Supporting the Sustainable Use of Research Evidence in Child Welfare Services

An Implementation Science and Service Provider-Informed Blueprint for Integration of Evidence-Based / Evidence-Informed Practices into New Jersey's Child Welfare System

New Jersey

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Acknowledgements

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Executive Summary

Despite the growing emphasis on the use of evidence-based practices and programs to improve outcomes, the mobilization of research evidence on the frontlines of child welfare has been quite limited, especially in public agencies serving the vast majority of children, youth, and families.*

Even when service systems make the investment in evidence-based programs, sustaining the potential of these programs over the long term has continued to be a challenge across the United States and the globe (Ghate, 2016; Chambers, Glasgow, & Stange, 2013). Saldana (2015) found that only 37% of widely disseminated evidence-based models are sustained in the long term. Indeed, in many jurisdictions, "services as usual" remain untouched by research evidence.

Integrating evidence-based practices into the delivery of child welfare services goes beyond simply making a list of preferred models (Berliner et al., 2015). It is a complex process that involves the selection of appropriate evidence-based practices, the development of an infrastructure to support high-quality implementation of the practices, and systems changes that will ensure the practices are sustainable beyond the first 18 to 24 months of implementation. Child welfare systems present unique challenges to the implementation of evidence-based practices in terms of the structure, processes, practitioners, and service population. There are an array of competing needs and limited resources, making the uptake and sustainability of evidence-based practices challenging to say the least.

In their 2016-2018 Strategic Plan, New Jersey's Department of Children and Families (DCF) identified "continuing to transition the service array to research and evidence-supported models using an implementation science framework approach" as a key priority for meeting the strategic goal of "ensuring the integrity and quality of DCF's system of care" (DCF, 2016). DCF is committed to realigning their service dollars to purchase programming that holds more promise to achieve outcomes with some of New Jersey's most vulnerable children and families.

To advance this strategy, DCF partnered with the Annie E. Casey Foundation and the National Implementation Research Network (NIRN) at the University of North Carolina Chapel Hill to develop *An Implementation Science and Service Provider-Informed Blueprint for the Integration of Evidence-Based/Evidence-Informed Practices into New Jersey's Child Welfare System*, "the Blueprint." A collaborative mixed-methods design was used to customize and prioritize implementation science best practices to the specific context of New Jersey's child welfare system. NIRN and DCF selected a stratified sample from DCF provider partners across New Jersey who have experience implementing evidence-based, evidence-informed, and/or evidence-supported/promising programs using an open Call for Participation process conducted by DCF. Ten providers were selected from among 24 applicants to include a stratified sample with representation of varying levels of evidence, geographic distribution, and a range of organizational and programmatic capacity. Additionally, DCF formed the Commissioner's Advisory Group on Integration of Evidence-Based Practices (the Advisory Group) to provide expert consultation on the project. The Advisory Group (n = 16) included DCF leadership, model developers for evidence-based practices, systems partners, researchers, and service providers.

* Saldana, 2014; Durlak & Dupree, 2008; Aarons & Palinkas, 2007

NIRN collected data from providers through a series of four interactive workshops and from a voluntary subset of Advisory Group members through workshop debriefs. Workshops were structured around the "Active Implementation Formula" (National Implementation Research Network, 2016). The formula provides a high-level overview of the factors required to achieve socially significant outcomes.

The three components (see Figure 1) and workshop foci included:

EFFECTIVE PRACTICES

Strategies or interventions that are supported by evidence, feasible to implement, fit the needs of the community, and are well defined

WORKSHOP ONE

Workshop 1 focused on "intervention selection" as part of the effective practices component.

ENABLING CONTEXT

Collaboration through teaming structures, communication and feedback loops, and ongoing use of data improvement to support effective practices.

WORKSHOP TWO

Workshop 2 focused on the "implementation teams" as part of the enabling context component.

WORKSHOP FOUR

Workshop 4 focused on "data use and communication" as part of the enabling context component.

EFFECTIVE IMPLEMENTATION

Intentional and visible infrastructure to support effective practices.

WORKSHOP THREE

Workshop 3 focused on the "implementation drivers" as part of the effective implementation component.

