

# Building Evidence in Child Welfare

## *An Overview of Existing Evidence and Research Efforts in Child Welfare-related Services*

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Since at least 1997, federal child welfare policy has focused on three main goals: increasing safety, permanency, and well-being for children and youth either in, or in danger of entering, the nation's child welfare system.<sup>2</sup>

One strategy that has received increased attention in recent years is building and more widely adopting evidence-based programs and practices. This heightened focus has taken place within a larger policy context that has increasingly emphasized evidence across a wide range of health, education, and social service issues.<sup>3</sup>

Child welfare, which is heavily intertwined with these other fields, has also seen significant developments of its own. In 2011, the Children's Bureau convened a summit of practitioners and evaluation experts for discussions that led to the 2014 publication of a framework for building evidence.<sup>4</sup> In late 2016, Congress came close to enacting bipartisan legislation that would have made evidence-based prevention programs eligible for funding under the federal government's principal funding mechanism for child welfare, Title IV-E.<sup>5</sup>

These have been important steps, but if Congress and the new administration wish to effectively build on these earlier efforts, it will be important to have a better understanding of the current state of existing evidence, gaps in existing knowledge, and the research that is now underway to address those gaps.

This paper addresses these issues. Based on a review of the literature and interviews with federal officials and experts in the field, it reviews the current state of evidence and research efforts presently underway across the following categories of child welfare-related services:

- (1) family and youth services;
- (2) home visiting;
- (3) substance abuse;
- (4) mental health;
- (5) supportive housing; and
- (6) teen pregnancy prevention.

The paper concludes with recommendations.

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<sup>2</sup> Children's Bureau, "Integrating Safety, Permanency and Well-Being Series," February 28, 2014. Available at: <https://www.acf.hhs.gov/cb/resource/well-being-series>

<sup>3</sup> Judith M. Gueron, "The Politics and Practice of Social Experiments," MDRC, May 2016. Available at: <http://www.mdrc.org/publication/politics-and-practice-social-experiments>; Grover 'Russ' Whitehurst, "Relying on Evidence," 2013. Available at: [http://www.hoover.org/sites/default/files/research/docs/finnsousa\\_whatliesahead\\_final\\_ch10.pdf](http://www.hoover.org/sites/default/files/research/docs/finnsousa_whatliesahead_final_ch10.pdf); Roger L. Sur and Philipp Dahm, "History of Evidence-based Medicine," *Indian Journal of Urology*, October-December 2011. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3263217/>

<sup>4</sup> Children's Bureau, "A Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare," March 14, 2014. See: <http://www.acf.hhs.gov/programs/cb/resource/framework-workgroup>

<sup>5</sup> Social Innovation Research Center, "Legislation Promoting Evidence-based Child Welfare Prevention Services Approaches Final Passage," November 28, 2016. Available at: <http://www.socialinnovationcenter.org/?p=2304>

## What Is Evidence? How Is It Built?

What is evidence? The federal government funds a wide range of research and evaluation, including in health, criminal justice, education, and social services, so its interpretation is correspondingly broad. In one of its last formal budgets submitted to Congress, the Obama administration provided the following definition:<sup>6</sup>

Broadly speaking, “evidence” is the available body of facts or information indicating whether a belief or proposition is true or valid. Evidence can be quantitative or qualitative and may come from a variety of sources, including performance measurement, evaluations, statistical series, retrospective reviews, and other data analytics and research.

In child welfare, this expansive definition captures a wide range of sources. At the earliest stages of learning and development,<sup>7</sup> it can include literature reviews, professional expertise, case studies, individual case reviews, performance management efforts,<sup>8</sup> and data mining.<sup>9</sup> At later stages, evidence is more commonly drawn from formal research.

While each of these forms of evidence is valuable, however, they can be contradictory and not all are equally valid. To identify the best available evidence, social scientists and some federal agencies have constructed evidence hierarchies, which rank some forms of evidence as more valid than others.<sup>10</sup>

One influential example of this can be found among a small number of federal tiered-evidence initiatives in education, job training, and social services, which have developed such evidence hierarchies to judge grant applications and to guide their evidence-building efforts.<sup>11</sup> While their definitions vary, these hierarchies are similar.<sup>12</sup> One representative example, used by the Social Innovation Fund, categorizes evidence into the following three tiers:<sup>13</sup>

- **Preliminary Evidence:** Preliminary evidence is evidence that is based on a reasonable hypothesis supported by credible research findings. Examples include studies that compare outcomes before and after an intervention has taken place (pre-post) to determine whether participant outcomes have changed over time.
- **Moderate Evidence:** Moderate evidence is evidence from studies that can support causal conclusions but have limited generalizability. An example could include a well-designed and well-implemented experimental or quasi-experimental study with a small sample size or other conditions that limit its generalizability.

<sup>6</sup> The White House, "Analytical Perspectives, Budget of the United States Government, Fiscal Year 2017: Building the Capacity to Produce and Use Evidence (Chapter 7)." Available at:

[https://obamawhitehouse.archives.gov/sites/default/files/omb/budget/fy2017/assets/ap\\_7\\_evidence.pdf](https://obamawhitehouse.archives.gov/sites/default/files/omb/budget/fy2017/assets/ap_7_evidence.pdf)

<sup>7</sup> A good conceptual overview of early-stage development can be found in: Children's Bureau, "A Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare," March 14, 2014. See: <http://www.acf.hhs.gov/programs/cb/resource/framework-workgroup>

<sup>8</sup> For an in-depth example of performance management at Youth Villages, see Social Innovation Research Center, "Building Performance Systems in Child Welfare," February 8, 2016, pp. 10-19. Available at: <http://www.socialinnovationcenter.org/?p=1897>

<sup>9</sup> Two sources of information on data mining in child welfare include: OPRE, "Using Child Welfare Administrative Data in the Permanency Innovations Initiative Evaluation," May 5, 2016. Available at: <https://www.acf.hhs.gov/opre/resource/using-child-welfare-administrative-data-in-the-permanency-innovations-initiative-evaluation>; and Administration for Children and Families, "Data Mining Strategies to Refine Target Populations and Inform Intervention Selection – Sharing Experiences from the Permanency Innovations Initiative," December 12, 2012. Available at: <http://www.ibassoc.com/ReportsPublications/CB%20Data%20Mining%20Webinar%20December%202012.pdf>

<sup>10</sup> For example, see University of Canberra, "Evidence-Based Practice in Health," at <http://canberra.libguides.com/c.php?g=599346&p=4149721>; For a debate over the appropriate definitions and use of evidence hierarchies, see Social Innovation Research Center, "The Moneyball Debate," July 14 2016. Available at: <http://www.socialinnovationcenter.org/?p=2216>

<sup>11</sup> GAO, "Tiered Evidence Grants: Opportunities Exist to Share Lessons from Early Implementation and Inform Future Federal Efforts," September 2016, pp. 8-14. Available at: <http://www.gao.gov/products/GAO-16-818>; Ron Haskins and Jon Baron, "Building the Connection Between Policy and Evidence: The Obama Evidence-based Initiatives," September 2011. Available at: <http://coalition4evidence.org/wp-content/uploads/2011/09/Haskins-Baron-paper-on-fed-evid-based-initiatives-2011.pdf>

