



From Evidence to Action Webinar Series

Session 2:

Ohio's Approach to Evidence-based Interventions for the Child Welfare Continuum

November 28, 2018

SAFE STRONG SUPPORTIVE

casey family programs

SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES

safe children | strong families | supportive communities

Before we begin

- Lines have been muted to reduce disruptions
- Webinar will be recorded & posted at:
<https://www.casey.org/evidence-to-action/>
- Please pose questions throughout the session:
 - On the Zoom Platform: Select “Questions and Answers” dialogue button, type in your question, and hit send.
 - If attending by phone, email KMresources@casey.org.
- We will collect questions throughout the webinar and do our best to answer them - either immediately, or in the Q&A portion at the end.
- If we don't get to your question, we will provide answers in a follow-up document sent to all registrants/participants along with the session recording and other resources.

Presenters

- **Dr. Peter Pecora**, Managing Director, Research Services, Casey Family Programs, ppecora@casey.org
- **Roger Ward**, New Federal/State Initiatives Project Manager, Ohio Department of Job and Family Services, Roger.Ward@jfs.ohio.gov
- **Ryan Pickut, MA, LPCC-S**, Director of Clinical Services at Maryhaven - Columbus, OH, RPickut@maryhaven.com

Setting the Stage

- Why are evidence-based practices and programs important?
- What do we know and what have we heard from US DHHS/Children's Bureau? Are there any additional updates or new policy guidance?
- What can we learn from others with experience selecting, installing and spreading evidence-based practices and programs?

67 Interventions That Should be Classified as Well-Supported in Terms of Evidence Level Using CEBC or FFPSA Criteria

FFPSA Intervention Areas	No. of Interventions Ranked as Well-supported
Mental health services for children and parents	40
Substance abuse prevention and treatment services for children and parents	13
In-home parent skill-based programs: <ul style="list-style-type: none"> ▪ Parenting skills training and Parent education^a ▪ Individual and family counseling 	9 5

^a Because a clear definition of each program type and how they differ from each other has not yet been issued by the Federal Government in relation to FFPSA, we grouped interventions that might qualify for one or both these program types together.

In-Home Parent Skill-Based Programs: Parenting Skills Training and Parent Education (Total: 9)

1. Family Connects
2. Family Spirit (for American Indian/Alaskan Native parents)
3. Healthy Families America (HFA)
4. Home Instruction for Parents of Preschool Youngsters (HIPPY)
5. Minding the Baby® (MTB)
6. Nurse Family Partnership (NFP)
7. Parenting with Love and Limits
8. SafeCare
9. The Incredible Years

In-Home Parent Skill-Based Programs: Individual and Family Counseling (Total: 5)

- | | |
|--|--|
| <ol style="list-style-type: none">1. Attachment-Based Family Therapy (ABFT)2. Child-Parent Psychotherapy3. Functional Family Therapy (FFT) | <ol style="list-style-type: none">4. Homebuilders (Intensive Family Preservations Services)5. The Family Check-up (FCU) |
|--|--|

Sample Page from the FFP Intervention Catalog

Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost & Cost-Savings	Manual Available	Waiver Intervention
Mental Health for Caregivers or Children						
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It has mostly been used and evaluated with youth who were sexually abused or exposed to domestic violence. TF-CBT can also benefit children with depression, anxiety, shame, and/or grief related to their trauma.	Ages 4–18. Anxiety, depression, PTSD	Weekly 60- to 90-minute sessions Duration: 12–16 weeks	1 (Well-supported)	\$1,037 (CBT based models for child trauma) ⁱ	Yes ⁱⁱ	AR, CO, IN, KY, MD, MT, NV, WI
Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior Triple P—Positive Parenting Program (Level 4, self-directed) is an intensive individual-based parenting program for families of children with challenging behavior problems. In the self-directed modality, parents receive a full Level 4 curriculum with a workbook and exercises to complete at their own pace. They are also offered support from a therapist by telephone on a regular basis.	Ages 0–12	10–16 sessions Duration: over 3–4 months ⁱⁱⁱ	1 (Well-supported)	Cost: \$1,792 Savings: \$2339 B-C: \$3.36 ^{iv}	Yes ^v	CO, ME, NE, TX, WA



**Department of
Job and Family Services**

John R. Kasich, Governor
Cynthia Callender Dungey, Director

Office of
Families and Children

Preparing for Family First: Ohio's Needs Assessment Protocol for Child Welfare Services

Roger Ward, Project Manager
Bureau of Systems and Practice Advancement
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Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

Phase VII

Roe v Staples: Current Status

Etta Lappen Davis, plaintiff's expert, reviewed the Needs Assessment and concluded:

