Using Evidence in Child Welfare

A Brief Guide to Selecting, Implementing, Refining, and Financing Evidence-based Programs

By Patrick Lester [1]
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Every year thousands of children enter and exit our nation's child welfare system. For many it is a perilous journey, fraught with outcomes that no child should endure, including threats to their health and safety, unstable home environments, encounters with the criminal justice system, and uncertain life trajectories.

How do we achieve better outcomes for these children and their families? One answer is to better understand the effectiveness of various programs and to more widely adopt those that are backed by rigorous evidence.

Interest in this strategy has grown in recent years. While the evidence base for child welfare programs is still in its infancy, more providers and administrators are asking how to find such programs and put them into practice.

This brief guide is a starting point. Based on a review of the literature and presentations by leading organizations in evidence-based policy at an event sponsored by the Annie E. Casey Foundation and William T. Grant Foundation in the summer of 2016,[2] it examines the following questions in detail:

- **Program Selection:** How does a provider find and select an appropriate evidence-based program or practice?

- **Implementation:** How are evidence-based programs implemented effectively and with fidelity to the original model?

- **Continuous Improvement:** How can an existing model be refined and improved? What opportunities are there for developing new models?

- **Financing:** How are evidence-based programs funded?

Program Selection

What is an evidence-based program or practice? While definitions vary, the California Evidence-Based Clearinghouse for Child Welfare defines research *evidence* as "research study outcomes that have been published in a peer-reviewed journal." It defines an *evidence-based practice* as one that is rooted in the best research evidence, best clinical experience, and that is consistent with family and client values.[3]

While the number of evidence-based programs or practices (EBPs) backed by rigorous evidence is growing, they are not appropriate for every circumstance. Choosing the right EBP requires a detailed understanding of both the client population and gaps in current services. This process can be broken into the following steps:

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[2] Annie E. Casey Foundation and William T. Grant Foundation, "Leading with Evidence: Connecting Child Welfare Practice with Research Convening," Baltimore, MD, July 25-26, 2016.

[3] California Evidence-Based Clearinghouse, "Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems," April 2015, p. 2. Available at: http://www.cebc4cw.org/files/ImplementationGuide-Apr2015-onlinelinked.pdf

- **Creating an Implementation Team:** The first step in selecting and implementing a new evidence-based program is to create a team of individuals to oversee the process. Implementation teams can include senior level administrators, managers, frontline personnel, parent and/or youth representatives, and other stakeholders.[4]

- **Identifying Problem Areas:** The next step is to identify and explore one or more issue areas that need to be addressed or improved. The California Evidence-Based Clearinghouse (CEBC) recommends reviewing data that describe the problem, including population demographics, indicators of need, and data on existing services (e.g., numbers served, outcomes, waiting times, service referral and retention rates, etc.). Sometimes data mining can shed additional light on high need populations.[5] After an initial review, the CEBC recommends narrowing the focus to one or just a few issue areas, rather than attempting to address many issues simultaneously.

- **Conducting a Needs Assessment:** Once a target population and initial set of focus areas have been identified, the next step is to conduct a more thorough needs assessment. Needs can be identified through staff, partner agencies, a random sample of case files, and surveys or focus groups conducted with the targeted community.[6] A logic model[7] or root cause analysis (fishbone diagram)[8] can also help clarify contributing factors to population outcomes.

  The needs assessment should incorporate information about current services, including those that are provided by other organizations in the community. This should include information about program models, whether they are evidence-based, the level implementation fidelity, and associated participant outcomes. After concluding the review, the CEBC recommends compiling a written summary that has been reviewed and approved by the implementation team to ensure that everyone is on the same page.

- **Selecting Evidence-based Programs or Practices:** Once gaps have been identified, the next step is to identify appropriate evidence-based solutions. Sometimes these solutions can involve expanding or improving services that are already in place. For example, the review may find that existing services are both appropriate and evidence-based, but have not been sufficiently resourced or are not being implemented with fidelity.

