 0

Child permanency: Out-of-home placement

- Favorable: 3
- No Effect: 13
- Unfavorable: 2

Child permanency: Planned permanent exits

- Favorable: 4
- No Effect: 0
- Unfavorable: 0



Homebuilders: Adult Findings

Adult well-being: Parent/caregiver mental or emotional health

- Favorable: 0
- No Effect: 3
- Unfavorable: 0

Adult well-being: Economic and housing stability

- Favorable: 1
- No Effect: 11
- Unfavorable: 0



Homebuilders: Study Populations

- Race/Ethnicity examples:
 - 82.7% White
 - 55% Caucasian (not Hispanic), 43% African American (not Hispanic), 1% Hispanic, 1% Other
 - 47% Caucasian (not Hispanic), 42% African American (not Hispanic), 9% Hispanic, 2% Other
- Sample examples
 - Families eligible for family preservation services.
 - Children in foster care



Homebuilders: Support for Implementation

- Pre-implementation materials:
 - Assessment and Guide available from the Institute for Family Development
- Formal Support:
 - Available from Homebuilders quality enhancement and training (QUEST) division
- Fidelity:
 - Measures are available
- Implementation Guides or Manuals:
 - Available



Homebuilders: Training Requirements

- Education:
 - Therapist: Master's degree, or Bachelor's degree plus two years of experience working with families.
 - Supervisor: Master's degree, or Bachelor's degree plus two years of experience providing the program, plus one year supervisory/management experience.
- Training:
 - 5 days initial training, 8 days of intermediate/advanced training, and 7 additional days of training for supervisors.



4. Nurse-Family Partnership (NFP)

www.nursefamilypartnership.org



Nurse-Family Partnership (NFP)

- Nurse Family Partnership (NFP) is a home-visiting program that is typically implemented by trained registered nurses. The primary aims of NFP are to improve the health, relationships, and economic well-being of mothers and their children. Typically, nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning.



Nurse-Family Partnership (NFP)

- **Target population:**
 - First time, low-income mothers (adolescents and adults) and their infants. Mothers enroll early in their pregnancy (no later than the 28th week of gestation) and may continue with the program until their child turns two.
- **Dosage:**
 - NFP aims for 60 visits that last approximately 60-75 minutes each. During the first month after enrollment, nurses visit mothers weekly. After the first month, the visits continue on a biweekly basis or as-needed.



NFP: Goals

- For parents:
 - Enhance economic self-sufficiency and life-course development.
 - Develop a vision for future.
 - Plan future pregnancies.
 - Continue education and find work.
 - Improve pregnancy outcomes.
 - Engage in good preventive health practices including thorough prenatal care from healthcare providers.
 - Improve diet.
 - Reduce use of cigarettes, alcohol, and illegal substances.



NFP: Goals

- For children:
 - Improve safety
 - Improve health and development.



NFP: Essential Components

- Clients:
 - Voluntary
 - First-time expectant mothers (adolescents or adults)
 - Low-income
 - Enrolled early in pregnancy
 - High risk
- Intervention context:
 - Within a 1:1 therapeutic relationship with personal nurse
 - Visits occur at the client's home
 - Visit schedule per NFP program guidelines and client's needs