<sup>12</sup> For additional information, see: Informal Federal Interagency Workgroup on a Common Evidence Framework, "Common Federal Evidence Framework & Research Guidelines," April 2015. Available at: [https://www.dol.gov/asp/evaluation/resources/Exploring\\_a\\_Common\\_Federal\\_Evidence\\_Framework\\_and\\_Research\\_Guidelines.pdf](https://www.dol.gov/asp/evaluation/resources/Exploring_a_Common_Federal_Evidence_Framework_and_Research_Guidelines.pdf)

<sup>13</sup> Social Innovation Research Center, "Social Innovation Fund: Early Results Are Promising," June 20, 2015, p. 41. Available at: [http://www.socialinnovationcenter.org/wp-content/uploads/2015/07/Social\\_Innovation\\_Fund-2015-06-30.pdf](http://www.socialinnovationcenter.org/wp-content/uploads/2015/07/Social_Innovation_Fund-2015-06-30.pdf)

- **Strong Evidence:** Strong evidence is evidence from studies that can both support causal conclusions (high internal validity) and are generalizable (high external validity). Examples include multiple well-designed and well-implemented experimental or quasi-experimental studies or one large multi-site study that is well-designed and well-implemented.

This concept of evidence tiers, which has begun to influence federal funding decisions more broadly, is commanding increased support from both political parties at the national level, including the outgoing Obama administration as well as Republicans and Democrats in Congress.<sup>14</sup> A variation of this tiered evidence approach was included in child welfare legislation that was considered at the end of the 114<sup>th</sup> Congress.<sup>15</sup>

These tiers capture much, but not all, of the variability in evidence validity, however. Third-party reviews, such as those commonly conducted by evidence clearinghouses like Blueprints for Healthy Youth Development or the California Evidence-Based Clearinghouse for Child Welfare, can provide greater confidence in study results. Other evidence hierarchies place syntheses or meta-analyses of larger bodies of knowledge at the pinnacle.<sup>16</sup> These broad syntheses can cast light not just on which policies or practices are working, but also why, for whom, and under what conditions.<sup>17</sup>

Regardless of how it is ranked, there are many potential uses for such evidence. For frontline practitioners, evidence-based programs can be replicated or adapted for local use (discussed further in the companion paper, "Using Evidence in Child Welfare"). Practitioners can use research-informed instruments, such as validated screening tools or risk assessments, or draw upon externally-developed evidence to guide continuous improvement efforts.<sup>18</sup> At a higher level, policymakers can use evidence to guide decisions on funding, regulations, or broader systems change.

The process of building such evidence, the focus of this paper, is as varied as the evidence itself. At early stages of innovation and development, this can include gathering data from research-informed experimentation and continuous improvement. It can include information drawn from monitoring outcomes in real time, rapid-cycle evaluation,<sup>19</sup> implementation studies,<sup>20</sup> and formative evaluations.<sup>21</sup>

Later stages may involve more formal quasi-experimental<sup>22</sup> or experimental research,<sup>23</sup> sometimes supplemented with other methods.<sup>24</sup> Large multi-site randomized controlled trials, which may cost millions of dollars and are usually publicly-funded, often represent the highest stage of research, although such studies have been rare in child welfare. When conducted by frontline practitioners, much of this work can benefit from a close partnership between practitioners and independent researchers.<sup>25</sup>

<sup>14</sup> Patrick Lester, "Republicans Deploy an Old Tool in Combating Poverty: Evidence," Government Executive, June 14, 2016. Available at: <http://www.govexec.com/excellence/promising-practices/2016/06/republicans-look-for-silver-bullet-combating-poverty-evidence/129068/>

<sup>15</sup> Social Innovation Research Center, "Legislation Promoting Evidence-based Child Welfare Prevention Services Approaches Final Passage," November 28, 2016. Available at: <http://www.socialinnovationcenter.org/?p=2304>

<sup>16</sup> Mark Lipsey, "Evidence at the Crossroads Pt. 6: Evidence is Only as Good as What You Do With It," December 10, 2015. Available at: <http://wtgrantfoundation.org/evidence-at-the-crossroads-pt-6-evidence-is-only-as-good-as-what-you-do-with-it>; Christopher J. Gill, "How Should A Scientific Meta-Analysis Be?" January 15, 2016. Available at: <https://newrepublic.com/article/127818/scientific-meta-analysis-be>

<sup>17</sup> Robert Granger and Rebecca Maynard, "Unlocking the Potential of the "What Works" Approach to Policymaking and Practice: Improving Impact Evaluations," December 2015. Available at: <http://journals.sagepub.com/doi/pdf/10.1177/1098214015594420>

<sup>18</sup> Chapin Hall, "Research Update: Child Welfare Agencies that Use More Research Evidence Have Higher Rates of Permanency for Children in Foster Care," May 12, 2016. Available at: <https://fcda.chapinhall.org/return-on-investment/research-update-child-welfare-agencies-use-research-evidence-higher-rates-permanency-children-foster-care/>

<sup>19</sup> See Mathematica Policy Research, "Rapid-Cycle Evaluation," at <https://www.mathematica-mpr.com/our-capabilities/rapid-cycle-evaluation>

<sup>20</sup> See MDRC, "What Is Implementation Research?" at <http://www.mdrc.org/what-implementation-research>

<sup>21</sup> Evaluation Toolbox, "Formative Evaluation," undated. Available at: [http://evaluationtoolbox.net.au/index.php?option=com\\_content&view=article&id=24&Itemid=125](http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=24&Itemid=125)

<sup>22</sup> Research Methods Knowledge Base, "Quasi-Experimental Design," undated. Available at: <http://www.socialresearchmethods.net/kb/quasiexp.php>

<sup>23</sup> OPRE, "Learning What Works: A Guide to Opportunistic Experiments for Human Services Agencies," October 30, 2015. Available at: <https://www.acf.hhs.gov/opre/resource/learning-what-works-a-guide-to-opportunistic-experiments-for-human-services-agencies>

<sup>24</sup> Vivian Louie, "Identifying Responses to Inequality: The Potential of Qualitative and Mixed-Methods Research," June 22, 2016. Available at: <http://wtgrantfoundation.org/resource/identifying-responses-inequality-potential-qualitative-mixed-methods-research>

<sup>25</sup> W.T. Grant Foundation, "Research-Practice Partnerships," undated. Available at: <http://rpp.wtgrantfoundation.org/>

## Evidence in Child Welfare: Current Status and Research Efforts

Despite an increased focus on evidence that, in some cases, can be traced back for decades,<sup>26</sup> the current state of evidence in social services is still quite nascent. This is equally true of child welfare, which spans the fields of social services and mental and behavioral health.