  In other cases, the implementation team may decide that a new intervention is needed. New evidence-based programs and practices can be identified through a variety of sources, including in-house staff expertise, literature reviews, and external evidence-based clearinghouses like the CEBC,[9] the National Registry of Evidence-based Programs and Practices (NREPP) at the Substance Abuse and Mental Health Services Administration,[10] or Blueprints for Healthy Youth Development.[11]

  Clearinghouse listings usually include a description of the intervention, the intended client population, and a rating for its associated evidence. Program listings may include information about the developer, fees, fidelity measures, and training and/or consultation requirements. Additional information can normally be obtained directly from the developer from its web site or by telephone.

  Deciding on a particular practice or program can involve asking hard questions about its underlying evidence base and its track record of success and failure. This can include questions about previous client populations and program contexts to gain a better understanding of whether earlier successes are likely to be replicated. The program should be a good fit for both the current client population and the

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4   California Evidence-Based Clearinghouse, "Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems," April 2015, p. 46. Available at: http://www.cebc4cw.org/files/ImplementationGuide-Apr2015-onlinelinked.pdf

5   Administration for Children and Families, "Data Mining Strategies to Refine Target Populations and Inform Intervention Selection – Sharing Experiences from the Permanency Innovations Initiative," December 2012. Available at: http://www.jbassoc.com/ReportsPublications/CB%20Data%20Mining%20Webinar%20December%202012.pdf

6   California Evidence-Based Clearinghouse, "Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems," April 2015, pp. 16-17.

7   Information on logic models is widely available on the web. One example is Whitebarn Consulting, "Resources: Logic Models and Theories of Change" (updated October 4, 2016). Available at: http://www.whitebarn.info/s/resources-logic-models-and-theories-of-change

8   Minnesota Department of Health, "Fishbone Diagram." Available at http://www.health.state.mn.us/divs/opi/qi/toolbox/fishbone.html

9   See: http://www.cebc4cw.org/

10   See: http://www.samhsa.gov/nrepp

11   See: http://www.blueprintsprograms.com/

provider itself, including its existing staff, culture, and capacity.[12]

Information should also be obtained about up front and ongoing costs and the level of expected support from the developer or any existing networks of providers. If possible, the CEBC recommends contacting someone who has already implemented the program to gain insights on its pros and cons. Once a program has been selected, the CEBC recommends reviewing its recommendations on contracts in its implementation guide.[13]

- **Compiling a Final Summary:** The CEBC recommends concluding the process by compiling a written summary that describes what was done, data that were collected, details about programs that were considered, and why the final decision was made. It can include meeting agendas, minutes, and other supporting documentation. It should also include a list of next steps.

  As is the case with the needs assessment, such summaries can help ensure that the implementation team members are on the same page. It can also provide needed background information for future staff who may be brought on board after the review has been completed.

Implementation

One persistent challenge for evidence-based interventions is that when they are replicated they often produce worse than expected results. There are many potential reasons for this, including different client populations, staff, and environmental conditions compared to when the models were originally developed and evaluated.

Most evidence-based interventions will have little chance of being successful, however, if they have not been implemented with sufficient fidelity to the original model and with sufficient organizational capacity and supports.[14]

Model Fidelity

Fidelity is the degree to which an evidence-based program or practice is being implemented consistent with the requirements of the original model. Most models specify core components that must replicated faithfully.[15] These can include the intended client population, critical practice elements, equipment and related materials, and personnel qualifications and training.[16]

Because conditions commonly vary from one setting to another, some adaptation may be necessary. However, care must be taken with respect to the core elements since straying too far can undermine results. According to one review:

> [U]nless the program's core components are known and implemented with fidelity, program planners and staff inclined to pursue adaptation of proven program models are largely moving into uncharted territory and may be risking harm. Given the evidence regarding the overall importance of fidelity, adaptation is likely to be advantageous only when it is highly strategic, guided by scientific evidence, pursued with caution and monitored to prevent potentially harmful effects. [17]

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[12]   California Evidence-Based Clearinghouse, "Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems," April 2015, pp. 35-36.

[13]   California Evidence-Based Clearinghouse, "Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems," April 2015, pp. 70, 77.

