





NAWRS Virtual Workshop

The Family First Prevention Services Act:
A Two-Part Series from Introduction to Implementation

Part Two: Moving To Application

Sponsored by


Thriving Communities Built on Human Potential

WWW.APHSA.ORG @APHSA1

1

Our Vision

Thriving Communities Built on Human Potential



Our Mission

American Public Human Services Association advances the well-being of all people by influencing modern approaches to sound policy, building the capacity of public agencies to enable healthy families and communities, and connecting leaders to accelerate learning and generate practical solutions together.

Because We Build Well-Being from the Ground Up



www.aphsa.org @aphsa1

2

We Aim to:

Influence integrated and outcome-focused policy and practice to advance system-level transformation in H/HS.

Build knowledge and capacity in the field that enables Value Curve Progression and fosters the desired outcomes.

Connect members, peer communities, and partners with each other to accelerate learning and generate solutions together.



Washington DC Metro Area

3

a little about...

NAWRS



NAWRS is a non-profit association whose purpose is to promote the exchange of ideas on how research and statistical analysis can contribute to the development and administration of effective human services programs.



Get Involved! Sign up for the [NAWRS Mailing List](https://nawrs.org/na-wrs-mailing-list/) at nawrs.org



Follow us on Twitter @NAWRSWorkshop

4

Upcoming NAWRS Virtual Workshops

Look for dates soon:

A Conversation with SNAP Directors in the time of COVID-19

Machine Learning in Human Services Contexts

Cross-System Collaboration to Serve Justice-Involved Clients

Get Involved! Sign up for the [NAWRS Mailing List](https://nawrs.org/na-wrs-mailing-list) at nawrs.org

 Follow us on Twitter @NAWRSWorkshop

Thank you to our sponsors, APHSA and PCG!



5

Contributors



LEANNE HEATON, PHD

Senior Researcher, Chapin Hall at the University of Chicago



CHRISTINE FORTUNATO

Senior Social Science Analyst, Office of Planning, Research and Evaluation, Administration for Children and Families, HHS



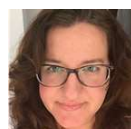
VERONICA BURROUGHS

Project Manager, Ohio Department of Job and Family Services



DORI SNEDDON

Child Welfare Program Specialist, Office on Child Abuse and Neglect, Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, HHS



LATISHA YOUNG

Program Manager, Arkansas' Division of Children and Family Services



SARAH KAYE, PHD

Kaye Implementation & Evaluation, LLC



LAUREN ANTELO

Associate Director, Office of Regional Operations, Administration for Children and Families, HHS



MEG DYGERT

Policy Associate, Child Welfare and Family Well-Being, American Public Human Services Association

6

Polling Question

What type of organization do you represent?

- Local government
- State/Tribal government
- Federal government
- Nonprofit/community-based organization
- Research firm
- University



7

National Association for Welfare Research and Statistics

The Family First Prevention Services Act: Moving to Application

Leanne Heaton, PhD, Senior Researcher

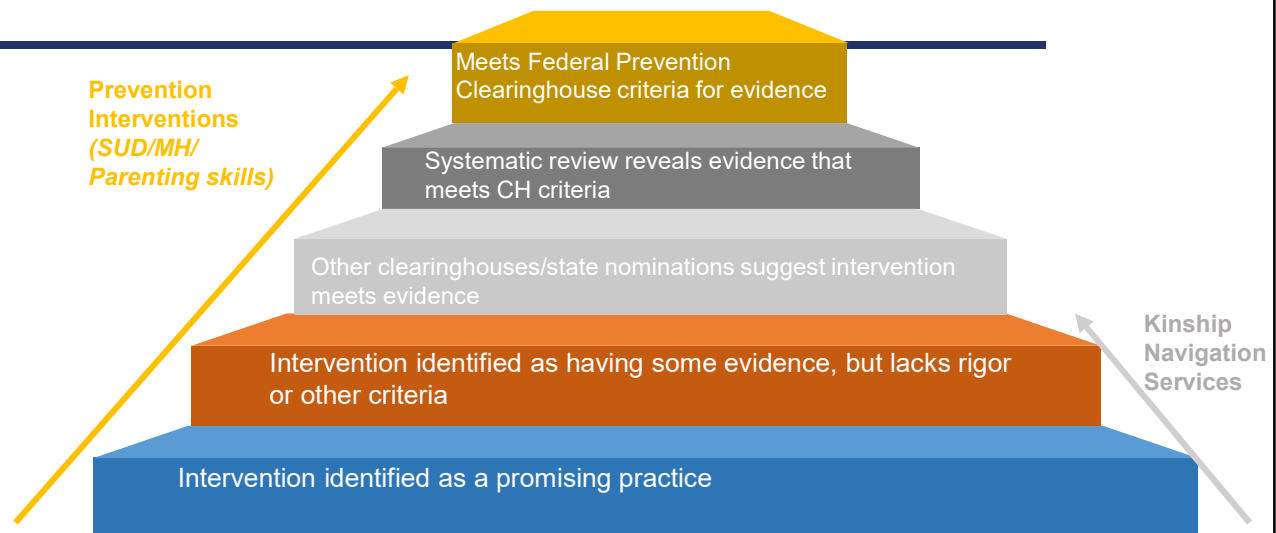
Miranda Lynch, MS, Policy Fellow

8

Goals of this presentation

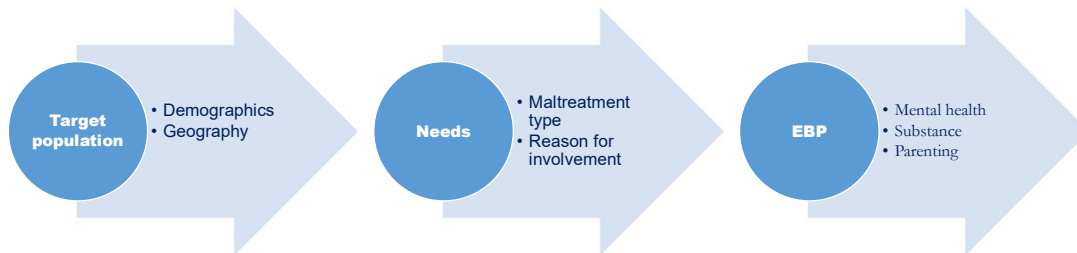
- To discuss how states have approached the requirements for Kinship Navigation and Prevention Plans.
- To share information on the approaches states have used to develop the evidenced-based programs/services (EBP) portion of their Prevention Plans, including important decisions points.
- To highlight key implications for delivery and evaluation of human services programs.