At first glance, this might not be immediately obvious. As seen in **Table 1** (next page), several broad categories of core child welfare-related services have several models available that are well-supported or supported by research, as rated by the California Evidence-Based Clearinghouse for Child Welfare (CEBC).

These aggregate numbers conceal a substantial amount of variability, however, with several important subcategories of services lacking any models that are backed by such evidence. For example, as shown in **Table 2**, fewer than half of the topics related to family and youth services have even one model that is well-supported by research, as rated by the CEBC.

More broadly, of the 45 child-welfare topics covered by the CEBC – which span issues ranging from core child welfare services, to mental and behavioral health, to substance abuse and home visiting – fewer than half (20) have any programs that meet the highest standard. Of these, only six have three models or more that meet the highest standard, with most of these related to mental health, anxiety, or disruptive behavior.<sup>27</sup>

This section explores these issues in greater detail. What is the current state of evidence across these major categories of child welfare services? What are the top evidence-based models? What efforts are underway to further build the existing evidence base?

### Family and Youth Services

Child welfare agencies that utilize research in their work achieve higher rates of permanency for children in their care.<sup>28</sup> For family and youth services, however, this research is still relatively nascent.

As can be seen in **Table 2**, only a few of these programs have received the CEBC's top rating of well-supported by research evidence. Of the 17 listed subcategories of family and youth services, only five have at least one program model that has received the highest rating. The top-rated programs in these five categories are:

- **Interventions for Abusive Behavior:** Multisystemic Therapy for Youth with Problem Sexual Behaviors (MST-PSB)
- **Parent Training Programs for Behavior Problems in Children and Adolescents:** Family Check-Up, Incredible Years, Parent Management Training - Oregon Model, Parent-Child Interaction Therapy, Triple P - Positive Parenting Program - Level 4.
- **Placement Stabilization:** Treatment Foster Care Oregon - Adolescents
- **Prevention of Child Abuse and Neglect (Primary) Programs:** Nurse-Family Partnership, Safe Environment for Every Kid
- **Prevention of Child Abuse and Neglect (Secondary) Programs:** Incredible Years

These models are a start, but the large number of categories in Table 2 where there are no programs that meet the highest standards suggest that more research is needed.

<sup>26</sup> Judith M. Gueron, "The Politics and Practice of Social Experiments," MDRC, May 2016. Available at: <http://www.mdrc.org/publication/politics-and-practice-social-experiments>; Grover 'Russ' Whitehurst, "Relying on Evidence," 2013. Available at: [http://www.hoover.org/sites/default/files/research/docs/finnsousa\\_whatliesahead\\_final\\_ch10.pdf](http://www.hoover.org/sites/default/files/research/docs/finnsousa_whatliesahead_final_ch10.pdf)

<sup>27</sup> The six are: Parent Training Programs that Address Behavior (Child & Adolescent); Anxiety Treatment (Child & Adolescent); Disruptive Behavior Treatment (Child & Adolescent); Depression Treatment (Adult); Trauma Treatment - Client-Level Interventions (Child & Adolescent); Trauma Treatment (Adult)

<sup>28</sup> Chapin Hall, "Research Update: Child Welfare Agencies that Use More Research Evidence Have Higher Rates of Permanency for Children in Foster Care," May 12, 2016. Available at: <https://fcda.chapinhall.org/return-on-investment/research-update-child-welfare-agencies-use-research-evidence-higher-rates-permanency-children-foster-care/>

## **Table 1: Overview of Evidence-based Child Welfare Programs**

The following table summarizes existing evidence-based programs across 13 categories of child welfare-related services as of January 23, 2017. The listed totals are sometimes lower than the sum of the 13 categories because they eliminate duplicates, where some program models have been included in more than one topic (for example, a program included in both mental health and behavioral programs).

<u>Category</u>	Evidence Rating					NR
	1	2	3	4	5	
<u>Child Welfare</u>						
Family and Youth Service Programs	9	16	47	0	0	76
Behavior Management Programs	11	7	11	0	0	23
Home Visiting	2	3	10	1	0	1
Independent Living	0	1	1	0	0	16
Higher Level Placements	1	2	4	0	0	3
Reducing Racial Disparity	0	0	4	0	0	9
Child Welfare Casework	0	2	0	0	0	3
<u>Mental / Behavioral Health</u>						
Mental Health	24	14	45	0	0	31
Sexual Behavior	1	1	2	0	0	8
Substance Abuse Treatment	3	9	11	0	0	9
<u>Other</u>						
Education for Children in Foster Care	0	2	1	0	0	8
Teen Pregnancy Prevention	1	0	4	0	0	3
Commercial Sexual Exploitation	0	0	0	0	0	8
Total (unduplicated)	30	42	117	1	0	186

### Rating Definitions

1 = Well-supported by research evidence

3 = Promising research evidence

5 = Concerning practice

2 = Supported by research evidence

4 = Evidence fails to demonstrate effect

NR = Not able to be rated

Source: SIRC analysis of program ratings by the California Evidence-Based Clearinghouse for Child Welfare, January 23, 2017. Specified categories were identified by SIRC.

**Table 2: Evidence-based Family and Youth Service Programs**

The following table summarizes evidence ratings for family and youth services-related programs as determined by the California Evidence-Based Clearinghouse for Child Welfare. Total numbers eliminate duplicates, where some program models are listed in more than one topic.

Topic	Evidence Rating					NR
	1	2	3	4	5	
Family Stabilization Programs	0	1	3	0	0	7
Father Involvement Interventions	0	2	0	0	0	10
Interventions for Abusive Behavior	1	2	4	0	0	4
Interventions for Neglect	0	3	1	0	0	2
Mentoring Programs (Child & Adolescent)	0	1	3	0	0	4
Parent Partner Programs for Families Involved in the Child Welfare System	0	0	1	0	0	5
Parent Training: Abuse and Neglect	0	1	3	0	0	5
Parent Training: Child Behavior Problems	5	6	16	0	0	8
Permanency Enhancement Interventions for Adolescents	0	0	1	0	0	6
Placement Stabilization	1	1	4	0	0	6
Post-Permanency Services	0	1	0	0	0	4
Prevention of Child Abuse and Neglect (Primary) Programs	2	1	9	0	0	3
Prevention of Child Abuse and Neglect (Secondary) Programs	1	2	7	0	0	5
Resource Parent Recruitment and Training Programs	0	1	3	0	0	4
Reunification Programs	0	1	2	0	0	1
Supervised Visitation Programs	0	0	0	0	0	3
Working with Parents with Cognitive Disabilities	0	0	2	0	0	9
Total (unduplicated)	9	16	47	0	0	76

**Rating Definitions**

1 = Well-supported by research evidence

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Source: California Evidence-Based Clearinghouse for Child Welfare, January 23, 2017.

