



Scaling a Program from Innovation to Evidence



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February 1, 2017*



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We have no financial relationships to disclose.



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Learning Objective: 1

- To equip participants with an understanding of the framework and tools necessary to scale and transform a traditional mandated service delivery system into a family centered, flexible, responsive, sustainable, evidence based system of care inclusive of a full front end continuum.



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Learning Objective: 2

- To learn the core principles of practice, values and collaborative strategies necessary to successfully engage communities in building sustainable Systems of Care.



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Learning Objective: 3

- To understand how youth driven, family centered, strength based engagement techniques and inclusion positively impact outcomes by fostering a culture of youth and family voice and choice and peer to peer support networks.



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Learning Objective: 4

- To learn strategies to establish the efficacy and fidelity of wraparound in mandated Systems of Care through a review of empirical evidence, data and successful outcomes.



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Learning Objective: 5

- To understand the implementation and research process and findings that resulted in the successful outcomes of Brevard C.A.R.E.S. and the C.A.R.E.S. (National Replication) Evidence Based Practice status.



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“The Secret of Change Is To Focus All Of Your Energy, Not On Fighting the Old, But On Building The New.”

Socrates



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History of Florida Privatization

Florida State Legislative Mandate 1998

Entire State Must Privatize by 2004

Single Community Based Care Provider by Area

Formation of: “Lead Agencies”
Foster Care and Related Services

Excluding:
Child Protective Investigations
Hotline
Child Welfare Legal Services



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Florida Privatization Legislative Intent

Customize & Design a System of Care to Reflect the Unique Needs of Local Community

Promote Community Ownership/Involvement
"It Takes a Village.."

Leverage Public Private Partnerships

Improve Outcomes for Children and Families



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2004: Brevard Local Priorities Privatization: Child Welfare System of Care

- Implement an aggressive, front-end prevention and diversion program.
- Establish a single (unified) case-management model.
- Utilize Family Team Conferencing.
- Create an emergency response system.
- Become nationally accredited.
- Maintain caseloads below a ratio of 1:20.
- Ensure Brevard's children remain in Brevard.



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2005: Implement Aggressive, Front-end Prevention and Diversion

Pre Privatization

- 1,530 children in care; children entered care due to a lack of alternative levels and options;
- No front end continuum, centralized tracking or case management of families receiving prevention/diversion services;
- No mechanism for immediate access to needed services - service funding ran out before year-end; and
- The system was operating with a growing deficit.



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Implement Aggressive, Front-end Prevention and Diversion

Post Privatization


- Development of Brevard C.A.R.E.S. model;
- A new level on the continuum of care including:
 - Intensive care coordination, Wraparound and care management;
 - Immediate access and the same array of services are made available to C.A.R.E.S. families as those in dependency.
- Anti-stigma campaign;



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Anti Stigma Campaign

- Strategic effort to de-stigmatize the child welfare system;
- Promoting a “family centered approach” *its okay to ask for help without fear of reprisal*;
- Creation of a separate/new identity;
- County wide prevention & diversion program;
- Youth driven, family centered with former consumers as staff;
- To divert families from deeper system involvement in child welfare, juvenile delinquency and mental health systems;




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Implement Aggressive, Front-end Prevention and Diversion

AFTER

- Full front end continuum of care;
- Delinquency youth safely diverted from entry;
- Tertiary support, alumni programs and care management for families exiting the system and;
- Expansion to other at risk populations: Homeless Families, Head Start, Child Welfare Present Danger;
- Relative Caregiver and Post-Adoption Support provided.