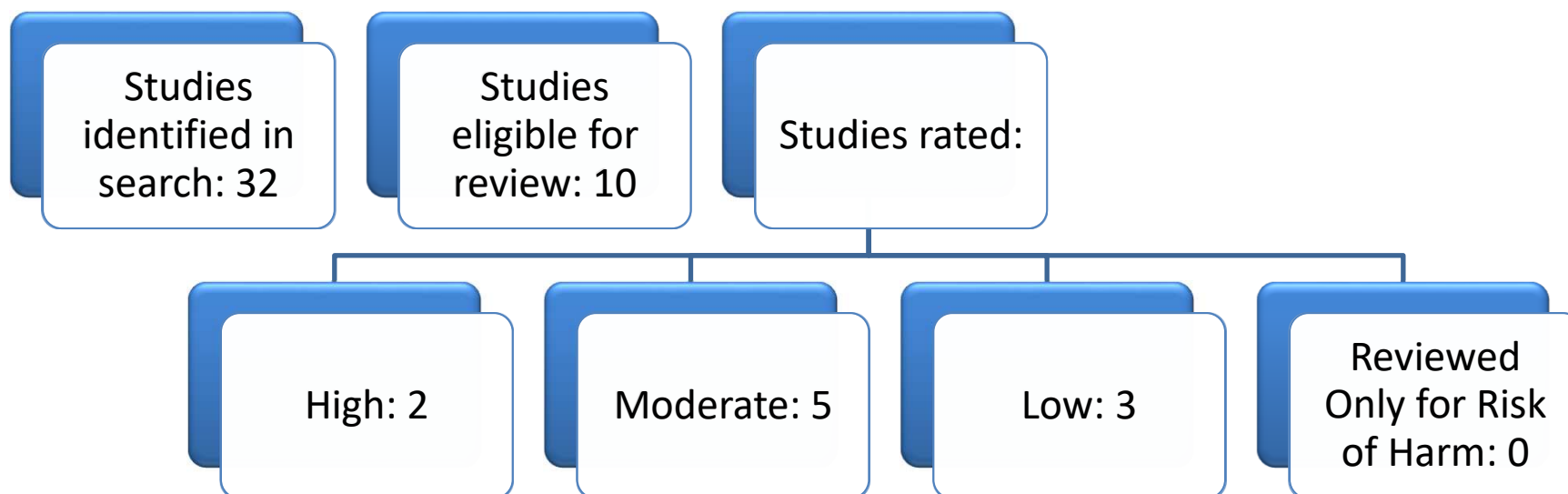


NFP: Essential Components

- Nurses
 - Use their judgment to apply the NFP visit guidelines across 6 domains:
 - Personal Health
 - Life Course Development
 - Family and Friends
 - Environmental Health
 - Maternal Role
 - Health and Human Services
 - Apply the three theories through current strategies:
 - Self-Efficacy
 - Human Ecology
 - Attachment
 - Carry manageable caseloads, between 25 and 30 families



NFP: Extent of Evidence



NFP: Summary of Child Findings

Child Safety: Child welfare administrative reports

- Favorable: 1
- No Effect: 0
- Unfavorable: 1

Child Safety: Maltreatment risk assessment

- Favorable: 0
- No Effect: 2
- Unfavorable: 0

Child Safety: Medical indicators of maltreatment risk

- Favorable: 0
- No Effect: 5
- Unfavorable: 5



NFP: Summary of Child Findings

Child well-being: Behavioral and emotional functioning

- Favorable: 0
- No Effect: 7
- Unfavorable: 0

Child well-being: Cognitive functions and abilities

- Favorable: 2
- No Effect: 11
- Unfavorable: 0



NFP: Summary of Child Findings

Child well-being: Physical development and health

- Favorable: 5
- No Effect: 11
- Unfavorable: 0

Child well-being: Educational achievement and attainment

- Favorable: 0
- No Effect: 4
- Unfavorable: 1



NFP: Summary of Adult Findings

Adult well-being: Positive parenting practices

- Favorable: 0
- No Effect: 1
- Unfavorable: 0

Adult well-being: Parent/caregiver mental or emotional health

- Favorable: 0
- No Effect: 8
- Unfavorable: 0

Adult well-being: Parent/caregiver substance use

- Favorable: 0
- No Effect: 3
- Unfavorable: 0



NFP: Summary of Adult Findings

Adult well-being: Family functioning

- Favorable: 0
- No Effect: 2
- Unfavorable: 0

Adult well-being: Parent/caregiver physical health

- Favorable: 0
- No Effect: 8
- Unfavorable: 0

Adult well-being: Economic and housing stability

- Favorable: 1
- No Effect: 11
- Unfavorable: 0



NFP: Study Populations

- Race/Ethnicity examples:
 - 45% Mexican American, 35% White non-Mexican American, 15% Black, and 3% American Indian/Asian
 - 88% White, 5.5% Mixed, 4.5% Black, 1.5% Asian, 0.5% Other
- Sample examples
 - Teenage first-time mothers eligible to receive publicly funded health and social care.
 - Recruited from clinics serving low-income women who had no previous live births and either qualified for Medicaid or had no private health insurance