Context of EBP Exploration



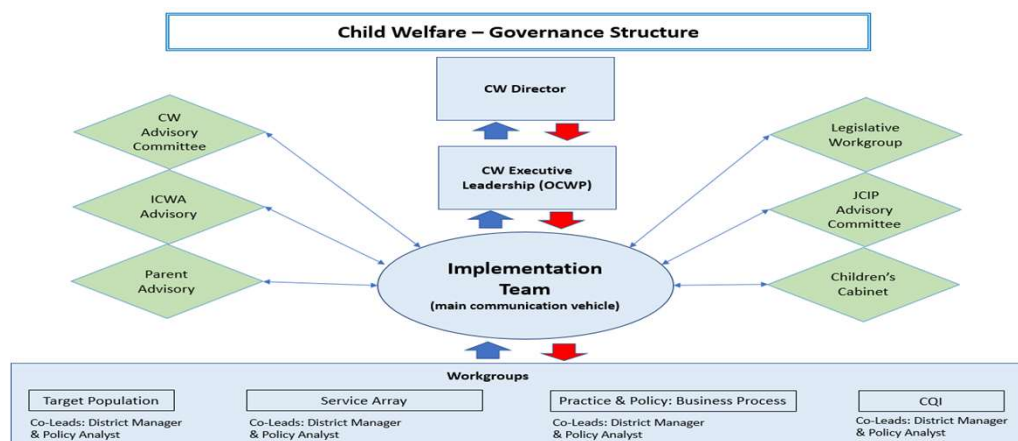
Data-driven approach to EBP selection

Identification candidates at risk for foster care and alignment with the right EBP to remain safely at home