[14]   Dean Fixsen, et. al., "Implementation Research: A Synthesis of the Literature." 2005. Available at: http://ctndisseminationlibrary.org/PDF/nirnmonograph.pdf

[15]   Justice Research and Statistics Association, "Implementing Evidence-based Practices", December 2014. p. 16. Available at: https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Implementing_Evidence-based_Practices.pdf

[16]   National Implementation Research Network, Implementation Drivers: Innovations Defined. Available at: http://nirn.fpg.unc.edu/learn-implementation/innovations-defined

[17]   Justice Research and Statistics Association, "Implementing Evidence-based Practices", December 2014. pp. 16. Available at: https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Implementing_Evidence-based_Practices.pdf

Model Fidelity: A Case Example

In 2002, researchers at the Washington State Institute for Public Policy (WSIPP) published a study of Functional Family Therapy (FFT) for the state's juvenile offenders. FFT is a structured family-based intervention that uses a multi-step approach to enhance protective factors and reduce risk factors in the family.

The study examined a sample of 427 families who received FFT, and compared them with families who were eligible for FFT but did not receive services. The competence of the 36 therapists that delivered FFT was rated by the program developers based on therapists' adherence to the program model.

The results showed that youth in families that were treated by therapists rated as competent had lower recidivism rates than youth in the comparison group. However, youth who were treated by therapists rated as incompetent or borderline competent had higher recidivism rates than the comparison group that did not receive FFT. The WSIPP study provides one example of how deviating from a program model can have harmful effects on youth outcomes.

Source: Justice Research and Statistics Association, "Implementing Evidence-based Practices", December 2014. p 5. Available at: https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Implementing_Evidence-based_Practices.pdf

Additional examples of program implementation can be found on the California Evidence-Based Clearinghouse web site at: http://www.cebc4cw.org/implementing-programs/implementation-examples/publications/

Once an EBP has been launched, fidelity is usually monitored on an ongoing basis to ensure performance, sometimes using proprietary metrics or tools.[18] Fidelity measures vary from model to model, but examples can include specified staff caseloads, frequency of staff interaction, treatment dosage, task checklists, assessments of treatment quality (including through third-party observations), and staff education, training, and certifications.[19] Such measures are often tracked in client case files and can be incorporated into an organizational performance management system (discussed later in the paper).

Support Systems

Most models also specify needed materials, organizational capacities, and other resources, including materials, staff, training, partnerships, and staff and stakeholder support. Much of the early work of preparing and launching a new program is devoted to assembling these resources. Their presence and quality are often incorporated into the program's fidelity measures.

While standards can vary tremendously from one program to another, the National Implementation Research Network (NIRN) has identified a core set of what it calls "implementation drivers" that are common to most evidence-based interventions. These drivers fall into three broad categories: leadership, staff competency, and organizational supports (see Figure 1).

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[18] California Evidence-Based Clearinghouse, "Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems," April 2015, p. 82.

[19] Justice Research and Statistics Association, "Implementing Evidence-based Practices", December 2014. pp. 12-14. Available at: https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Implementing_Evidence-based_Practices.pdf. Another good discussion of fidelity measure development can be found in Sarah Bearman, et al, "From Practice to Evidence in Child Welfare: Model Specification and Fidelity Measurement of Team Decisionmaking," Child Youth Serv Rev. 2014 Apr; 39: 153-159. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4205920/