NFP: Support for Implementation

- Pre-implementation materials:
 - Several are available from developer
- Formal Support:
 - Ongoing training is available from developer
- Fidelity:
 - Measures are available, and required to submit data
- Implementation Guides or Manuals:
 - Available from Nurse-Family Partnership National Service Office



NFP: Training Requirements

- Education:
 - Home visitors: Registered Nurse with a Bachelor's Degree in nursing
 - Supervisor: Registered Nurse with a Bachelor's Degree in nursing, with a Master's Degree in Nursing preferred
- Core Training:
 - Unit One: 20 hours of study (22 for supervisors)
 - Unit Two: 27 hours over 3 ¾ days of face-to-face education and experiential practice
 - Unit Three: Approximately 10 hours of additional distance education and a series of team-based, supervisor-led topical professional development modules



5. Parents as Teachers (PAT)

www.parentsasteachers.org



Parents as Teachers®



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Children's
San Diego

Chadwick Center
for Children & Families



Parents as Teachers (PAT)

- Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success.



Parents as Teachers (PAT)

- **Target population:**
 - Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years)
- **Dosage:**
 - Parent educators meet with families for about an hour at a time. The frequency of meetings can range from biweekly to monthly, based on need.
 - Sessions are typically held for one hour in the family's home, but can also be delivered in schools, child care centers, or other community spaces



PAT: Goals

- Increase parent knowledge of early childhood development and improve parenting practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and school success

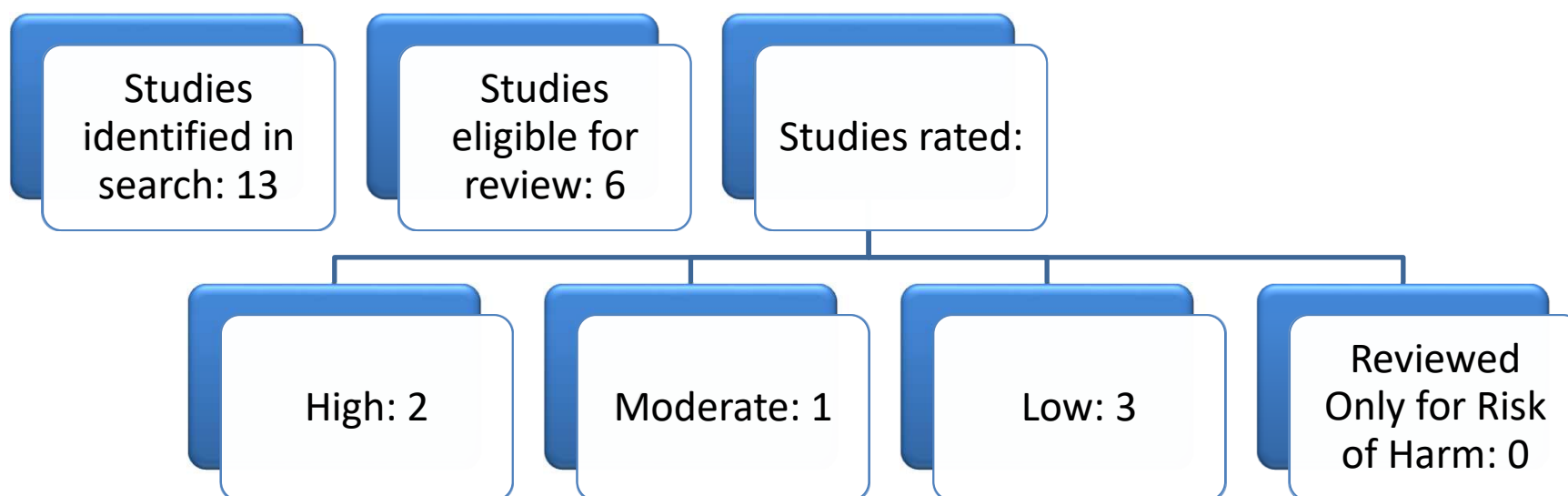


PAT: Essential Components

- The PAT model includes four core components:
 - personal home visits
 - supportive group connection events
 - child health and developmental screenings
 - community resource networks