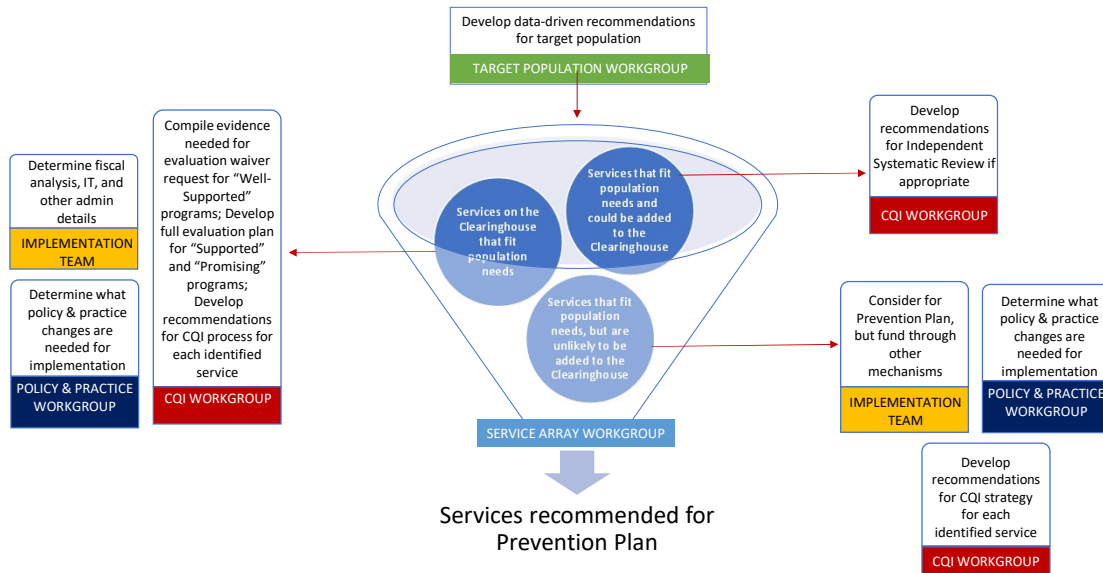
11

Lead by cross-jurisdictional and collaborative governance structure



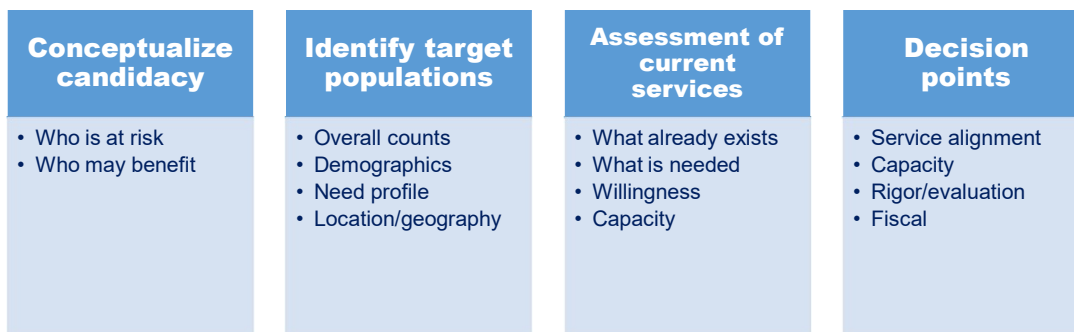
12

Informed by collaborative teaming and decision-making



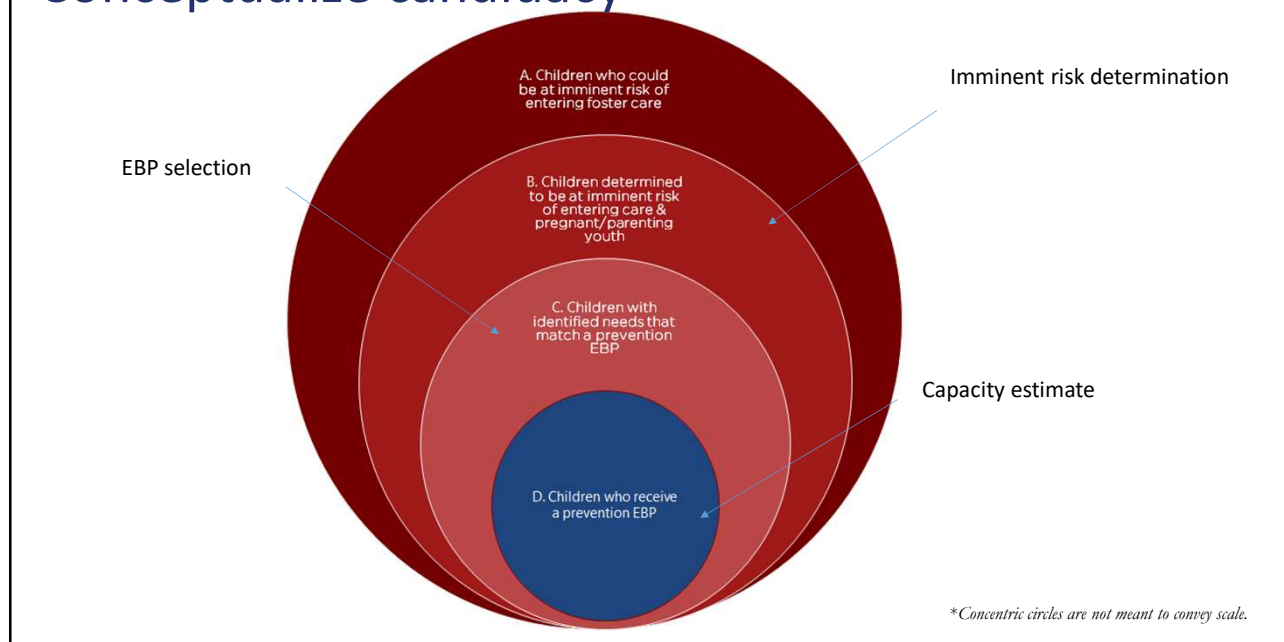
13

Systematic methodology

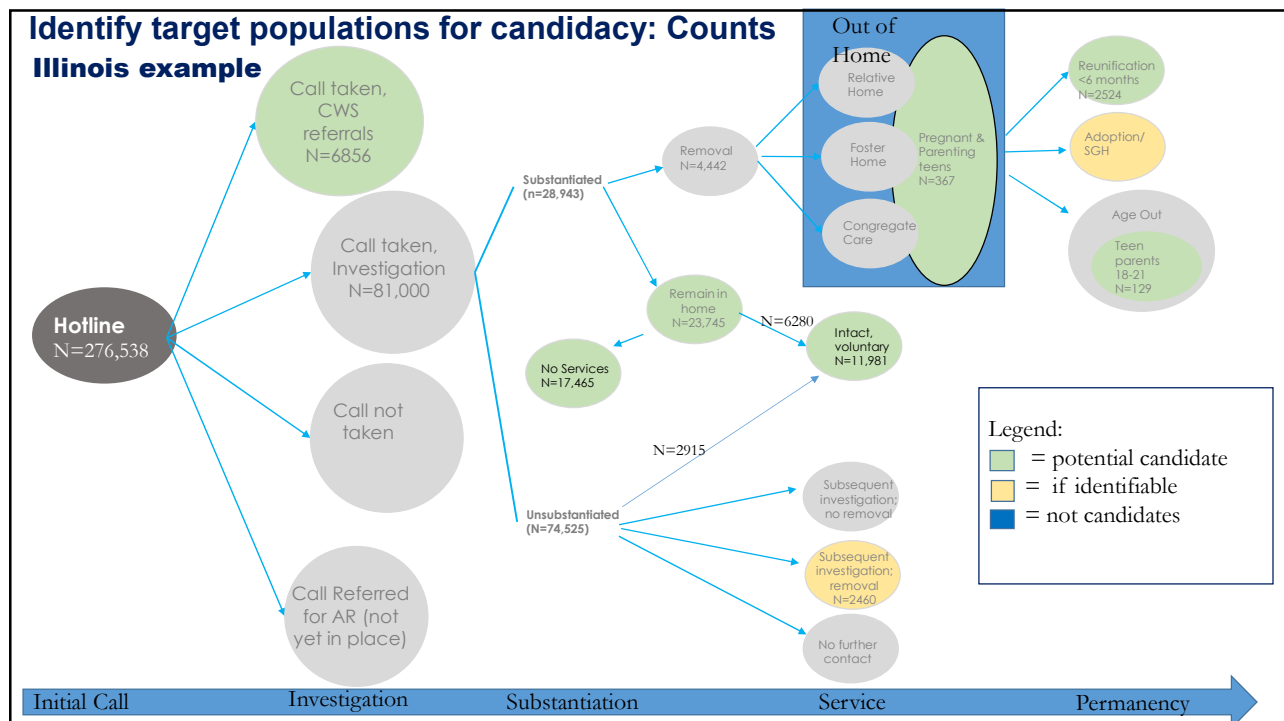


14