WORKSHOP FOUR

Workshop 4 focused on the use of data and communication across "implementation stages" as part of the effective implementation component.

For each workshop and section of the Blueprint, there were a variety of quantitative and qualitative data gathered and shared through a multi-step process to solicit information and feedback from multiple perspectives. Key data collection and analysis steps included a pre-workshop survey to inform workshop development and share initial results within the workshop, in-workshop activities to gather applied information from providers, State of Practice (SOP) documents that summarized key data points from the pre-workshop survey and workshop feedback from providers, and participating Advisory Group members' recommendations and feedback.

FIGURE 1

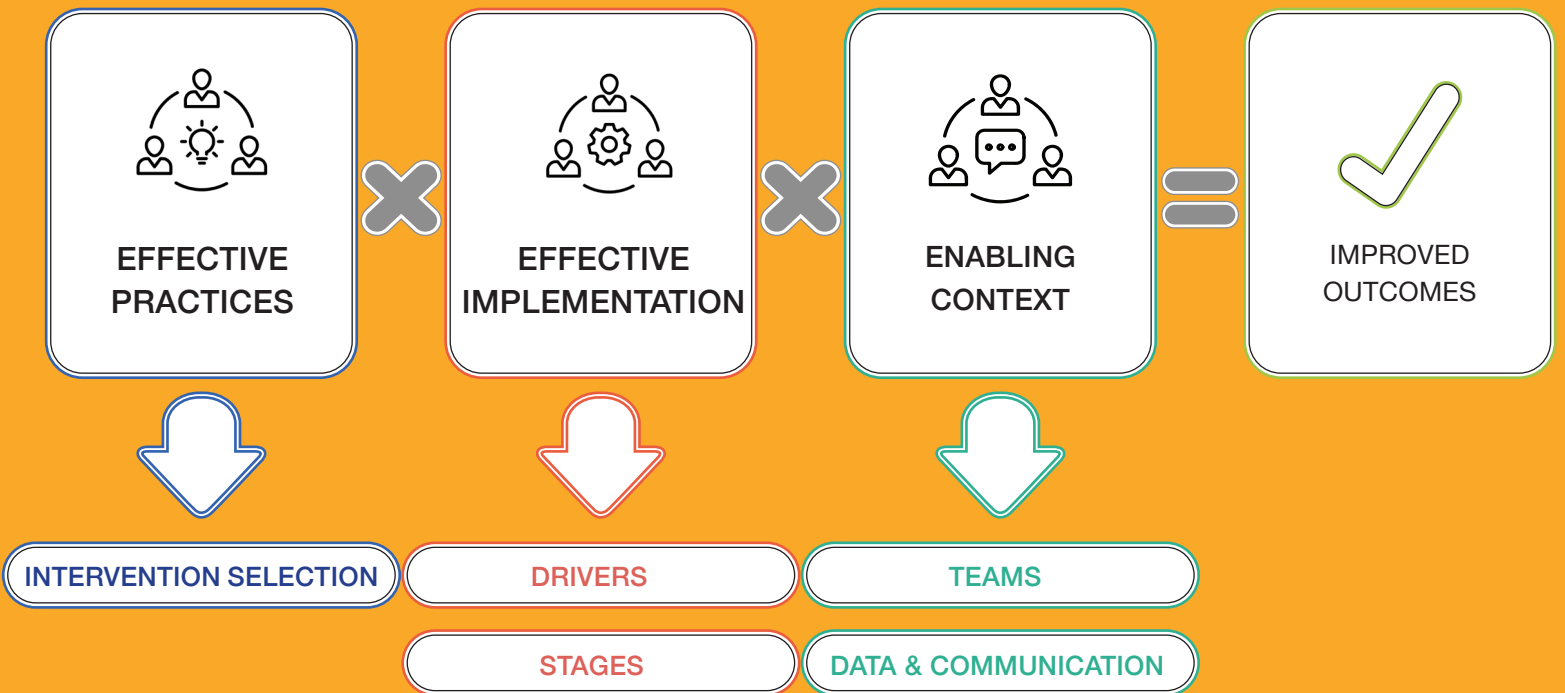Active Implementation Formula with
Components and Workshop Foci

| EFFECTIVE PRACTICES | × | EFFECTIVE IMPLEMENTATION | × | ENABLING CONTEXT | = | IMPROVED OUTCOMES |

INTERVENTION SELECTION

DRIVERS

TEAMS

STAGES

DATA & COMMUNICATION

**Figure 1. Implementation defined.
Reprinted with permission from
nirn.fpg.unc.edu/learn-implementation/implementation-defined.
The National Implementation Research Network,
University of North Carolina Chapel Hill.**