PAT: Extent of Evidence



PAT: Summary of Child Findings

Child Safety: Child welfare administrative reports

- Favorable: 2
- No Effect: 2
- Unfavorable: 0

Child Permanency: Out-of-home placement

- Favorable: 0
- No Effect: 1
- Unfavorable: 0

Child Well-being: Social functioning

- Favorable: 3
- No Effect: 2
- Unfavorable: 1



PAT: Summary of Child Findings

Child well-being: Cognitive functions and abilities

- Favorable: 2
- No Effect: 10
- Unfavorable: 0

Child well-being: Physical development and health

- Favorable: 0
- No Effect: 3
- Unfavorable: 0



PAT: Summary of Adult Findings

Adult well-being: Positive parenting practices

- Favorable: 0
- No Effect: 1
- Unfavorable: 0

Adult well-being: Family functioning

- Favorable: 0
- No Effect: 8
- Unfavorable: 1

Adult well-being: Economic and housing stability

- Favorable: 0
- No Effect: 9
- Unfavorable: 1



PAT: Study Populations

- Race/Ethnicity examples:
 - 29.4 % White, 58.2% African American, and 12.4% Hispanic/Asian/Other
 - 80% Latina
- Sample examples
 - Socially high-risk families involved with child welfare services
 - Families with children no older than 6 months were recruited by program staff from the local WIC office, medical clinics and the school district.



PAT: Support for Implementation

- Pre-implementation materials:
 - Several are available from developer
- Formal Support:
 - PAT National Center provides ongoing technical assistance
- Fidelity:
 - Measures are available, and required to submit data annually
- Implementation Guides or Manuals:
 - Available from developer



PAT: Training Requirements

- Education:
 - High school degree or GED with two or more years of experience working with children and parents.
- Training:
 - three-day foundational training
 - two-day model implementation training



Which Program is the Best Fit for my Agency?



Poll:

What experience have you had implementing an EBP?



Why Careful Selection Matters

- The success and sustainability of an EBP begins with selecting the right one
- Negative consequences of adopting an inappropriate EBP



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Using the CEBC to Select & Implement Effective Programs



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Program Descriptions Include

- Scientific Rating & Child Welfare System Relevance Level
- Brief Description
- Target Population
- Essential Components
- Program Goals
- Manual & Training Availability
- Delivery Method, Intensity, & Duration
- Languages Available
- Resources & Requirements Needed to Run the Program
- Published Peer-Reviewed Research
- Contact Information





THE CALIFORNIA EVIDENCE-BASED
CLEARINGHOUSE

FOR CHILD WELFARE

Information and Resources for Child Welfare Professionals



Home



Program Registry



Implementation



Find Programs

Implementation-Specific Tools & Resources

Implementation Guide

Implementation Examples

[Home](#) <

Selecting & Implementing Programs

The goal of the CEBC Selecting & Implementing Programs section is to provide guidance and resources about the implementation of Evidence-Based Practices (EBPs).



Tools & Resources



Guide to Selecting &
Implementing EBPs



Implementation
Examples



Guide to Selecting & Implementing EBPs

- Background on Evidence-Based Practice
- Overview of the EPIS Framework
 - **E**xploration
 - **P**reparation
 - **I**mplementation
 - **S**ustainability
- Detailed Description of EPIS Phases
- Putting it all Together



Key Steps in Exploration

- Form an Implementation Team
- Explore the Problem
- Conduct a Needs Assessment
- Identify Potential Solutions
- Determine Program Fit
- Contact Program Developers
- Create a Written Summary



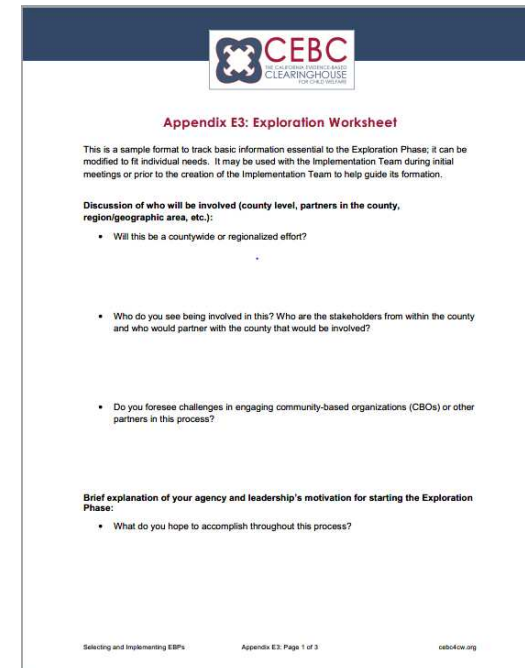
Implementation Teams

- Ensures purposeful, proactive, and effective implementation
- Members should include:
 - Senior level administration
 - Managers
 - Front line staff
 - Parent and/or youth representation
 - Stakeholders