Conceptualize candidacy

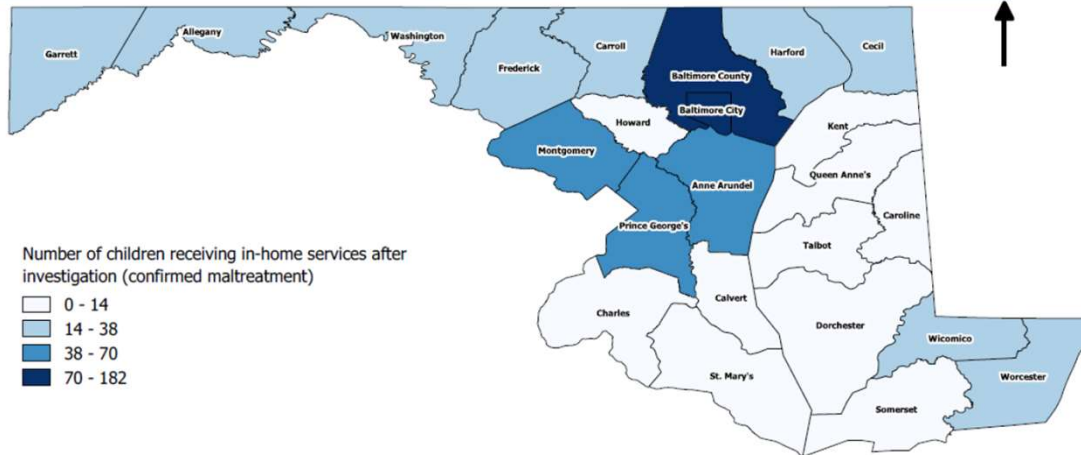


15



16

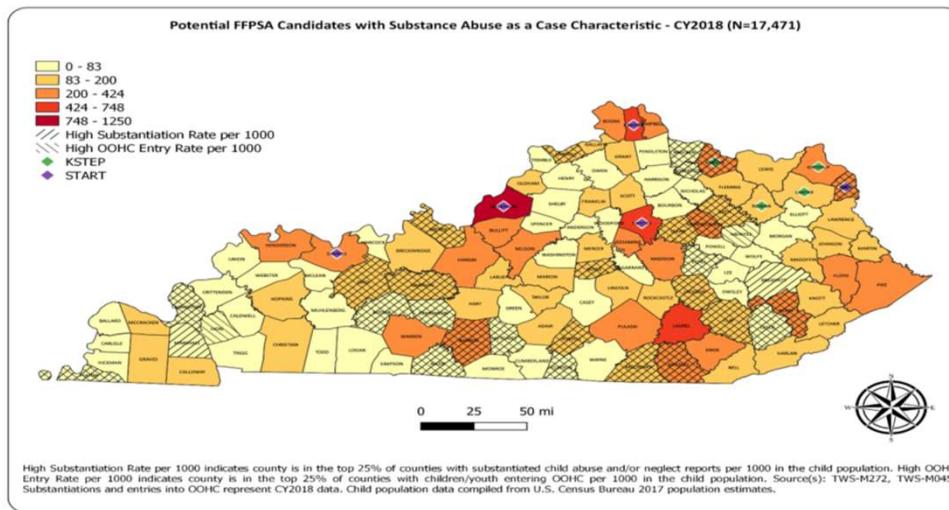
Geographic distribution of potential candidates: Maryland example



 **CHAPIN HALL**
AT THE UNIVERSITY OF CHICAGO

17

Geographic distribution of potential candidates with substance abuse need: Kentucky example