One major source of evidence over the past twenty years has been state waivers of federal requirements under Titles IV-B and IV-E of the Social Security Act.<sup>29</sup> From 1994-2006, and again from 2012-2014, Congress authorized waivers for state innovations, subjecting them to rigorous evaluations to determine if they worked.<sup>30</sup>

A notable innovation that came from the first round of waivers was subsidized guardianship, an intervention that diverts children from foster care, places them with extended family, and provides needed financial supports. Congress later created a national kinship care program based on this research.<sup>31</sup> Other state-level efforts are continuing under the second round of waivers, but they are scheduled to end in 2019.<sup>32</sup>

As this work has begun to wind down, the Office of Planning, Research & Evaluation (OPRE) and Children's Bureau, both in the Administration for Children and Families (ACF), have collaborated to support other evidence-building efforts. From 2010-2016, these two offices jointly oversaw an evidence-building program, called the Permanency Innovations Initiative (PII).<sup>33</sup> This demonstration program, which supported six grantees, developed a staged approach to creating and evaluating new innovations called the "PII Approach."<sup>34</sup> The initiative generated several lessons learned, including how to better utilize administrative data in child welfare evaluations.<sup>35</sup>

OPRE followed up these efforts in 2016 with the award of a five-year contract to the Urban Institute to build the evidence base for child welfare interventions. This project will identify priority research areas and support rigorous evaluations of selected interventions.<sup>36</sup> Other ongoing sources of support for evidence-building in child welfare include:

- The **Social Innovation Fund**, housed at the Corporation for National and Community Service, which has supported some evidence-based projects for youth in, or in danger of entering, the child welfare system;<sup>37</sup>
- The **Chafee Foster Care Independence Act**, which provides \$2.1 million per year for evaluations and technical assistance for independent living programs for transition age youth;<sup>38</sup>
- **Children's Bureau grants** for family group decision-making,<sup>39</sup> and
- **Philanthropic support** from foundations such as the Annie E. Casey Foundation, W.T. Grant Foundation, Casey Family Programs, Edna McConnell Clark Foundation, Walter S. Johnson Foundation, Stuart Foundation, Conrad N. Hilton Foundation, Ballmer Foundation, and Doris Duke Foundation.

Finally, evidence-based prevention services may receive a boost if Congress passes the Family First Prevention Service Act. This legislation, which came close to being enacted at the end of the 114<sup>th</sup> Congress, would have funded evidence-based preventive mental health, substance abuse, and in-home parenting programs for children at risk of entering the child welfare system.<sup>40</sup> It may be considered again in the coming year.

<sup>29</sup> See Section 1130 of the Social Security Act (SSA) at [https://www.ssa.gov/OP\\_Home/ssact/title11/1130.htm](https://www.ssa.gov/OP_Home/ssact/title11/1130.htm)

<sup>30</sup> Children's Bureau, "Summaries and Profiles of Completed Child Welfare Waiver Demonstration Projects." Available at <https://www.acf.hhs.gov/cb/programs/child-welfare-waivers/completed-projects>

<sup>31</sup> Children's Bureau, "Title IV-E Guardianship Assistance." Available at <https://www.acf.hhs.gov/cb/resource/title-iv-e-guardianship-assistance>

<sup>32</sup> Children's Bureau, "Summaries and Profiles of Active Child Welfare Waiver Demonstration Projects." Available at <https://www.acf.hhs.gov/cb/programs/child-welfare-waivers/active-projects>

<sup>33</sup> Social Innovation Research Center, "Foster Care Innovation Initiative Charts a Different Path to Evidence," December 6, 2014. Available at: <http://www.socialinnovationcenter.org/?p=769>; and Children's Bureau, "Permanency Innovations Initiative (PII) Evaluation, 2010–2015," at <https://www.acf.hhs.gov/opre/research/project/permanency-innovations-initiative-pii-evaluation>

<sup>34</sup> OPRE, "The Permanency Innovations Initiative (PII) Approach to Evaluation," October 21, 2015. Available at:

<https://www.acf.hhs.gov/opre/resource/the-permanency-innovations-initiative-pii-approach-to-evaluation>; and

<sup>35</sup> OPRE, "Using Child Welfare Administrative Data in the Permanency Innovations Initiative Evaluation," May 5, 2016. Available at: <https://www.acf.hhs.gov/opre/resource/using-child-welfare-administrative-data-in-the-permanency-innovations-initiative-evaluation>

<sup>36</sup> OPRE, "Supporting Evidence Building in Child Welfare, 2016 - 2021 Overview," October 26, 2016. Available at:

<https://www.acf.hhs.gov/opre/resource/supporting-evidence-building-in-child-welfare-2016-2021-overview>

<sup>37</sup> Social Innovation Fund, Materials from SIF Child Welfare Briefing, November 20, 2015. Available at:

<http://www.nationalservice.gov/node/33441>. For background about this program see: Social Innovation Research Center, "Social Innovation Fund: Early Results Are Promising," June 20, 2015. Available at: [http://www.socialinnovationcenter.org/wp-content/uploads/2015/07/Social\\_Innovation\\_Fund-2015-06-30.pdf](http://www.socialinnovationcenter.org/wp-content/uploads/2015/07/Social_Innovation_Fund-2015-06-30.pdf)

<sup>38</sup> OPRE, "Planning a Next Generation Evaluation Agenda for the John H. Chafee Foster Care Independence Program, 2011-2017." Available at <https://www.acf.hhs.gov/opre/research/project/planning-a-next-generation-evaluation-agenda-for-the-john-h-chafee-foster>

<sup>39</sup> See: [https://ami.grantsolutions.gov/files/HHS-2015-ACF-ACYF-CF-1008\\_0.pdf](https://ami.grantsolutions.gov/files/HHS-2015-ACF-ACYF-CF-1008_0.pdf)

<sup>40</sup> Social Innovation Research Center, "Pay for Success, Child Welfare Evidence Provisions Unexpectedly Struck from End-of-Session Bill," November 30, 2016. Available at: <http://www.socialinnovationcenter.org/?p=2334>; Social Innovation Research Center, "Legislation

## Home Visiting

Low-income parents are more likely to neglect or abuse their children.<sup>41</sup> Over the past ten years, evidence-based home visiting programs have emerged as a major strategy for addressing these and other needs.

Although home visiting programs have existed for decades – often funded through TANF or Social Services Block Grant funding to the states – they took a major step forward when Congress authorized the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program in 2010 as part of the Affordable Care Act.<sup>42</sup>

This program, which is jointly administered by the Health Resources and Services Administration (HRSA) and Administration for Children and Families, was initially authorized for \$1.5 billion over its first five years. It has since been reauthorized through 2017 at \$400 million per year.<sup>43</sup>

MIECHV provides grants to states, territories, and tribes for home visiting programs, with 75 percent reserved for programs that have been rated as effective by the Department of Health and Human Services and 25 percent reserved for models that are promising. In 2009, HHS contracted with Mathematica Policy Research to conduct a systematic study, called the Home Visiting Evidence of Effectiveness (HomVEE) review, to identify models that met the federal evidence standards. Nineteen home visiting programs currently meet the minimum requirements to be considered effective.<sup>44</sup>

Of these, the California Evidence-based Clearinghouse has given its top evidence rating to two – the Nurse-Family Partnership and Heathy Families America – in one or both of two child welfare home visiting categories.<sup>45</sup> Two other HHS-approved models, SafeCare and Home Instruction for Parents of Preschool Youngsters (HIPPY), have been given CEBC's second highest evidence rating in the two categories.