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Wraparound Principles To Support Family Centered Practice

- Strength Based
- Family Centered
- Individualized
- Community Focused
- Whatever it Takes Approach
- Team Driven
- Outcome Oriented
- Least Restrictive & Intrusive
- Culturally Competent
- Natural Resources and Supports





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Wraparound Family Team Conferencing





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Flexible Support Services

- Alumni Support and Services
- Anger Management Group
- Assessments and Evaluations
- Basic Needs
- Batterers Intervention
- Behavior Management
- *Brief Strategic Family Therapy*
- Camp
- Child-Parent Psychotherapy
- Clinical Consultation
- Cognitive Behavioral Therapy
- Crisis Intervention Child Care
- *Dialectical Behavior Therapy*
- Diversion Services
- Domestic Violence Services
- Early Childhood Services
- Educational Stabilization
- Family Therapy
- Family Support
- Faith Based Services
- Family Preservation Services
- Father specific groups/service/support
- Flex Funding
- *Functional Family Therapy*



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Flexible Support Services

- Individual Therapy
- *Intensive Care Coordination*
- Intensive Family Services
- Mentoring
- Mobile Response
- *Nurturing Parenting*
- Outreach to Families
- Parenting Groups
- Parent Support and Advocacy
- Post Adoption Services
- Prevention and Diversion
- Reactive Attachment Therapy
- Respite
- Social Skills Groups
- Specialized After School Programs
- Substance Abuse Counseling
- Suboxone Treatment
- Therapeutic Recreation
- Tutoring
- *Trauma Focused Cognitive Behavioral Therapy*
- Trauma Treatment /Recovery Services
- Therapeutic/Supervised Visitation



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**Family Engagement & Inclusion
Approach to Ensuring Shift in Practice**

- Family engagement and family-driven practice is a core value of the model.
- All staff and community partners are trained in Wraparound Family Team Conferencing and Family Driven Practice, including youth and family engagement strategies.
- Youth and Family Partners as staff and alumni leaders to ensure a youth and family-driven system exists and aftercare is available.



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**Family Engagement & Inclusion
Approach to Ensuring Shift in Practice**

- All partners and practitioners sign an attestation, agreeing to adhere to the core values of the SOC.
- The Wraparound Observation Form is used to measure adherence to Family Driven Practice and coach and build continued competency in Wraparound Facilitators.
- Family satisfaction surveys are administered throughout the process to ensure model drift does not occur.



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Family Engagement & Inclusion Approach to Ensuring Shift in Practice

- Early engagement of the family beginning with a strength and cultural discovery in an informal setting at the preference of the family.
- Identification and inclusion of informal supports who know the family best are identified.

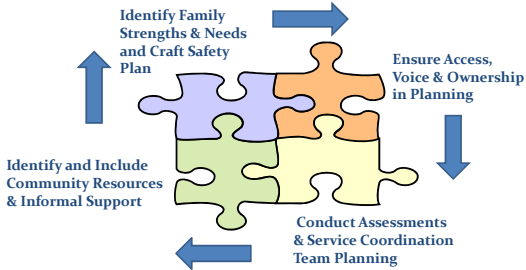


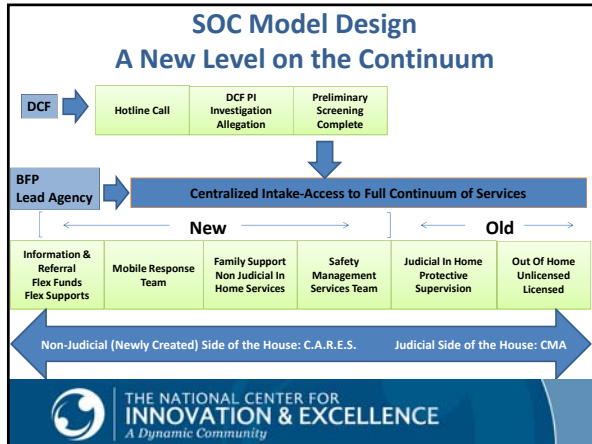
Family Engagement & Inclusion Approach to Ensuring Shift in Practice