Figure 1: Drivers for Successful Program Implementation
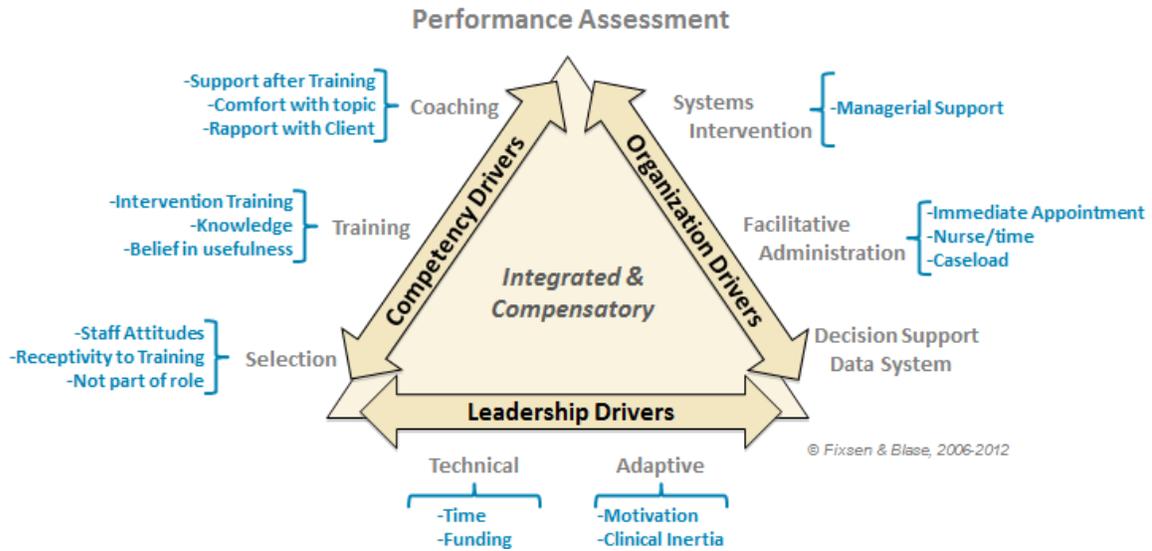
Source: National Implementation Research Network. Available online at:
http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers

- **Leadership Drivers:** Most evidence-based initiatives (and successful organizations) depend on strong, competent leadership as a central resource. Leadership can emanate from many parts of an organization, including its chief executive, board, team leaders, and frontline staff. It can also come from external partners and stakeholders.

  The CEO and board establish the organizational mission and culture, ensure that there is appropriate funding, staff, and other resources, and provide oversight to ensure that the organization delivers on its principles.[20] While higher level management can create a supportive framework, however, successful implementation ultimately depends on the implementation team and frontline staff.

  NIRN's framework emphasizes two broad forms of leadership, technical and adaptive. Technical leadership is managerial in nature. It involves quickly and efficiently responding to issues as they arise and organizing groups to solve problems. Adaptive leadership is necessary for more complex issues where answers are not as straightforward. Such leadership relies more on innovative and critical thinking and is often needed to address systemic issues.[21]

- **Competency Drivers:** Staff competency is a critical driver of program success and staff choices can make or break an evidence-based program. Some observers argue that high quality staff can achieve success regardless of the strength of a program's underlying evidence, while poor quality staff often produce no results even for the best programs.

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[20] Leap of Reason, "The Performance Imperative: A Framework for Social-Sector Excellence," February 2015. Available at: http://leapofreason.org/performance-imperative/performance-imperative-materials/

[21] National Implementation Research Network, Implementation Drivers: Leadership. Available at: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/leadership

Selecting the right staff requires finding people with the appropriate academic backgrounds, experience, and (where necessary) appropriate certifications and licensing. It also means finding people with intangibles like proper motivation, willingness to learn, good judgment, ethics, and fit with the organization's culture.[22]

Ongoing training and coaching are also critical components. Along with academic and other credential requirements, appropriate training is commonly prescribed as a central fidelity measure for evidence-based models.[23] Such training is often supplemented by on-the-job coaching, where new staff are paired with consultants or more experienced staff.[24]

- **Organization Drivers:** Organizational supports for effective implementation cover a wide range of the remaining contributors to implementation success. They include tangibles such as work space, practice manuals, and related equipment. They also include technology and data systems for case management, performance monitoring, and audits.[25]

  They include policies and rules, including internal organizational rules and externally imposed requirements that are mandated by law or regulation. Such policies can cover a wide variety of topics, including purchasing, billing, staff caseloads, safety, communication, and staff remuneration.[26]

  Organizational drivers also include appropriate budgeting and financial support to cover the cost of such supports. More broadly, they include attention to external, systemic factors that are often affected by public policy or other environmental conditions (covered later in this paper).