Research on home visiting is continuing under three related efforts. The overall program is being evaluated by MDRC.<sup>46</sup> States and other entities that receive funding under the 25 percent of MIECHV funding that is reserved for promising models must conduct evaluations to determine their effectiveness.<sup>47</sup> MIECHV also established the Home Visiting Applied Research Collaborative, a network of researchers and other stakeholders who have worked together to set research priorities and disseminate research findings.<sup>48</sup>

## Substance Abuse

Substance abuse is a major contributor to child maltreatment and neglect. In 2012, almost one-third of children were placed in foster care because of parental alcohol or drug abuse.<sup>49</sup> These figures have worsened in recent years due to a growing national opioid epidemic.<sup>50</sup>

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Promoting Evidence-based Child Welfare Prevention Services Approaches Final Passage," November 29, 2016. Available at: <http://www.socialinnovationcenter.org/?p=2304>

<sup>41</sup> Administration for Children and Families, "National Incidence Study of Child Abuse and Neglect (NIS-4), 2004-2009," undated. Available at: <https://www.acf.hhs.gov/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009>

<sup>42</sup> The Patient Protection and Affordable Care Act (P.L. 111-148) established MIECHV under Section 511 of the Social Security Act.

<sup>43</sup> Congressional Research Service, "Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding," December 6, 2016. Available at: [https://www.everycrsreport.com/files/20161206\\_R43930\\_2e77c54b56a0ace3463f6de1d2809c30119df399.pdf](https://www.everycrsreport.com/files/20161206_R43930_2e77c54b56a0ace3463f6de1d2809c30119df399.pdf)

<sup>44</sup> See Home Visiting Evidence of Effectiveness, "Evidence-based Models Eligible to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grantees" at [http://homvee.acf.hhs.gov/HRSA/11/Models\\_Eligible\\_MIECHV\\_Grantees/69/](http://homvee.acf.hhs.gov/HRSA/11/Models_Eligible_MIECHV_Grantees/69/). Updated figures obtained from ACF by email communication on February 6, 2017.

<sup>45</sup> These were top ratings in one of two categories: (1) home visiting programs for prevention of child abuse and neglect; or (2) home visiting programs for child well-being. See <http://www.cebc4cw.org/topic/home-visiting/> and <http://www.cebc4cw.org/topic/home-visiting-for-prevention-of-child-abuse-and-neglect/>

<sup>46</sup> See MDRC, "Mother and Infant Home Visiting Program Evaluation (MIHOPE)" at <http://www.mdrc.org/project/mother-and-infant-home-visiting-program-evaluation-mihope>

<sup>47</sup> OPRE, "Grantee-Led Evaluations: The Maternal, Infant, and Early Childhood Home Visiting Program – Overview and Profiles," OPRE Report #2016-78, October 2016. Available at: <https://www.acf.hhs.gov/opre/resource/grantee-led-evaluations-maternal-infant-early-childhood-home-visiting-program-overview-profiles>

<sup>48</sup> See the Home Visiting Applied Research Collaborative web site at <http://www.hvrn.org/index.html>

<sup>49</sup> Children's Bureau, "Parental Substance Use and the Child Welfare System," October 2014. Available at: <https://www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf>

<sup>50</sup> Michael Levenson, "Concern Mounts on Opioid Crisis' Toll on Children," *Boston Globe*, October 17, 2015. Available at: <https://www.bostonglobe.com/metro/2015/10/17/concern-mounting-about-opioid-crisis-toll-children/bbKXGdk4iKry1l6vAcb4hO/story.html>

Grants for substance abuse prevention and treatment come from a variety of sources, including the Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) at the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>51</sup> Other funding sources for substance abuse treatment and research practitioner partnerships are the Bureau of Justice Assistance<sup>52</sup> and the Office of Juvenile Justice and Delinquency Prevention at the Department of Justice.<sup>53</sup> Grants for basic research are also available from the National Institute on Drug Abuse (NIDA) at NIH.<sup>54</sup> Finally, the Children's Bureau has funded multiple rounds of Regional Partnership Grants to address permanency and well-being for children affected by substance abuse.<sup>55</sup>

Substance abuse treatment programs rated by the California Evidence-Based Clearinghouse as well-supported by research include Multisystemic Therapy and Multidimensional Family Therapy (for adolescents)<sup>56</sup> and Motivational Interviewing (for adults).<sup>57</sup> Additional evidence-based substance abuse treatment and prevention programs can be found at the National Registry of Evidence-Based Programs and Practices (NREPP).<sup>58</sup>

## Mental Health

A large proportion of children who enter state child welfare systems have mental health disorders. According to the Bazelon Center for Mental Health Law, between 40 and 60 percent have at least one psychiatric diagnosis and about a third have three or more.<sup>59</sup>

A similarly large portion of evidence-based child welfare models trace their roots to mental health research. Half (15) of the 30 models that have received the top rating of well supported by research from the California Evidence-Based Clearinghouse are wholly focused on mental health issues.<sup>60</sup> Four-fifths (24) at least partially address mental health issues (see **Table 3**).

The disproportionately high representation of mental health-focused models among the ranks of child welfare evidence-based interventions is likely due, at least in part, to the longer track record of rigorous research in the mental health field. The National Institute of Mental Health (NIMH) at NIH is the largest funder of research on mental health disorders in the world, spending over \$1.4 billion per year.<sup>61</sup>

## Supportive Housing

Housing instability is a significant contributor to family involvement with the child welfare system. One promising strategy to address this problem is supportive housing, which combines housing with wraparound supports to keep a family together.

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<sup>51</sup> See SAMHSA, "A Guide to Evidence-Based Practices (EBP)," at <https://www.samhsa.gov/ebp-web-guide>

<sup>52</sup> See <https://www.bja.gov/>

<sup>53</sup> See <https://www.ojjdp.gov/>

<sup>54</sup> See <https://www.drugabuse.gov/>

<sup>55</sup> Mathematica Policy Research, "2012 and 2014 Regional Partnership Grants to Increase the Well-Being of and to Improve the Permanency Outcomes for Children Affected by Substance Abuse: Third Annual Report to Congress," December 13, 2016. <https://www.mathematica-mpr.com/our-publications-and-findings/publications/third-annual-report-to-congress-2012-and-2014-regional-partnership-grants-to-increase-the-well-being>

<sup>56</sup> See <http://www.cebc4cw.org/topic/substance-abuse-treatment-adolescent/>

<sup>57</sup> See <http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/>

<sup>58</sup> See <http://www.nrepp.samhsa.gov/>

<sup>59</sup> Bazelon Center for Mental Health Law, "Child Welfare System," undated. Available at: <http://www.bazelon.org/Where-We-Stand/Success-for-All-Children/Child-Welfare-System.aspx>

<sup>60</sup> See Appendix A.