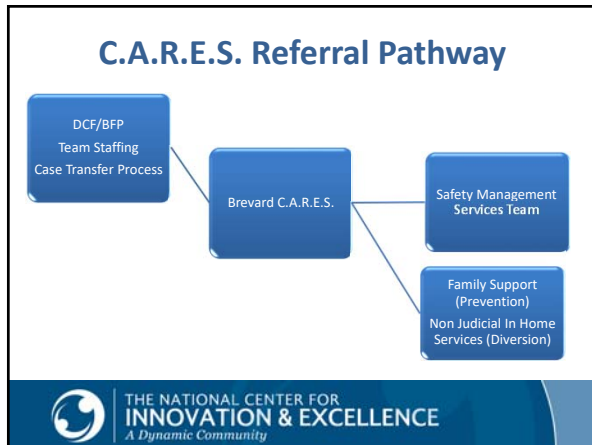
- The Family vision statement of, "Life will be better when..." as outcome and goal is established.
- Use of youth and family partners as peer role models.
- Consumer involvement and voice on all levels of system from policy to practice.

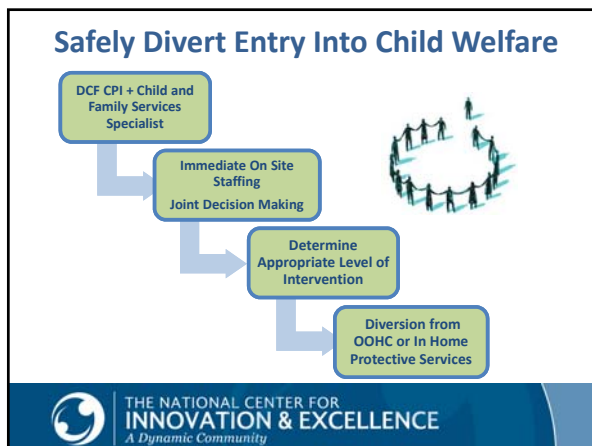


Family Engagement & Inclusion Approach to Ensuring Shift in Practice

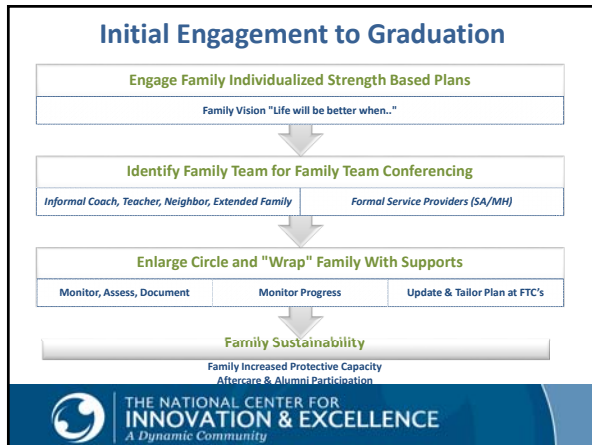


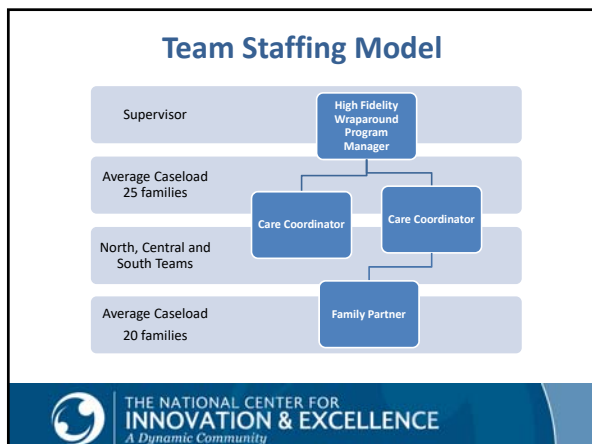















Recidivism Data FY 2015-2016

Families Remaining Together!