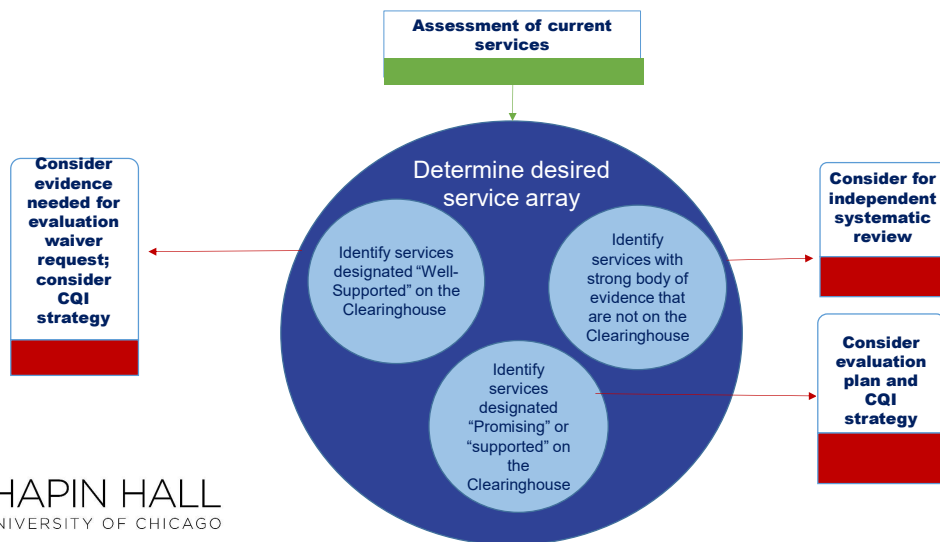


18

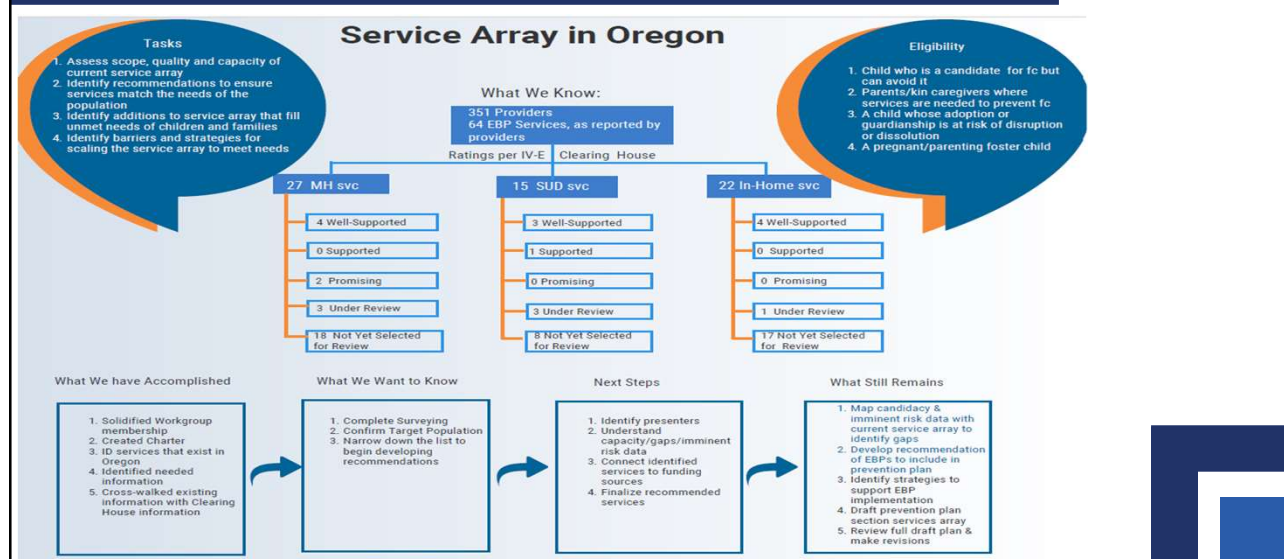
Assessment of current services: Provider readiness and capacity



Assessment of current services to inform desired service array

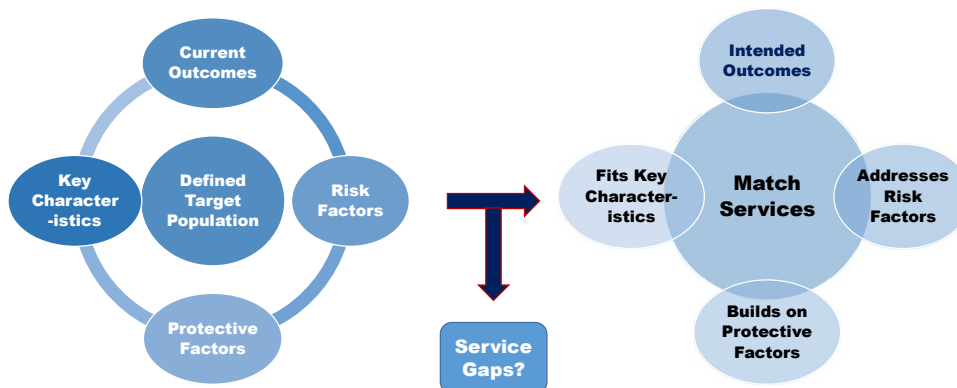


Assessment of current services: Oregon example



21

Decision points: Alignment of target populations with EBP service array



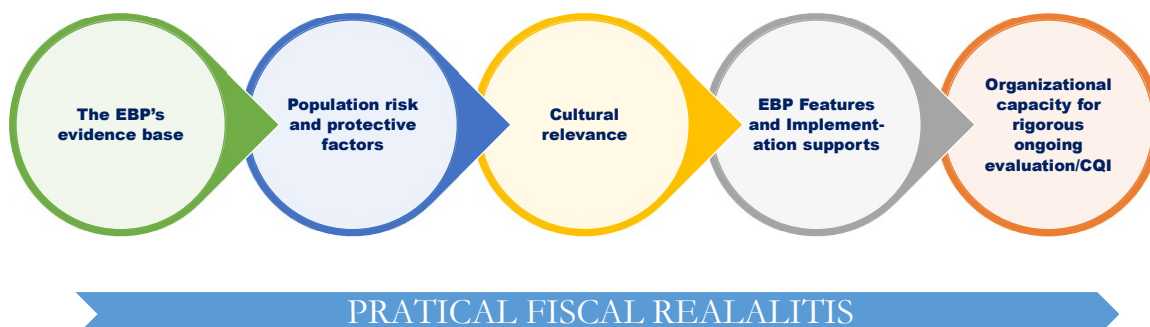
22

Decision points: Alignment of target populations with EBP service array: Maryland example