<sup>61</sup> Thomas R. Insel, M.D., "The Anatomy of NIMH Funding," undated. Available at: <https://www.nimh.nih.gov/funding/funding-strategy-for-research-grants/the-anatomy-of-nimh-funding.shtml>

**Table 3: Evidence-based Mental Health Programs**

The following table summarizes evidence ratings for child welfare-related mental health programs as determined by the California Evidence-Based Clearinghouse for Child Welfare. The total eliminates duplicates, where some program models are listed in more than one topic.

Topic	Evidence Rating					NR
	1	2	3	4	5	
Anxiety Treatment (Child & Adolescent)	3	1	5	0	0	0
Attachment Interventions (Child & Adolescent)	0	0	1	0	0	4
Bipolar Disorder Treatment (Child & Adolescent)	0	2	0	0	0	1
Depression Treatment (Adult)	5	1	2	0	0	0
Depression Treatment (Child & Adolescent)	0	2	4	0	0	0
Disruptive Behavior Treatment (Child & Adolescent)	10	5	6	0	0	1
Infant and Toddler Mental Health Programs	1	1	5	0	0	1
Trauma Treatment (Child & Adolescent)	3	1	17	0	0	17
Trauma Treatment – System Level (Child & Adol.)	0	0	1	0	0	6
Trauma Treatment (Adult)	4	2	5	0	0	6
<b>Total (unduplicated)</b>	<b>24</b>	<b>14</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>31</b>

**Rating Definitions**

1 = Well-supported by research evidence

3 = Promising research evidence

5 = Concerning practice

2 = Supported by research evidence

4 = Evidence fails to demonstrate effect

NR = Not able to be rated

Source: California Evidence-Based Clearinghouse for Child Welfare, January 23, 2017.

**Table 4: Evidence-based Behavior Management Programs**

The following table summarizes evidence ratings for child welfare-related behavior management programs (including parent training, anger management, and domestic violence) as determined by the California Evidence-Based Clearinghouse for Child Welfare. The total eliminates duplicates, where some program models are listed in more than one topic.

Topic	Evidence Rating					NR
	1	2	3	4	5	
Anger Management Treatment	0	0	0	0	0	8
Behavioral Management Programs for Adolescents in Child Welfare	3	1	2	0	0	10
Disruptive Behavior Treatment (Child & Adolescent)	10	5	6	0	0	1
Domestic/Intimate Partner Violence: Batterer Intervention Programs	0	0	1	0	0	2
Domestic/Intimate Partner Violence: Services for Victims and their Children	0	2	2	0	0	2
Motivation and Engagement Programs	1	1	0	0	0	1
Total (unduplicated)	11	7	11	0	0	23

Rating Definitions

1 = Well-supported by research evidence

3 = Promising research evidence

5 = Concerning practice

2 = Supported by research evidence

4 = Evidence fails to demonstrate effect

NR = Not able to be rated

Source: California Evidence-Based Clearinghouse for Child Welfare, January 23, 2017.

Supportive housing has been used more broadly to address housing instability for seniors and people with disabilities, but early non-experimental studies suggested that similar benefits were also possible in child welfare.<sup>62</sup> A study of the Keeping Families Together demonstration project in New York City found that it appeared to help keep families intact. Over 60 percent of the child welfare cases for families that participated were closed.<sup>63</sup>

In 2012, the Administration for Children and Families announced a new project, called the Partnership to Demonstrate the Effectiveness of Supportive Housing, which will further study the strategy in five cities.<sup>64</sup> The evaluation, which is being conducted by the Urban Institute, is combining a randomized controlled trial with a cost study to determine its effectiveness.<sup>65</sup>

In a similar effort, the Children's Bureau also announced five grants in 2015 to provide housing and other supports to prevent homelessness among child welfare involved youth.<sup>66</sup> The program was funded under the Child Abuse Prevention and Treatment Act (CAPTA) and is being evaluated with assistance from Mathematica Policy Research.

### Teen Pregnancy Prevention

While teen pregnancy has been declining for more than two decades, it continues to be a concern for youth either in, or in danger of entering, the child welfare system. Youth in the foster care and juvenile justice systems experience higher than average rates of teen pregnancy and childbearing.<sup>67</sup>

The consequences for these young people are significant. Teenage mothers experience worse educational outcomes, fewer job prospects, and lower wages. Their children are also more likely to live in poverty, to experience poor educational and health outcomes, and to become teen parents themselves.<sup>68</sup>

In the early years of the Obama administration, Congress enacted two evidence-based programs to reduce teen pregnancy, the Teen Pregnancy Prevention (TPP) Program and the Personal Responsibility Education Program (PREP). Each provides funding for programs that reduce teen pregnancy or address related outcomes, such as delayed sexual activity, increased use of contraception, and avoidance of STDs.

To support these programs, the Department of Health and Human Services (HHS) launched the Teen Pregnancy Prevention Review in 2009 to rate the evidence behind pregnancy prevention programs.<sup>69</sup> Reviews of eligible program evaluations are conducted by Mathematica Policy Research. To date, this review has identified 44 programs with studies that meet its standards for moderate or high evidence.<sup>70</sup>

The TPP Program, enacted in 2009, has provided between \$98 and \$110 million each year for competitive grant funding for teenage prevention programs,<sup>71</sup> of which three-quarters of grant funding is reserved for replications

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<sup>62</sup> Ehren Dohler, et al, "Supportive Housing Helps Vulnerable People Live and Thrive in the Community," Center on Budget and Policy Priorities, May 31, 2016. Available at: <http://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>; Sam Tsemberis, Leyla Gulcar, and Maria Nakae. "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with Dual Diagnosis," American Journal of Public Health, 2004. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/>

<sup>63</sup> Ibid.

<sup>64</sup> CSH, "The Child Welfare & Supportive Housing Resource Center," undated. Available at: <http://www.csh.org/csh-solutions/serving-vulnerable-populations/families/child-welfare-and-supportive-housing-resource-center/child-welfare-and-supportive-housing-resource-center-overview/>

<sup>65</sup> Mary Cunningham, et al, "Supportive Housing for High-Need Families in the Child Welfare System," November 2014. Available at: <http://www.urban.org/sites/default/files/publication/33556/2000010-Supportive-Housing-for-High-Need-Families-in-the-Child-Welfare-System.pdf>

<sup>66</sup> Administration for Children and Families, "Implementation Grants to Develop A Model Intervention for Youth/Young Adults With Child Welfare Involvement At-Risk of Homelessness," 2015. Available at: [https://ami.grantsolutions.gov/files/HHS-2015-ACF-ACYF-CA-0961\\_0.pdf](https://ami.grantsolutions.gov/files/HHS-2015-ACF-ACYF-CA-0961_0.pdf)