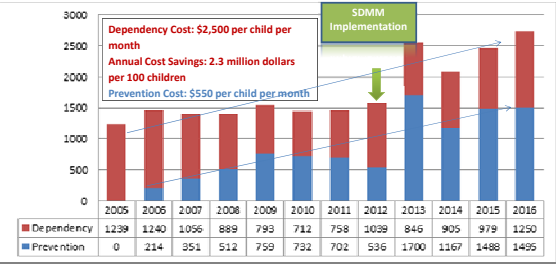
- 6 month follow up=94%
- 12 month follow up=92%
- 18 month follow up=94%
- 24 month follow up=92%




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Prevention and Diversion Census 2005-2016



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Dependency	1239	1240	1096	889	793	712	758	1039	846	905	979	1250
Prevention	0	214	351	512	759	732	702	536	1700	1167	1488	1456



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Safety Decision Making Methodology: DCF Statewide Child Welfare Transformation

Improve and permanently change business practices and provide consistent safety decision making;

- Reduce re-investigations and re-abuse;
- Make systems integration and technology improvements for efficiency;
- Maintain a professionalized and stabilized workforce; and
- Achieve higher quality casework and better outcomes for children and families.



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Cost Differential

- The cost differential on average for the diversion population of children and youth is \$550 per child per month through Brevard C.A.R.E.S. vs. \$2,500 per month once in the judicial system.
- The average cost of serving a youth and their family through C.A.R.E.S. costs \$6,600 per year as compared to \$30,000 per year once placed in the child welfare system.



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Cost Comparison: Prevention Vs. Dependency

A Minimal Investment to Keep Families Together

- 100 children
\$550 per month= \$660,000
- 500 children
\$550 per month= \$3.3 million
- 1000 children
\$550 per month= \$ 6.6 million

- 100 children
\$2,500 per month= \$3 million
- 500 children
\$2,500 per month= \$15 million
- 1000 children
\$2,500 per month= \$30 million



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Positive Outcomes

- Improved child safety and decreased trauma from removal
- Increased family engagement
- High rate of satisfaction
- Reduction in number of children in dependency
- Reduction of costs and reinvestment and capacity-building
- Reduced recidivism



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C.A.R.E.S. Study: Background

- In 2008, Brevard Family Partnership saw the number of families and children in Brevard County’s state dependency program continually dropping. Hypothesis: reduction was due to the success of the newly implemented Brevard C.A.R.E.S. model.
- AED (now FHI 360) to conduct an evaluation of the Brevard C.A.R.E.S. model.



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Phase I Study

- In 2009, AED conducted a comparison analysis using the existing tracking database. However, the results were positive but not statistically significant.
- In the meantime, Brevard C.A.R.E.S. made modifications to their tracking database, switching the unit from families to children and adding variables such as severity level and type of abuse.
- Brevard C.A.R.E.S. and AED conducted a second evaluation taking advantage of the modified database.



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Phase II Study

Objective:

- To demonstrate that the reduction in the number of families in state dependency care was directly related to the implementation of the Brevard C.A.R.E.S. model program.



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Internal Comparison Analysis

- The database tracked demographic, participation, and outcome data for a total of 308 children.
- The groups were divided by participants that completed C.A.R.E.S. and those that were referred but did not receive services.
- They were coded as C.A.R.E.S and Non-C.A.R.E.S.



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Outcome Variable

- PPN defined the outcome indicator as children not experiencing physical, psychological or emotional abuse.
- The database tracked the number of children without verified abuse reports after 6 months and coded it as No Verified Abuse.
- The data for No Verified Abuse was collected from the Florida Safe Families Network (FSFN).



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Control Variable

- The primary independent variable used in the analysis was Intake Level, which included 3 levels that were used to determine case priority.
- The Intake Level was determined by a families history of prior reports, level of need, severity of abuse, and notoriety; low, moderate or high.



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Control Variable

- A close examination of the data indicated that among cases coded as Level 2, only 3 of the 30 cases reported abuse outcomes (a very small fraction of data).
- An internal discussion with C.A.R.E.S. determined that Levels 1 and 2 were similar enough to be combined for the analysis, thus creating a binary variable.