TABLE 1

Workshop Recommendations Summary Table

INTERVENTION SELECTION	IMPLEMENTATION TEAMS	IMPLEMENTATION INFRASTRUCTURE	DATA USE AND COMMUNICATION

RECOMMENDATION FOCUS — DCF AND SYSTEM PARTNERS

1.1 DCF can explore using procurement processes to support the improvement of contextual fit between potential interventions and the local service delivery context. **1**	**2.1** Form a state-level implementation team to support providers in high-quality implementation of EBP/EIPs.	**3.1** Assess DCF and system infrastructure strengths and gaps and prioritize areas of infrastructure development.	**4.1** Ensure ongoing data use and communication of service providers by supporting the necessary infrastructure.
1.3 DCF can support providers' selection methods by exploring the possibility of working with systems partners to provide guidance and technical assistance to providers on how to use needs assessment data to make informed choices related to interventions.	**2.3** Explore how DCF infrastructure (e.g., contracts, training, program leads) could support effective implementation and allocate resources to provide TA and coaching to provider teams.	**3.2** Develop and refine the infrastructure through collaborative teaming structures with DCF, service providers, and system stakeholders.	

RECOMMENDATION FOCUS — SERVICE PROVIDERS & PRACTIONERS

1.2 Consider strategies to conduct internal fit and feasibility assessments using data to inform intervention selection decisions.	**2.2** Formalize implementation team infrastructure with diverse representation and clear accountability.	**3.3** Embed implementation best practices using tools and resources developed and supported by DCF.	**4.2** Apply best practices of data use and communication by instituting data use and communication at the practice and agency levels.

1 For example, in cases where DCF is seeking to support the use of selected interventions based on population needs, DCF might structure requests for proposals around key dimensions of contextual fit—including feasibility and readiness for implementation—and developing aligned criteria to evaluate answers. In cases where DCF seeks innovative solutions to identified problems, DCF can support providers in using available needs assessment data to identify potential interventions. RFPs can also be structured to provide phased funding that allows for selection and capacity-building processes.

The Blueprint sections are based on the workshop series and summarize relevant research related to each topic, key findings from data and feedback from the provider workshop participants and Advisory Group participants, and systems-level and provider-level recommendations based on implementation science best practices and the current state of practice in New Jersey as shared by participants. The primary intended audience for the Blueprint includes state child welfare leadership, as well as private providers and systems partner leaders and practitioners interested in integrating evidence-based and evidence-informed programming using best practices of implementation science. Recommendations are organized into three thematic areas that provide a framework for aligning the public child welfare system's activities and priorities with the development of a sustainable infrastructure to support the use of research evidence. Further information on each of these recommendations and thematic areas is described in the respective Blueprint chapters.

Developing *An Implementation Science and Service Provider-Informed Blueprint for the Integration of Evidence-Based/Evidence-Informed Practices into New Jersey's Child Welfare System* involved multiple steps, voices, and perspectives to integrate both research and practice into a practical and useful guide for both New Jersey's Department of Children and Families, private provider agencies serving vulnerable children and families, and the field of child welfare generally. These efforts will require a focus on strengthening public and private partnerships, organizing and promoting capacity within and across the child welfare system, and supporting the ongoing quality improvement of services. With this investment and information, New Jersey is particularly well positioned to apply these recommendations in order to promote the sustainable use of research evidence within their service system array and be a leader in national efforts to integrate evidence-based programs effectively so that vulnerable children and families to benefit.

The thematic areas include (See Recommendations Summary Table 1):

1 Strengthening Public and Private Partnerships

2 Organizing and Promoting Capacity

3 Supporting Quality Improvement