Advancing Evidence-based Policy and Programs in Pennsylvania’s Child Welfare System

Pennsylvania Children & Youth Administrators
Spring Quarterly Meeting
State College, PA
April 1, 2011

Liz Campbell, Intervention Programs Coordinator
EPISCenter, Prevention Research Center
Pennsylvania State University
Today’s Goals

- Describe the infrastructure in place to support EBPs in Pennsylvania

- Highlight the benefits of EBIs
  - Cost-savings for Pennsylvania taxpayers
  - Impact on placement rates
  - Outcomes for youth & families

- Identify sustainability challenges
THE GOALS:

- Prevent dependency, delinquency, youth violence and SA to the greatest degree possible (narrowing the “funnel”)
- Intervene effectively with youth for whom primary prevention is not sufficient (reducing further system penetration)
- Allow communities flexibility to select strategies that best meet local needs
- Provide accountability and use scarce resources efficiently
To improve outcomes, we must bridge the gap between science and practice

*Pennsylvania’s Approach*: Create sustained, community-wide public health impact through effective community coalitions using proven-effective programs targeted at strategically identified risk and protective factors
Programs can be placed along a continuum of "proof" of effectiveness.

Promising Approaches
"We really think this will work...but we need time to prove it"

Evidence-based
"This program has been rigorously evaluated and shown to work"

Best Practices
"We've done it and we like it"

Research-based
"This program is based on sound theory informed by research"

Great confidence

No confidence

How confident are we that this program is a good use of our resources AND improves outcomes?
Pennsylvania’s 15-Year Leadership

- 1994 – ‘Communities That Care’ delinquency prevention community planning brought to PA. – led by J.C.J.C. and P.C.C.D.
- 1996 – PCCD helped fund a project at the Center for the Study and Prevention of Violence at U. of Colorado to identify effective violence prevention programs → Blueprints for Violence Prevention
- 1998 – Pennsylvania first state to fully adopt ‘Blueprints for Violence Prevention’
- 2001 – $20 million state budget for CTC and evidence-based prevention
- 2008 – Creation of the Resource Center for Evidence-Based Programs and Practices, including the EPISCcenter, Quality Improvement Initiative (Qii), and a multi-agency steering committee

- Nearly 200 EBP’s funded since 1998 (+~200 through other sources)
- Strong emphasis on implementation quality & fidelity, impact assessment, and sustainability planning
- Infrastructure to support dissemination and funding of EBPs
Resource Center
for Evidence-based Prevention and Intervention Programs and Practices

Multi-Agency Steering Committee (PCCD, JCJC, DPW, PDE, BDAP)

Support to Community Prevention Coalitions
Support to Evidence-based Programs
Identification of Local Innovative Programs and Practices

A unique partnership between policymakers, researchers, and communities to bring science to bear on issues of public health and public safety
Interagency EBI Meetings

- Regular meetings of representatives from EPISCenter, PCCD, OCYF, and OMHSAS Children’s Bureau

- Goal: Interagency collaboration to support providers of EBIs - Share information, engage in planning, and address issues related to funding, sustainability, implementation quality, and site monitoring
1. Outreach & advocacy re. the value and impact of EBPs
   • Feb. 15th Senate Judiciary Committee Hearing
2. Provide TA to communities to improve implementation quality, promote collection & use of program impact data, foster proactive sustainability planning

• TA related to:
  • Model information
  • Program start-up
  • Referral challenges
  • Funding sources
  • Communicating effectively with stakeholders
  • Data collection
  • Addressing inconsistencies

• Develop tools for outcome and implementation data collection and utilization (Performance Measures)
3. Develop resources, provide educational opportunities, & facilitate peer networking to disseminate current prevention research science

- Manualize implementation within PA context
- Create economies of scale & learning communities
- Quarterly provider networking meetings (FFT, MST, MTFC)
Conduct original research to inform more effective prevention practices and the successful dissemination of EBPs

- Develop and test new models for training, coaching, adaptation, and dissemination
Pennsylvania continues its commitment to advancing evidence-based programs and has developed a strong infrastructure to support its EBP initiative.

We’re committed to supporting your efforts:

- To reduce placements
- To improve outcomes for system-involved youth
- To prevent delinquency and dependency
Number of Counties with EBIs

- 3 EBIs
- 2 EBIs
- 1 EBI

<table>
<thead>
<tr>
<th>Year</th>
<th>3 EBIs</th>
<th>2 EBIs</th>
<th>1 EBI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evidence-Based Programs = Savings for Tax Payers

## 2010 Pennsylvania Cost Savings

*based on 2008 cost-benefit assessment by The Prevention Research Center, Penn State*

<table>
<thead>
<tr>
<th>Program</th>
<th>B-C per youth (2007 $)</th>
<th>Youth Discharged, 2010</th>
<th>Potential Economic Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFT</td>
<td>$32,707</td>
<td>1,175</td>
<td>$38,430,725</td>
</tr>
<tr>
<td>MST</td>
<td>$16,716</td>
<td>1,822</td>
<td>$30,456,552</td>
</tr>
<tr>
<td>MTFC</td>
<td>$79,331</td>
<td>34</td>
<td>$2,697,254</td>
</tr>
</tbody>
</table>
2010 Pennsylvania savings related to placement costs = $4.5 Million

- Conservative estimate of savings, based on 3,345 youth enrolled in EBIs in 2010
In Pennsylvania, approximately 40% of youth ages 10-17 who are in care are in a restrictive placement (residential or group home).