<sup>67</sup> HHS Office of Adolescent Health, "HHS Office of Adolescent Health's Teen Pregnancy Prevention Program," undated. Available at: [https://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/about/Assets/tpp-overview-brochure.pdf](https://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/about/Assets/tpp-overview-brochure.pdf)

<sup>68</sup> Kate Blackman, "Evidence-Based Policies to Prevent Teen Pregnancy," National Conference of State Legislatures, April 2016. Available at: [http://www.ncsl.org/documents/health/lb\\_2416.pdf](http://www.ncsl.org/documents/health/lb_2416.pdf)

<sup>69</sup> The Teen Pregnancy Prevention Review can be found at <https://tpevidencereview.aspe.hhs.gov/>

<sup>70</sup> Julieta Lugo-Gil, et al, "Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review: July 2014 through August 2015," Mathematica Policy Research, June 2016. Available at: [https://tpevidencereview.aspe.hhs.gov/pdfs/Summary\\_of\\_findings\\_2015.pdf](https://tpevidencereview.aspe.hhs.gov/pdfs/Summary_of_findings_2015.pdf)

<sup>71</sup> Congressional Research Service, "Teenage Pregnancy Prevention: Statistics and Programs," October 26, 2016, p. 13. Available at

of programs that have been identified as having moderate or high evidence in the HHS evidence review (Tier 1).<sup>72</sup> The other one-quarter of grant funding is for evaluating promising programs that currently lack such evidence (Tier 2). The program is overseen by the HHS Office for Adolescent Health.

All programs funded under TPP are subject to evaluation requirements. In 2016, the program released the results of the first 41 evaluations initiated under the program. It found that 12 (or 29 percent) had successfully demonstrated a positive impact.<sup>73</sup>

PREP, enacted in 2010, provides \$75 million in funding primarily through formula grants to states for programs that focus on abstinence, contraception use, and adulthood preparation.<sup>74</sup> Funded programs must either replicate or substantially incorporate programs that have been rated as having moderate or high evidence in the HHS evidence review. The program is overseen by the Family and Youth Services Bureau in the Administration for Children and Families. OPRE is overseeing evaluations for this program.<sup>75</sup>

## Recommendations

Despite billions of dollars invested annually in services intended to promote the safety, permanency, and well-being of children and youth in – or at risk of entering – the child welfare system, the evidence showing that these services are effective is nascent.

Congress and the new administration could address this gap, with no net increase in cost to the federal government, with the following supportive changes.

- **Congress Should Set Aside 1% of Federal Title IV-E and IV-B Funding for a Tiered Evidence Initiative in Child Welfare:** In fiscal year 2016, the federal government spent \$8.5 billion on core child welfare services through two principal sources – Titles IV-E and IV-B of the Social Security Act.<sup>76</sup> These funds are further matched by states and additional funding is provided through other federal programs, such as the Temporary Assistance for Needy Families (TANF) block grant, the Social Services Block Grant (SSBG), and Medicaid.<sup>77</sup>

Despite this large overall investment, funding for evaluating core child welfare programs to determine whether they are effective is exceedingly small. This is especially true when compared to federal investments in other areas of research. The annual budget for NIH, for example, exceeds \$30 billion.<sup>78</sup> In education, where the federal government plays a smaller role compared to states and local governments, annual funding for the Institute of Education Sciences is approximately \$500 million, with another \$120 million spent annually on the Education, Innovation and Research (EIR) program, a tiered evidence initiative launched during the Obama administration.<sup>79</sup>

In recent years, there has been growing, bipartisan interest in tiered evidence initiatives of this kind, including from Republicans in Congress.<sup>80</sup> The Teenage Pregnancy Prevention (TPP) program and

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[https://www.everycrsreport.com/files/20161026\\_RS20301\\_6daa965d73e663ebd27b76c058c1312bba7afa5a.pdf](https://www.everycrsreport.com/files/20161026_RS20301_6daa965d73e663ebd27b76c058c1312bba7afa5a.pdf)

<sup>72</sup> See: HHS Office of Adolescent Health, Teen Pregnancy Prevention Resource Center," at [https://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/index.html](https://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/index.html)

<sup>73</sup> Suzanne Perry, "Teen Pregnancy Prevention Program Findings Show Benefits, Challenges of Evidence-Based Programming," Social Innovation Research Center, September 22, 2016. Available at: <http://www.socialinnovationcenter.org/?p=2274>

<sup>74</sup> Family and Youth Service Bureau, "Nationwide Efforts to End Adolescent Pregnancy" at <https://www.acf.hhs.gov/fysb/resource/app-fact-sheet>; HHS Office of Planning, Research and Evaluation, "Personal Responsibility Education Program (PREP) Multi-Component Evaluation, 2011-2018" <https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multi-component>

<sup>75</sup> See OPRE, "Personal Responsibility Education Program (PREP) Multi-Component Evaluation, 2011-2018," at <https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multi-component>

<sup>76</sup> Emilie Stoltzfus, "Child Welfare: An Overview of Federal Programs and Their Current Funding," Congressional Research Service, January 10, 2017, pp. 1-2. Available at:

[https://www.everycrsreport.com/files/20170110\\_R43458\\_54b17b4c9f00a14f7553aaa2878976a2ace9ed97.pdf](https://www.everycrsreport.com/files/20170110_R43458_54b17b4c9f00a14f7553aaa2878976a2ace9ed97.pdf)

<sup>77</sup> Ibid.

<sup>78</sup> U.S. Department of Health and Human Services, "HHS FY2016 Budget in Brief," undated. Available at: <https://www.hhs.gov/about/budget/budget-in-brief/nih/index.html>

<sup>79</sup> Social Innovation Research Center, "Investing in Innovation (i3): Strong Start on Evaluating and Scaling Effective Programs, But Greater Focus Needed on Innovation," January 19, 2017, pp. 4-5. Available at: <http://socialinnovationcenter.org/wp-content/uploads/2017/01/SIRC-i3-report.pdf>

<sup>80</sup> Patrick Lester, "Republicans Deploy an Old Tool in Combating Poverty: Evidence," Government Executive, June 14, 2016. Available at:

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, both of which are described earlier in this paper, are two examples.

Congress should establish a similar tiered evidence initiative for core child welfare services. Setting aside just 1 percent of current federal funding through Title IV-E and Title IV-B would provide \$85 million per year. A 20 percent match from state, local, or philanthropic sources could bring the total investment to \$100 million per year. A tiered evidence initiative of this kind could begin to address the significant gaps in evidence that now exist for these services, and do so without adversely affecting the federal deficit.

- ***Congress and the Trump Administration Should Appoint a Panel of Experts to Recommend Ways to Renew Authority for State Child Welfare Waiver Demonstration Projects:*** Waivers have been an important tool for testing state innovations, in some cases providing evidence needed to support broader national reforms.<sup>81</sup> Two successful examples in child welfare include subsidized guardianship and recovery coaches for substance abusing parents.<sup>82</sup>

Unfortunately, authority for new child welfare waivers under Titles IV-E and IV-B expired in 2014.<sup>83</sup> Reasons for this cited in interviews for this paper include their net cost to the federal government (as scored by the Congressional Budget Office), a perceived lack of success among recent waivers, belief that states already possess significant flexibility to test innovations without such waivers, and a belief that the existence of state waiver authority may undercut political support for more aggressive national reforms.