Explore the Problem

- Identify key aspects
 - Target population
 - Time frames
 - Locations
- Use root cause analysis as needed



The screenshot shows a worksheet titled "Appendix E3: Exploration Worksheet" from the CEBC Clearinghouse. It includes a header with the CEBC logo and text. The main body contains a paragraph explaining the purpose of the worksheet, followed by a section titled "Discussion of who will be involved (county level, partners in the county, region/geographic area, etc.):" with three bullet points. The first bullet point asks if the effort will be countywide or regionalized. The second asks who will be involved and who the stakeholders are. The third asks if there are challenges in engaging community-based organizations. Below this is a section titled "Brief explanation of your agency and leadership's motivation for starting the Exploration Phase:" with one bullet point asking what the agency hopes to accomplish. At the bottom, there is a footer with the text "Selecting and Implementing EBPs", "Appendix E3: Page 1 of 3", and "cebc4cw.org".

CEBC
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Appendix E3: Exploration Worksheet

This is a sample format to track basic information essential to the Exploration Phase; it can be modified to fit individual needs. It may be used with the Implementation Team during initial meetings or prior to the creation of the Implementation Team to help guide its formation.

Discussion of who will be involved (county level, partners in the county, region/geographic area, etc.):

- Will this be a countywide or regionalized effort?
- Who do you see being involved in this? Who are the stakeholders from within the county and who would partner with the county that would be involved?
- Do you foresee challenges in engaging community-based organizations (CBOs) or other partners in this process?

Brief explanation of your agency and leadership's motivation for starting the Exploration Phase:

- What do you hope to accomplish throughout this process?

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Ask Why 5 Times

Why are children re-entering care? New reports to CWS – substance abuse, arrests

Why? Parents had issues with AOD at initial entry to care


Why? Parents were themselves in CWS.
Lack of social support after leave CWS

Why? Drop out from Aftercare Services

Why? Lack of engagement and follow-up



Conduct Needs Assessment



Appendix E4: Identifying and Clarifying the Problem

What is the primary problem? (2-3 sentences)

What data do you have to help understand the problem and its causes?

What do you think the main factors are that drive it?

What are you currently doing to address the problem?

Using the existing data, review the following areas:

Target Population

- Who is affected?
- What are the ages of the children impacted?
- Is it disproportionately impacting certain racial or ethnic groups or other specific demographic groups (special needs, medically fragile, etc.)?


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- **Examine** your community and client population and your agency goals
- **Identify gaps or barriers** in current services
- **Develop a plan** to move in a more evidence-based direction



Identifying Potential Solutions

- Identify key terms related to the problem
- Match key terms with CEBC topic areas
- Summarize potential programs or changes to current services



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Appendix E6: Identifying Potential Solutions

List key words that describe the program you are looking for:


List the relevant CEBC topic areas to examine (<http://www.cebc4cw.org/search/topic-areas/>):

List of Potential Programs – Using the table on the next page, fill in the basic information from the CEBC as a starting point for discussion. List one program per row. Feel free to make copies of the table if more than two programs are being considered.



CEBC Selection Guide for EBPs in Child Welfare

- Discussion questions for each domain
- Practical strategies on using the CEBC website to address each domain
- Real world examples



Appendix E7: CEBC Selection Guide for EBPs in Child Welfare

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) was designed to provide clear and concise information about practices that are commonly used in child welfare. Each practice is rated for both the level of scientific evidence as well as its relevance to child welfare. Selecting a practice that is a good fit with one's organization goes beyond choosing a practice that is scientifically rated a "1" on the website. This guide is designed to assist child welfare professionals in selecting which practices to implement in their agency. The information in this guide is based on the work of Trisha Greenhough and her colleagues, who conducted a systematic literature review that addressed the question: "How can we spread and sustain innovations in health service delivery and organization?" Using the key findings of this review, we have designed a guide to help make critical decisions about selecting a practice for implementation.