Compared 10 counties who have not had an EBI in the past five years to 10 counties that began an EBI between 2007 and 2009.
Impact on Placement Rates

Percent of Youth In Care, ages 10-17, In a Restrictive Placement on March 31

- Counties without an EBI (n=10)
- Counties that initiated an EBI in '07, '08, or '09 (n=10)
Collected by the EPISCenter from all EBIs at four points in time (end of each quarter in 2010)

Starting in 2011, data will be collected through INSPIRE, an on-line data warehousing system
  • Greater consistency and reliability
  • Standardized reports available to sites
1,661 youth served in 2010

- 28% referred by CYS
- 11% would have been placed out of home otherwise
- 68% successfully discharged\(^a, b\)
- 5% placed out-of-home \(^a\)

\(^a\) Of youth who had an opportunity for the full course of treatment (i.e., were not administratively discharged)

\(^b\) “Success” is defined differently for each program, based on the clinical model
FFT Data Highlights, 2010

FFT Behavioral Outcomes at Discharge (n=1175)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percent of Discharged Youth (Successful and Unsuccessful)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No new criminal charges during tx</td>
<td>95%</td>
</tr>
<tr>
<td>Remained drug-free*</td>
<td>73%</td>
</tr>
<tr>
<td>Improved school attendance*</td>
<td>60%</td>
</tr>
<tr>
<td>Improved school performance*</td>
<td>60%</td>
</tr>
<tr>
<td>Parents/caregivers exhibited desired change</td>
<td>80%</td>
</tr>
<tr>
<td>Parents/caregivers improved parenting skills</td>
<td>71%</td>
</tr>
</tbody>
</table>
2,397 youth served in 2010

- 43% referred by CYS
- 67% would have been placed out-of-home otherwise
- 81% successfully discharged $^a$
- 12% placed out-of-home $^a$

$^a$ Of youth who had an opportunity for the full course of treatment (i.e., were not administratively discharged)
MST Data Highlights, 2010

MST Behavioral Outcomes at Discharge
(n=1822)

Percent of Discharged Youth
(Successful and Unsuccessful)

- No new criminal charges during tx: 87%
- Remained drug-free*: 79%
- Improved school attendance*: 79%
- Improved school performance*: 80%
- Improved family functioning: 74%
MTFC Outcomes

- 54 youth served in 2010
  - 60% referred by CYS
  - 76% were at imminent risk of being placed in a more restrictive setting
  - 68% successfully discharged
  - 13% placed in residential facilities

\(^a\) Of youth who had an opportunity for the full course of treatment (i.e., were not administratively discharged)
MTFC Data Highlights

MTFC Behavioral Outcomes at Discharge (n = 34)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No new criminal offenses during tx</td>
<td>97%</td>
</tr>
<tr>
<td>Decreased antisocial behavior</td>
<td>71%</td>
</tr>
<tr>
<td>Improved overall behavior</td>
<td>68%</td>
</tr>
<tr>
<td>Remained drug-free*</td>
<td>100%</td>
</tr>
<tr>
<td>Improved school attendance*</td>
<td>71%</td>
</tr>
<tr>
<td>Improved school performance*</td>
<td>73%</td>
</tr>
</tbody>
</table>

*Only reported for youth who were identified with this problem at enrollment.
EBIs are saving communities money

As a whole, counties implementing EBIs are seeing a decrease in placement rates

EBIs are demonstrating strong outcomes in Pennsylvania
Program sustainability is affected by:

- **Implementation Quality**
- **Provider-Stakeholder Relationships**
- **Number of Youth Served**
  - FFT – 90+ per year
  - MST – 35+ per year
  - MTFC - ~20 per year
- **Funding**
  - Medical Assistance
  - OCYF Special Grants – January 2011 letter
  - Other county funding
Questions?

Liz Campbell
EPISCenter
Intervention Programs Coordinator
(717) 233-1350, emc20@psu.edu

www.episcener.psu.edu
Thank You!

Evidence-based Prevention and Intervention Support Center
Prevention Research Center, Penn State University
206 Towers Bldg.
University Park, PA 16802
(814) 863-2568
episcenter@psu.edu
www.episcenter.psu.edu