These reasons have contributed to a lack of support in Congress for authorizing new waivers. To address this, Congress and the new administration should convene a panel of national experts and state and federal representatives to review these issues and make recommendations to revitalize and reinstate this important tool.

- ***Foundations and Federal Agencies Should Jointly Sponsor a Periodic Meeting of Practitioners, Researchers, Public Agencies, and Private Funders to Promote Greater Communication and Planning in Child Welfare-related Research:*** In interviews, several experts who are familiar with the work of the child welfare research community suggested that it could benefit from greater communication and coordination across related fields, such as child protective services, mental health, substance abuse, and other social services, where research is often conducted in distinct silos.

Foundations and federal agencies should address this gap by jointly convening a periodic meeting of researchers, practitioners, philanthropy, states, and federal representatives to discuss the current state of evidence in child welfare, work that is now underway, and future plans for addressing gaps in existing knowledge.

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<http://www.govexec.com/excellence/promising-practices/2016/06/republicans-seek-silver-bullet-combating-poverty-evidence/129068/>

<sup>81</sup> Judith M. Gueron, "The Politics and Practice of Social Experiments: Seeds of a Revolution," MDRC, May 2016. Available at:

<http://www.mdrc.org/publication/politics-and-practice-social-experiments>

<sup>82</sup> Mark F. Testa, et al, "Illinois Subsidized Guardianship Waiver Demonstration," July 2003. Available at:

[http://cfr.illinois.edu/pubs/rp\\_20030701\\_IllinoisSubsidizedGuardianshipWaiverDemonstrationFinalEvaluationReport.pdf](http://cfr.illinois.edu/pubs/rp_20030701_IllinoisSubsidizedGuardianshipWaiverDemonstrationFinalEvaluationReport.pdf); and Coalition for Evidence-based Policy, "Child Welfare Example: Recovery Coaches for Substance-Abusing Parents," 2012. Available at: <http://coalition4evidence.org/wp-content/uploads/2012/04/Low-Cost-Rigorous-Evaluations-5-examples-April-2012.pdf>

<sup>83</sup> These waivers were authorized under Section 1130 of the Social Security Act. See: [https://www.ssa.gov/OP\\_Home/ssact/title11/1130.htm](https://www.ssa.gov/OP_Home/ssact/title11/1130.htm)

## Appendix A: Top Rated Child Welfare Program Models

This appendix lists all 30 program models rated by the California Evidence-Based Clearinghouse for Child Welfare as well-supported by research as of January 23, 2017. Of these 30, the 15 that are focused on mental health are broken out separately.

<b>General Programs (15)</b>	<b>Topics</b>
Family Check-Up (FCU)	Parent Training Programs that Address Behavior Problems in Children and Adolescents
Healthy Families America (HFA)	Home Visiting Programs for Child Well-Being Home Visiting Programs for Prevention of Child Abuse and Neglect
Incredible Years	Disruptive Behavior Treatment (Child & Adolescent) Parent Training Programs that Address Behavior Problems in Children and Adolescent Prevention of Child Abuse and Neglect (Secondary Programs)
Motivational Interviewing (MI)	Substance Abuse Treatment (Adult) Motivation and Engagement Programs
Multidimensional Family Therapy (MDFT)	Substance Abuse Treatment (Adolescent) Disruptive Behavior Treatment (Child & Adolescent) Behavioral Management Programs for Adolescents
Multisystemic Therapy (MST)	Substance Abuse Treatment (Adolescent) Disruptive Behavior Treatment (Child & Adolescent) Behavioral Management Programs for Adolescents
Multisystemic Therapy: Youth with Problem Sexual Behaviors	Interventions for Abusive Behavior
Nurse-Family Partnership (NFP)	Home Visiting Programs for Child Well-Being Home Visiting Programs for Prevention of Child Abuse and Neglect Prevention of Child Abuse and Neglect (Primary) Programs Teen Pregnancy Services
Parent Management Training - Oregon Model	Parent Training Programs that Address Behavior Problems in Children and Adolescents Disruptive Behavior Treatment (Child & Adolescent)
Parent-Child Interaction Therapy (PCIT)	Disruptive Behavior Treatment (Child & Adolescent) Parent Training Programs that Address Behavior Problems in Children and Adolescents
Problem Solving Skills Training (PSST)	Disruptive Behavior Treatment (Child & Adolescent)
Promoting Alternative Thinking Strategies (PATHS)	Disruptive Behavior Treatment (Child & Adolescent)
Safe Environment for Every Kid (SEEK)	Prevention of Child Abuse and Neglect (Primary) Programs

Treatment Foster Care Oregon - Adolescents

Higher Level of Placement  
Placement Stabilization  
Behavioral Management Programs for  
Adolescents in Child Welfare  
Disruptive Behavior Treatment (Child & Adolescent)

Triple P - Positive Parenting Program® - Level 4

Disruptive Behavior Treatment (Child & Adolescent)  
Parent Training Programs that Address Behavior  
Problems in Children and Adolescents  
Disruptive Behavior Treatment (Child & Adolescent)

**Mental Health Programs (15)**

**Topics**

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Acceptance and Commitment Therapy (ACT)

Depression Treatment (Adult)

Attachment and Biobehavioral Catch-up (ABC)

Infant and Toddler Mental Health Programs (0-3)

Cognitive Behavioral Therapy for Adult Depression

Depression Treatment (Adult)

Cognitive Processing Therapy (CPT)

Trauma Treatment (Adult)

Cognitive Therapy (CT)

Depression Treatment (Adult)

Coping Cat

Anxiety Treatment (Child & Adolescent)

Coping Power Program

Disruptive Behavior Treatment (Child & Adolescent)

Eye Movement Desensitization and Reprocessing  
(Adult)

Trauma Treatment (Adult)

Eye Movement Desensitization and Reprocessing  
(Child, Adolescent)

Trauma Treatment (Child & Adolescent)

Interpersonal Psychotherapy (IPT)

Depression Treatment (Adult)

Mindfulness-Based Cognitive Therapy (MBCT)

Depression Treatment (Adult)

Narrative Exposure Therapy (NET)

Trauma Treatment (Adult)

Prolonged Exposure Therapy  
for Adolescents (PE-A)

Anxiety Treatment (Child & Adolescent)  
Trauma Treatment (Child & Adolescent)

Prolonged Exposure Therapy for  
PTSD for Adults (PE)

Trauma Treatment (Adult)

Trauma-Focused Cognitive-Behavioral Therapy

Trauma Treatment (Child & Adolescent)  
Sexual Behavior Problems Treatment (Children)  
Anxiety Treatment (Child & Adolescent)

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