Program Description	Target Age and Clients	Targeted Outcomes/ Select Program Goals	Jurisdictions	
Nurse Family Partnerships (NFP) is a home-visiting program where nurses provide support related to individualized goal setting, preventative health practices, parenting skills and educational and career planning, based on the needs/requests of the parent. Targets young, first time low income mothers from early pregnancy through the child's first two years.	<input checked="" type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-11 <input type="checkbox"/> 12-17 <input type="checkbox"/> 18+	Child Well-Being, Family Well-Being . Improve pregnancy outcomes by promoting health-related behaviors . Improve child health, development and safety by promoting competent care-giving . Enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment	<input type="checkbox"/> Allegany <input type="checkbox"/> Anne Arundel <input type="checkbox"/> Baltimore <input checked="" type="checkbox"/> Baltimore City <input type="checkbox"/> Calvert <input checked="" type="checkbox"/> Caroline <input type="checkbox"/> Carroll <input checked="" type="checkbox"/> Cecil <input type="checkbox"/> Charles <input type="checkbox"/> Dorchester <input type="checkbox"/> Frederick <input checked="" type="checkbox"/> Garrett	<input checked="" type="checkbox"/> Harford <input type="checkbox"/> Howard <input type="checkbox"/> Kent <input type="checkbox"/> Montgomery <input type="checkbox"/> Prince George's <input checked="" type="checkbox"/> Queen Anne's <input type="checkbox"/> St. Mary's <input type="checkbox"/> Somerset <input type="checkbox"/> Talbot <input type="checkbox"/> Washington <input type="checkbox"/> Wicomico <input type="checkbox"/> Worcester
	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> Group			
Program Description	Target Age and Clients	Targeted Outcomes/ Select Program Goals	Jurisdiction	
Multisystemic Therapy (MST) is an intensive family and community-based treatment for serious juvenile offenders with possible substance abuse issues and their families. Targets youth, 12 to 17 years old, with possible substance abuse issues who are at risk of out-of-home placement due to antisocial or delinquent behaviors <i>Funded by DJS and DHS/SSA, depending on location.</i>	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-11 <input checked="" type="checkbox"/> 12-17 <input type="checkbox"/> 18+	Child Permanency, Child Well-Being, Family Well-being . Eliminate or significantly reduce the frequency and severity of the youth's referral behavior(s) . Empower parents with the skills and resources needed to: (a) Independently address the inevitable difficulties that arise in raising children and adolescents, and (b) Empower youth to cope with family, peer, school, and neighborhood problems	<input type="checkbox"/> Allegany <input type="checkbox"/> Anne Arundel <input checked="" type="checkbox"/> Baltimore <input type="checkbox"/> Baltimore City <input type="checkbox"/> Calvert <input type="checkbox"/> Caroline <input type="checkbox"/> Carroll <input type="checkbox"/> Cecil <input type="checkbox"/> Charles <input type="checkbox"/> Dorchester <input checked="" type="checkbox"/> Frederick <input type="checkbox"/> Garrett	<input type="checkbox"/> Harford <input type="checkbox"/> Howard <input type="checkbox"/> Kent <input checked="" type="checkbox"/> Montgomery <input type="checkbox"/> Prince George's <input type="checkbox"/> Queen Anne's <input type="checkbox"/> St. Mary's <input type="checkbox"/> Somerset <input type="checkbox"/> Talbot <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Wicomico <input type="checkbox"/> Worcester
	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Family <input type="checkbox"/> Group			

23

Decision points: Standing up new EBPs, Investment in current EBPs, or both



24

Decision points: Implications

- **Workforce** – What workforce will be needed to conduct risk assessment, determine candidacy, develop a prevention plan, monitor, connect child/family to EBP, etc.?
- **Technology** – What IT system modifications will be necessary to capture and document assessment of imminent risk, candidacy determination, facilitate prevention planning, measure child and family outcomes, evaluate EBPs and conduct CQI?
- **Fiscal** – What are the immediate and long term costs and/or savings with investments in title IV-E prevention services? How will state provide its 50% of services and administrative costs?
- **Capacity** to deliver evidence based interventions – Are public system or community based delivered interventions available in sufficient numbers to serve the identified population? What are the prospects for building capacity in the short term and over time?



25



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

**Division of Children
& Family Services**

26

Evaluation Approach

- Writing the 5 Year Plan
- Evaluation Decision Points
 - Who could do the evaluation?
 - Which programs did we want evaluated?
 - Only FFPSA approved services?
 - All prevention services?
 - What limitations do we have?
 - To try and meet the clearinghouse standards or to not meet the clearinghouse standards?
 - The interaction between CQI and Evaluation

27

Current Programs for Evaluation

Family First Evidence-based Programs

- Family Centered Treatment
- YVIntercept
- SafeCare
- Triple P

28

Evaluation Questions

Child Safety Outcomes

- Will families served by (program) have reduced entry into foster at 6, 12, 18, and 24 months following completion of the intervention as compared to a propensity matched comparison sample?
- Will families served by (program) have reduced entry into foster care during the treatment period for (program) and propensity-matched non-(program) families? The sample for this research question will include families who were not involved with (program) as a reunification case.
- Will families served by (program) have reduced true findings and/or open cases after program closure at 6, 12, 18, and 24 months following completion of the intervention as compared to a propensity-matched comparison sample?

Permanency Outcomes

- Will families served by (program) have increased permanency at 6, 12, 18, and 24 months following completion of the intervention as compared to a propensity-matched comparison sample? The sample for this research question will include families who were involved with (program) as a reunification case to see if (program) families were more likely to be reunified than propensity-matched non-(program) families.

Well-Being Outcomes

- Will families served by (program) have increased family functioning from entry into to exit from protective services as compared to a propensity-matched comparison sample?
- Will families served by (program) have increased well-being from entry into to exit from foster care compared to a propensity-matched comparison sample of children who were reunified with their family? The sample for this research question will include families who were involved with (program) as a reunification case to see if (program) supported the child's well-being compared to propensity matched non-(program) children

29

CQI questions

Process Research Questions

- ❖ To what degree were the (program's) tools used to adequately identify changes needed to improve family functioning?
- ❖ To what degree was sufficient structure provided to families to guide them to complete tasks to meet their goals?
- ❖ To what extent were families able to learn to recognize and value their improved behaviors?
- ❖ To what extent do families have the capacity to handle crises independently of DCFS and other external parties?
- ❖ To what extent are families satisfied with the support they received from the FCT provider?

Outcome Research Questions

- ❖ To what extent are children of participating families able to remain safely in their own homes?
- ❖ To what extent do children have improved behavioral and emotional functioning?
- ❖ To what extent have parenting practices improved?
- ❖ To what extent has family functioning improved?

30

Lessons Learned

and what we still don't know!