Performance Management

At a basic level, ensuring fidelity and effective performance of an EBP requires monitoring implementation, often using developer-approved tools, and then acting on that data to course-correct where necessary. At a more advanced level, however, this approach can be integrated into a fully functioning performance management system.

One example of this more advanced approach can be found at Youth Villages, based in Memphis, Tennessee.[27] The performance management system at Youth Villages tracks a large number of organizational, program, and client-level metrics using a balanced scorecard strategy.

These scorecards are assembled at the individual, team, and management levels and vary throughout the organization. They are "balanced" by drawing from multiple sources of information, including case-specific child and family outcomes, model fidelity scores, and operational information such as financial data, regulatory compliance, and employee-related data such as qualifications and training.

The critical difference between basic performance *measuring* and more advanced performance *management* is that the latter uses data to drive actions and decision-making. At Youth Villages, frontline staff regularly meet at the team level to review client-level data and make adjustments where needed. Data are also combined and roll upward to higher-level management, which uses the information to make organization-wide decisions.

Youth Villages is a large organization that invests heavily in its performance management system, but the same ideas can be useful for smaller organizations, too. When it first began experimenting with performance

22 National Implementation Research Network, Implementation Drivers: Selection. Available at: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/selection
23 National Implementation Research Network, Implementation Drivers: Training. Available at: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/training
24 National Implementation Research Network, Implementation Drivers: Coaching. Available at: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/coaching
25 National Implementation Research Network, Implementation Drivers: Decision Support Data System. Available at: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/dss
26 National Implementation Research Network, Implementation Drivers: Facilitative Administration. Available at: http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers/facilitative-administration
27 This section is based on a more extensive case study of Youth Villages. See Social Innovation Research Center, "Building Performance Systems in Child Welfare," February 8, 2016. Available at: http://www.socialinnovationcenter.org/?p=1897

management, Youth Villages started with simple off-the-shelf programs like Microsoft Excel and Microsoft Access. This provided the organization with valuable hands-on experience before it made the leap to more expensive systems.

Continuous Improvement

While faithful implementation of core components is critical to successfully replicating an existing evidence-based model, once enough time has passed and the organization has enough experience with the existing model, it may wish to consider adapting and improving it.

Model Refinements

One way to do initiate change is with the cooperation and oversight of the model developer. While fidelity remains important, developers are often interested in testing possible improvements and may be willing to work with an organization that wants to refine or adapt their model to new populations or new conditions.

One example is the Nurse-Family Partnership (NFP). NFP regularly reviews the latest developments in the literature. It also monitors implementation and outcomes data from its network on an ongoing basis. Such information can often lead to the development of new innovations. These innovations are first piloted in one or just a few sites. If early stage tests are successful, they are then subjected to higher levels of analysis, including quasi-experimental and experimental evaluations.[28]

Those that have been validated are ultimately integrated into the model, a process that keeps it current with the latest knowledge and developments in the field. For NFP, this strategy has been used to improve program retention, reduce intimate partner violence, and address pregnancy planning, among other innovations.[29]

New Model Development

In other cases, an organization may wish to test new ideas that fall outside a model's existing framework. In such cases it may choose to part ways with the model developer and test and refine its an intervention of its own making.

Youth Villages is an example of an organization that pursued this approach. It began working with Multisystemic Therapy (MST) in the 1990s, but later branched out and developed its own models for foster care, residential programs, in-home services, and programs serving youth who are transitioning to adulthood.[30]

Developing new program models is a challenging undertaking, but it can grant an organization more flexibility to test new innovations. A complete review of model development methodology is beyond the scope of this short brief, but a comprehensive approach to testing and evaluating new evidence-based programs has been developed under the federal Permanency Innovations Initiative.[31]

More frequently, organizations may wish to test and evaluate smaller improvements to existing practice.[32] For example, according to Peter York, CEO of Algorhythm, a data analytics firm, new innovations can sometimes be identified from positive outliers in the data and then examining them more closely.[33]

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[28] David Olds, et. al., "Improving the Nurse-Family Partnership in Community Practice," Pediatrics: Volume 132, Supplement 2, November 2013. Available at: http://pediatrics.aappublications.org/content/pediatrics/132/Supplement_2/S110.full.pdf

[29] Ibid.