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Internal Comparison

- 308 children participated
- Primary Independent Variable-Intake Level
- Intake Level was determined by families prior abuse report history, level of need, severity of abuse and notoriety.
- Represented Levels 1, 2 and 3.
- Recidivism checked at 6 months in the Florida State Automated Database.



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C.A.R.E.S. Study



High Fidelity Wraparound


Children linked to families that completed the wraparound intervention program at C.A.R.E.S. had reduced incidents of maltreatment 6 months after the program – 93% of those whose families participated in the intervention had no verified maltreatment compared to 30% of those whose families did not participate in the intervention.




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Primary Conclusion:


- Brevard C.A.R.E.S. positively and significantly increases the probability that families with children who complete the program will not be abused as compared to families who are referred, but do not participate.




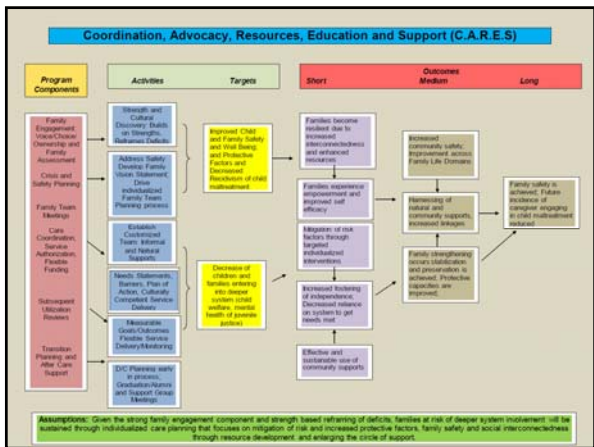


Journal Article Publication

- Reducing Risk: Families in Wraparound Intervention**
- Andrew J. Schneider-Muñoz, Rose Ann M. Renteria, Jesse Gelwicks, & Matthew E. Fasano
- Families in Society: The Journal of Contemporary Social Services* April 2015







Steps to Building C.A.R.E.S. to Scale

- **Explore**
 - Conduct a community or system wide analysis of need
 - Form a steering committee of community partners
 - Identify desired results and outcomes
 - Identify and establish core values and principles of practice
- **Prepare**
 - Design model program
 - Develop a logic model
 - Establish infrastructure



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Steps to Building C.A.R.E.S. to Scale

- **Implement**
 - Pilot program model
 - Test assumptions
 - Secure independent research and evaluation study
 - Monitor and ensure fidelity
- **Sustain**
 - Collect and analyze data and trends
 - Continuously monitor quality assurance and outcomes
 - Annually assess gaps and needs



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Lessons Learned: What Works?

- Wraparound in mandated systems
- Investment in front end prevention, diversion, and early identification of need
- The addition of a new level on the child welfare continuum of care to safely divert entry
- Anti stigma branding campaign



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Lessons Learned: What Works?

- Integrated services model implementation
- Inclusion of informal supports and blended funding
- Community accountability and strong cross sector partnerships and collaboration
- Unbundling categorical service delivery systems
- Blended funding



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Lessons Learned

- Competencies necessary for success: hard and soft skills
- Importance of cultural shift and practices being reinforced consistently across all levels of the system from policy to practice.
 - Family voice and choice
 - Flexible supports
 - Family Team member role
 - Flex funding



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Lessons Learned

- Reinvestment strategy
- Capacity building planning
- Sustainability planning
- Research and data collection and analysis
- Utilization Management
- Evidence Based Practice



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To Learn More About C.A.R.E.S. America
Please Visit :

<http://www.cebc4cw.org/program/c-a-r-e-s-coordination-advocacy-resources-education-and-support/>



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Thank You!



Questions?

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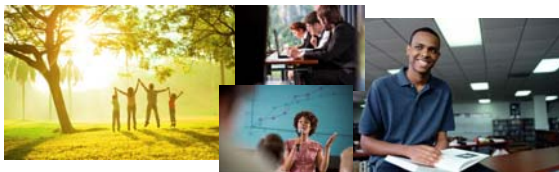
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