31

For more information:

Latisha Young

In-Home Program Manager

Arkansas Department of Human Services
Division of Children and Family Services
700 Main St. | Little Rock, AR 72201

(501) 682-8866

(501) 428-7160 (cell)

Latisha.young@dhs.arkansas.gov

32

OhioKAN Evaluation

Paving the Way Toward Evidence-Based Practice



33

OhioKAN Collaborative Partners

Setting OhioKAN up for Success

Project Leadership Team

Ohio Department of Job and Family Services
Kinnect, Program Administration
Chapin Hall, Implementation Support
JetPack, Branding and communications
Kaye Implementation & Evaluation, Evaluation

OhioKAN Advisory Groups

OhioKAN Design Team
OhioKAN Implementation Team
OhioKAN Evaluation Advisory Team
Regional Advisory Councils

Evaluation Team

Kaye Implementation & Evaluation,
Evaluation Lead
Health Services Research Institute,
Service Mapping
James Bell Associates, Evaluability
Assessment

Evaluation Advisory Team

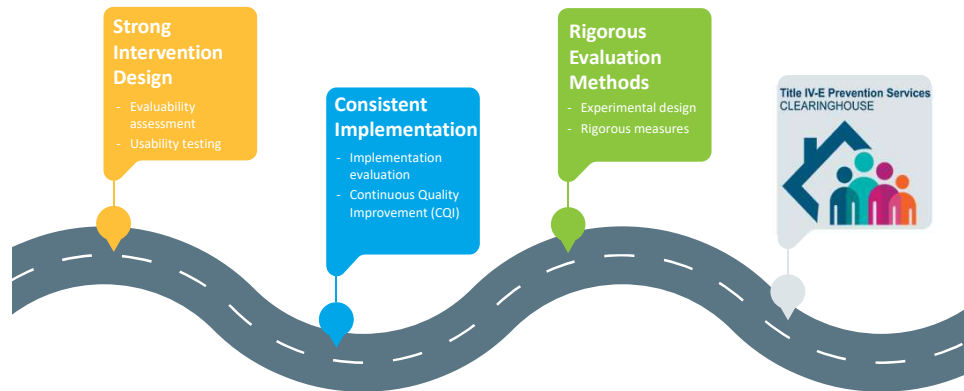
Adopt America Network
Bowling Green University
Case Western University
Casey Family Programs
CHS Associates
Lorain County Office on Aging
Ohio State University

34

34

Developmental Approach to OhioKAN Evaluation

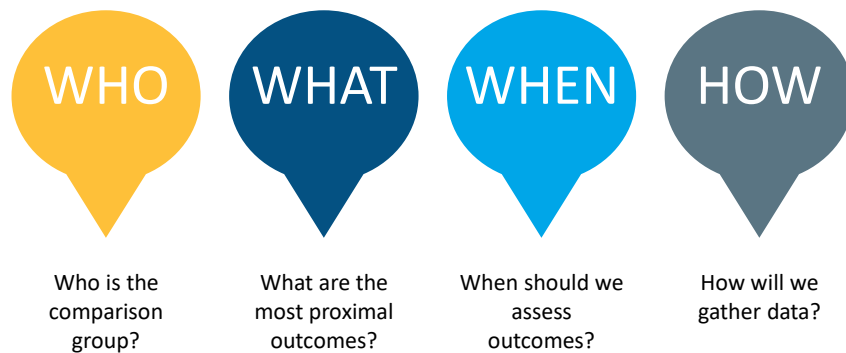
Setting OhioKAN up for Success



35

Evaluation Design Decision Points

Planning for a Strong Evaluation



36

36



WHO is the comparison group?

1. Oriented the evaluation advisory team to Clearinghouse design standards
2. Considered design confounds for multiple possible comparison groups
3. Identified strengths and limitations of each design option
4. Adjusted implementation plan to allow for experimental design

37

37



WHAT are the proximal outcomes?

1. Developed a theory of change that linked problem statement with practices and outcomes
2. Mapped activities and outcomes to FFPSA target outcomes
3. Critically reviewed research literature on outcomes of other programs
4. Prioritized most proximal outcomes

38

38

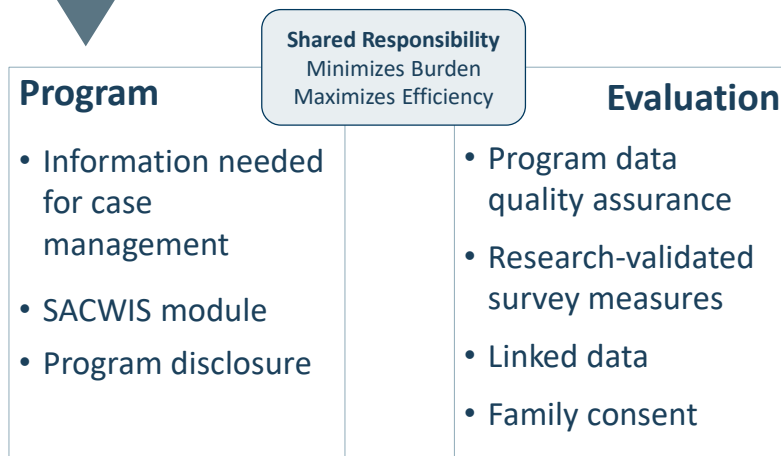
WHEN should we assess outcomes?

- Baseline at start of services (direct pre-test)
- Late enough for families to experience benefit of intervention
- Early enough to minimize attrition

39

39

HOW will we gather data?