[30] Social Innovation Research Center, "Building Performance Systems in Child Welfare," February 8, 2016, pp 13-15. Available at: http://www.socialinnovationcenter.org/?p=1897

[31] Social Innovation Research Center, "Foster Care Innovation Initiative Charts a Different Path to Evidence," December 6, 2014. See http://www.socialinnovationcenter.org/?p=769

[32] Administration for Children and Families, "What Works, Under What Circumstances, and How?," May 2016 (OPRE Report #2016-54). Available at: http://www.acf.hhs.gov/opre/resource/what-works-under-what-circumstances-and-how

[33] Annie E. Casey Foundation and William T. Grant Foundation, "Leading with Evidence: Connecting Child Welfare Practice with Research Convening," Baltimore, MD, July 25-26, 2016.

Other methods for testing improvements include rapid-cycle evaluation,[34] factorial designs,[35] or other A/B testing methods for comparing innovations to current practice.[36] Practitioners who engage in such research can also benefit from partnerships with academic evaluators, who can help ensure that the results are more valid, reliable, and relevant to their needs.[37]

Financing

Finding sufficient and sustained financing is central to maintaining long-term outcomes for *any* program, including those that are evidence-based. In child welfare, most of this funding comes from just a few sources: public grants, contracts, and private philanthropy.

Public grants and contracts are usually the largest source of funding. Most of these funds originate at the federal and state levels. Relevant federal programs include entitlements and grants like Title IV-E and IV-B of the Social Security Act, the Chafee Foster Care Independence Program, Medicaid and mental health grants, and various block grants such as TANF and the Social Services Block Grant.[38]

Most providers already have a basic working knowledge of how these program funds are implemented locally, but sometimes a better understanding of what is allowable can make it easier to fund a new evidence-based practice through existing funding streams.[39] Model developers may be able to provide tips on promising funding sources that have been tapped by other service providers in their network. Funding strategies for specific evidence-based models can also be found on the Blueprints for Healthy Youth Development web site.[40]

A thorough understanding of the referral[41] and billing processes[42] is also critical. For example, some states have utilized existing or established new Medicaid billing codes for evidence-based programs. Some funding streams can also be used to cover the cost of certain supports systems. For example, some federal or state grants that cover administrative costs can pay for training and other continuous quality improvement activities.

Private philanthropy can play an important role, particularly for gap filling and funding one-time startup costs. Foundations are usually not a good source of consistent, long-term support, however. They also commonly restrict overhead charges that might otherwise subsidize critical supports, such as training or data systems, although some may provide direct support for these purposes if asked.

Better understanding program costs can help public administrators make best use of their existing dollars to support evidence-based programs. "We typically will do three year cost estimates," says Margaret Flynn Khan at Mainspring Consulting. "Costs for ongoing training, fidelity monitoring and licensing vary significantly from developer to developer. Costs also typically decline significantly after the initial start-up period." [43]

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34 Mathematica Policy Research, "Rapid-Cycle Evaluation." Available at: https://www.mathematica-mpr.com/our-capabilities/rapid-cycle-evaluation
35 MDRC, "Design Options for an Evaluation of Head Start Coaching," July 2014. Available at: http://www.mdrc.org/sites/default/files/hspd_task_3_2_review_final_11_19_2014new_title.pdf
36 Gov Innovator, "Using Behavioral Insights to Improve Government Performance," October 4, 2015. Available at: http://govinnovator.com/maya_shankar/
37 Lawrence A. Palinkas, Cherry Short, and Marleen Wong, "Research-Practice-Policy Partnerships for Implementation of Evidence-Based Practices in Child Welfare and Child Mental Health," August 2015. Available at: http://wtgrantfoundation.org/library/uploads/2015/10/Research-Practice-Policy_Partnerships.pdf
38 For a complete review of federal child welfare funding streams, see: Congressional Research Service, "Child Welfare: An Overview of Federal Programs and Their Current Funding," January 23, 2015. Available at: http://www.fas.org/sgp/crs/misc/R43458.pdf
39 California Evidence-Based Clearinghouse, "Selecting and Implementing Evidence-Based Practices: A Guide for Child and Family Serving Systems," April 2015, p. 87.
40 See: Blueprints for Healthy Youth Development, "Blueprints Programs." Available at: http://www.blueprintsprograms.com/programs
41 Ibid., p. 89
42 Ibid., p. 96.
43 Annie E. Casey Foundation and William T. Grant Foundation, "Leading with Evidence: Connecting Child Welfare Practice with Research Convening," Baltimore, MD, July 25-26, 2016.