Please note that there is an Implementation Information section in the CEBC Program Description for each program that is rated a 1, 2, or 3 on the CEBC Scientific Rating Scale. The section includes information on Pre-Implementation Materials, Formal Support for Implementation, Fidelity Measures, and Implementation Guides. These are additional items that may be helpful to consider when comparing different programs for selection.

This Guide is meant to assist in leading discussion about the selection process. It is suggested that it be used in conjunction with the Selection Guide Worksheet (Appendix E8) to note information from the discussion on each of the practices being considered.


Ease of Use

Key Questions:

- How complex is the program?
- How easily will the key players be able to understand the practice?
- Will the complexity make it more difficult to describe the practice to stakeholder and key internal and external partners?
- Can the program be broken down into smaller, more manageable parts for implementation?

CEBC Program Description Sections to Review:

- Essential Components
- Recommended Parameters (Duration and Intensity)
- Identified Resources Necessary to Implement Program
- Education and Training Resources



Appendix E8: Selection Guide Worksheet

Use the following information discussed while reviewing the CEBC Selection Guide (Appendix E7).

Program Name:	Program Name:	Program Name:



Domains to Consider in the Selection Process

- Ease of Use
- External Compatibility
- Financial Considerations/
Relative Advantage
- Internal Compatibility
- Knowledge Requirements
- Match of Skill Set
- Observability of Benefits
- Reinvention/ Adaptability
- Risk
- Training/Support
- Trialability

Reference: Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: Systemic review and recommendations. The Millbank Quarterly, 82(4), 581- 629.



Example: External Compatibility

Key Questions:

- How compatible is the practice with the beliefs and values of the local community and clients?
- Is the practice compatible with the referral sources currently in place in the community – will they feel comfortable referring clients to it?



Example: Financial Considerations / Relative Advantage

Key Questions

- What financial resources to fund the practice exist, both in the short and long term?
- What is the cost for initial and ongoing training and consultation?
- Does the practice have a clear advantage for the organization, in terms of efficiency or cost efficiency, compared to what is currently being done?



Example: Addressing Match of Skill Set

Key Questions

- What education level or pre-existing skill set is required for staff?
- How does this fit with the existing workforce in the community?
- Are staff with the appropriate skill set/education level available to recruit?



Create a Written Summary

- Document how the team came to its decisions
- Create a plan with next steps (overlap with Preparation Phase)



Implementation Issues and Solutions

- Common barriers
- Fidelity
- Adaptation



Can We Adapt an EBP?

- Determine if there's a need to adapt prior to program adoption
- Consider trying to adhere to the original model first. The proposed changes may be unnecessary.
- Use **caution** when adapting as it may affect outcomes
- Adaptation **may** be needed to increase program fit & likelihood of sustainment
 - **Work with Program Developer** to ensure adaptations have no unintended consequences.

(Bertram & Kerns, 2019; Chambers, Glasgow, & Strang, 2013; Castro, Barrera, & Holleran Steiker, 2010; Morawska et al., 2011; Morawska et al., 2012; Stirman et al., 2012)

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EBP Adaptations by Risk Level

Green Light Changes

- Usually minor
 - Made to increase receptivity, and participation of the community
 - May include program names, updated & relevant statistics, or tailored language, pictures, cultural indicators, scenarios, and other content
-

Yellow Light Changes

- Typically add or modify intervention components & contents (deletion)
 - May include substitution activities, adding activities, changing session sequence, shifting or expanding the primary audience, changing the delivery format, changing who delivers the program
-

Red Light Changes

- Changes to program core / essential components
- May include deleting core components, cutting the program timeline, cutting the program dosage



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What Happens Next?

- Survey and certificate in the chat now
- Recording and resources available within two days
- Register for the Review of Well-Supported Substance Abuse Programs on April 28!
- Watch your inbox for the next issue of *CalTrin Connect*

Stay connected for more free training & resources



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