40

40

Staged Statewide Implementation

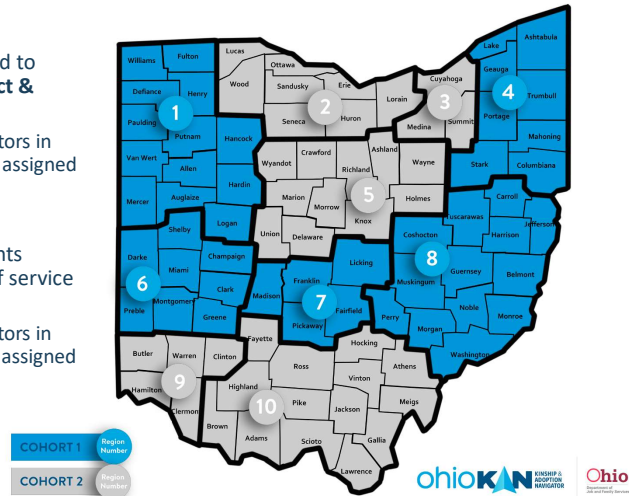
An Opportunistic Experiment

Cohort 1 randomly selected to implement **Inform, Connect & Collaborate** first

All families and Navigators in blue regions randomly assigned to intervention group

Cohort 2 initially implements **Inform & Connect** levels of service of OhioKAN

All families and Navigators in grey regions randomly assigned to control group

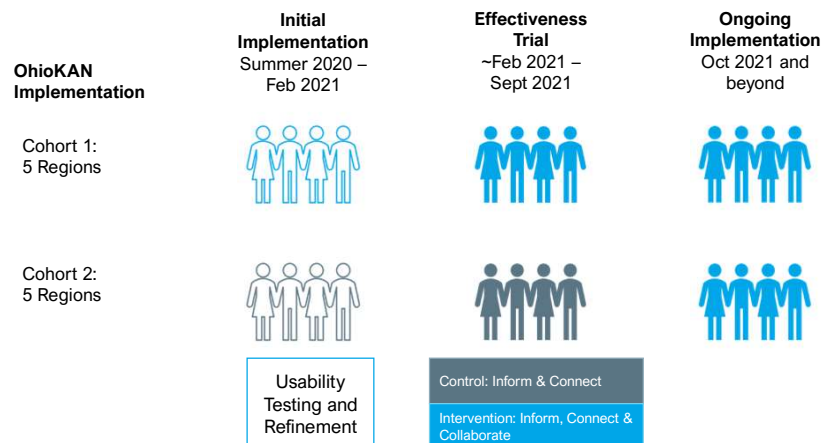


41

41

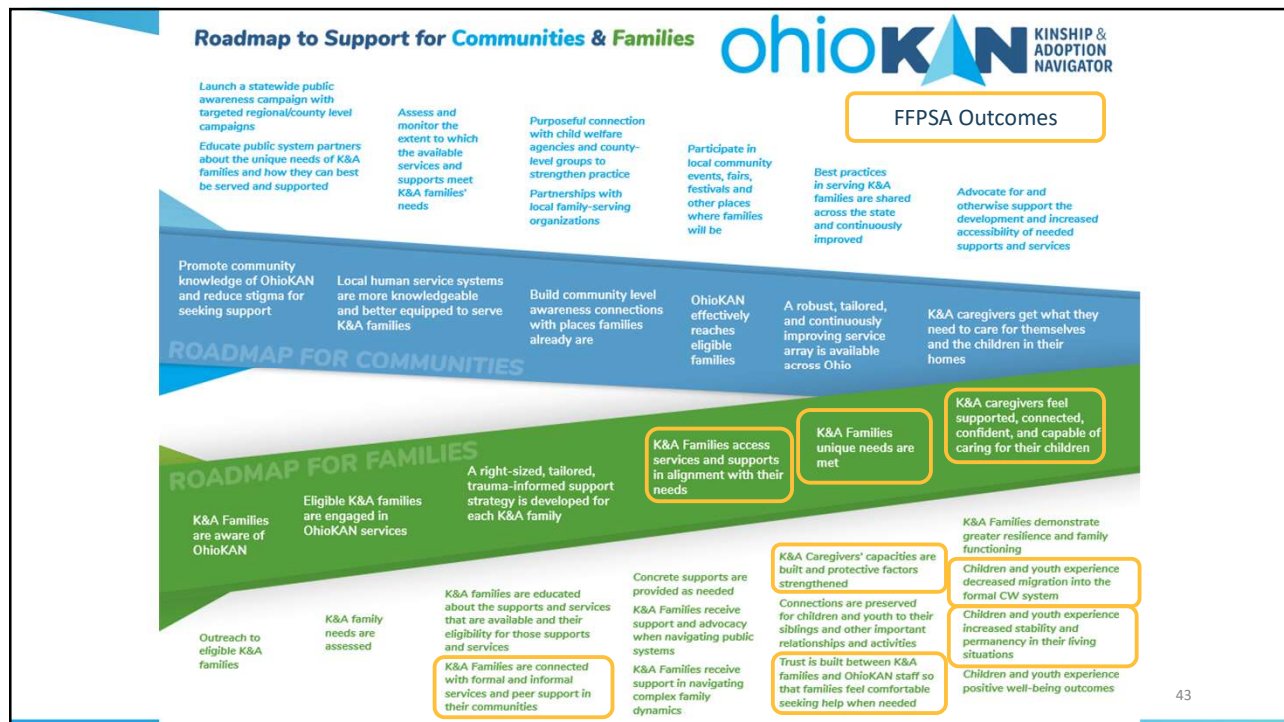
Type 1 Hybrid Implementation-Effectiveness Design

Cluster Randomized Control Trial (RCT)



42

42



43

Contact Information

Veronica Burroughs
OhioKAN Project Manager
Ohio Department of Job and Family Services
<https://jfs.ohio.gov/ocf/>
veronica.burroughs@jfs.ohio.gov

Julia Donovan
OhioKAN Program Director
Kinnect
<https://ohioKAN.kinnectohio.org/>
julia@kinnectohio.org

Sarah Kaye
OhioKAN Evaluation Principal Investigator
Kaye Implementation & Evaluation
www.kayeimplementation.com
sarah@kayeimplementation.com

ohioKAN

44

44



Thank You!

For more opportunities for engagement visit us here:



Get Involved! Sign up for
the [NAWRS Mailing List](#)
at nawrs.org
Follow us on Twitter
[@NAWRWorkshop](#)



Visit us at
APHSA.org
Follow us on Twitter
[@APHSA1](#)