Systems Change: Funding Evidence-based Programs in New York City

New York Mayor Michael Bloomberg's administration pushed through several reforms in the city's child welfare system during his three terms in office from 2002-2013.

Among them was ChildStat,[44] a performance management system that was based on the city's similar system for public safety, called CompStat. In 2007, the city also launched an initiative called "Improved Outcomes for Children," which increased oversight of the city's nonprofit child welfare providers and created incentives for achieving improved outcomes.[45]

In 2013, the mayor's last year in office, the administration launched a new initiative to encourage the city's preventive service providers to adopt evidence-based or evidence-informed models within their existing contracts.

It began with a scan of existing evidence-based models, many of which originated in juvenile justice or mental health settings. After a close review, the city's Administration for Children's Services (ACS) defined how they would rate programs as promising, evidence-informed, evidence-based, or not evaluated.

"As a large child welfare jurisdiction, a lot of the models wanted to talk to us," said Leslie Abbey, a former associate commissioner with the city who helped develop the program. "Who is a developer? What is the research? What are the monitoring tools?"

After the city settled on an initial set of models, it held an open house to bring together the developers with the city's provider community, with providers and staff sitting in on multiple presentations.

Some in the provider community were skeptical. "We were hearing about these models," said one provider who attended the open house. "Iowa? Kentucky? That isn't going to work in New York City."

"We bellyached," she admitted, but they learned a lot and their commitment was critical. "There is a difference between buy in and being a champion. To do this, you must be a champion."

The providers were then given the opportunity to change their contracts from "business as usual" practices to evidence-based or evidence-informed models. For those that did, staff from the National Implementation Research Network analyzed their existing capacity to determine what additional support was needed from ACS.

The city views its work with the providers as a partnership. "We moved away from the concept of 'stakeholders' and toward the concept of co-construction," said Allison Metz, NIRN's director. Ongoing technical assistance. While the effort is still ongoing, the commitment to evidence-based practices has continued under the new mayor, Bill de Blasio, who took office in 2014.

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44 PolicyLab at the Children's Hospital of Philadelphia, "Implementing ChildStat: A 'How-to' Guide for Child Welfare and Other Client-Serving Systems," February 2015. Available at: http://policylab.chop.edu/sites/default/files/pdf/publications/AECF-ImplementingChildStat-2015_0.pdf

45 Fred Wulczyn, Chapin Hall at the University of Chicago, "Evaluation of New York City's Improved Outcomes for Children Initiative (IOC)," 2009. Available at: http://www.chapinhall.org/research/ongoing/evaluation-new-york-state%E2%80%99s-improved-outcomes-children-initiative-ioc

"Increasingly states are using cost-benefit analysis to make decisions about what to fund," she says. "At a minimum, public administrators should make sure they have good basic data that allows comparing the costs of similar services contract to contract." The more informed administrators are of the costs and documented benefits of programs, the more proactive they can be in ensuring existing dollars in their budget are used as effectively as possible.

A final – and perhaps increasingly important – source of potential funding is advocacy and systems change. Evidence-based programs are usually easiest to fund when public administrators are themselves pushing providers to adopt them. (See box.)

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Building Performance Systems in Child Welfare (February 8, 2016)
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Foster Care Innovation Initiative Charts a Different Path to Evidence (December 6, 2014)
http://www.socialinnovationcenter.org/?p=769