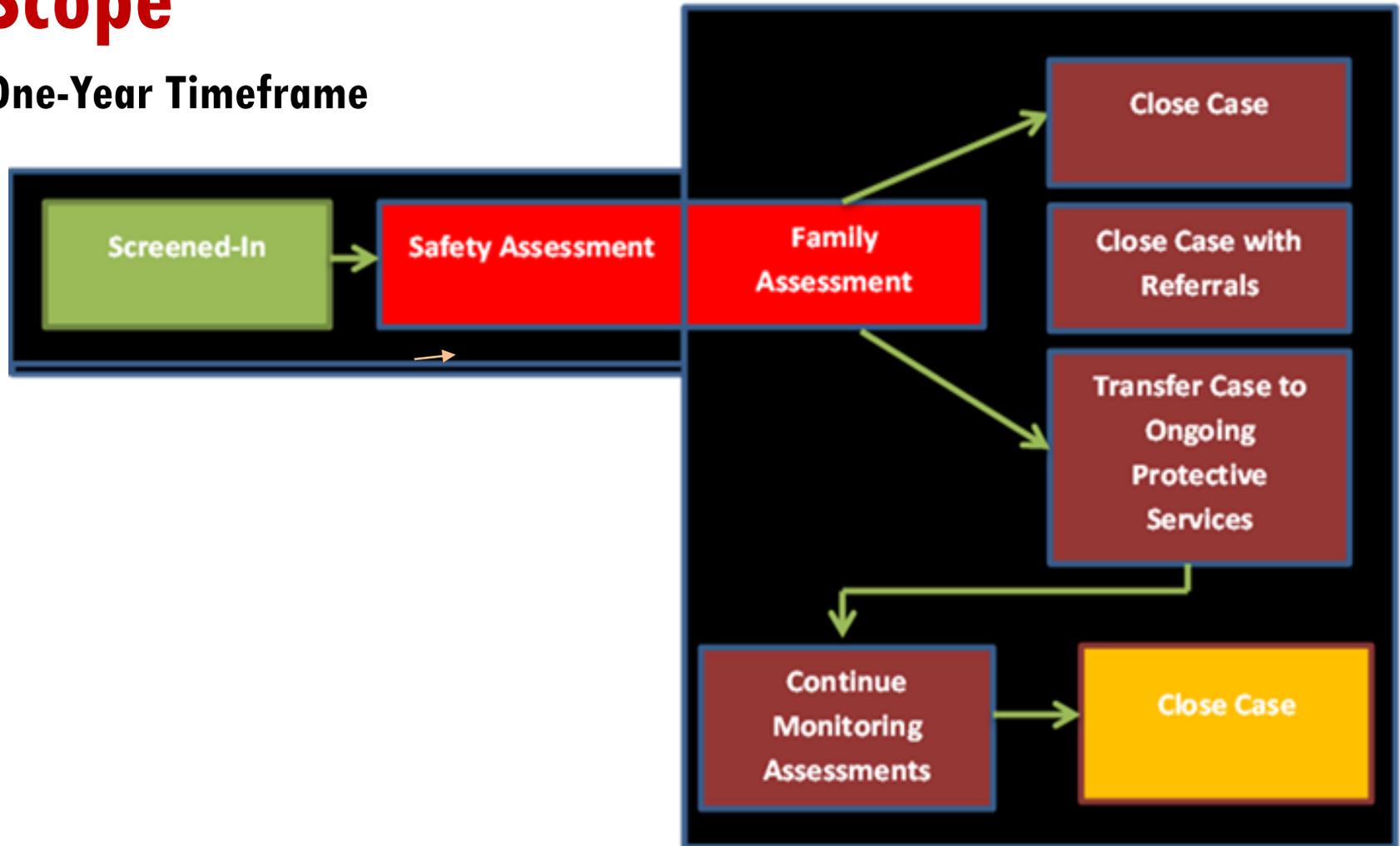
*“The current Needs Assessment has, in fact, **exceeded expectations** in that it provides benefit not only to Ohio's children and families, but has the potential to **benefit other child welfare systems** when ODJFS can share the results of its work.”*

Purpose

1. What are the **concerns** of children and families served by Ohio's child welfare system experiencing?
2. Are there **constellations** of concerns evident among the children and families?
3. What are the effective **evidence-based interventions**, identified in peer-reviewed literature, that address the concerns of children and families?
4. What do national **experts in the field recommend** as the most effective service interventions for children and families?
5. What **services** are children and families currently receiving?
6. What **additional evidence-based services** are needed to address the concerns?

Scope

One-Year Timeframe



Phase I

Phase II

Phase III

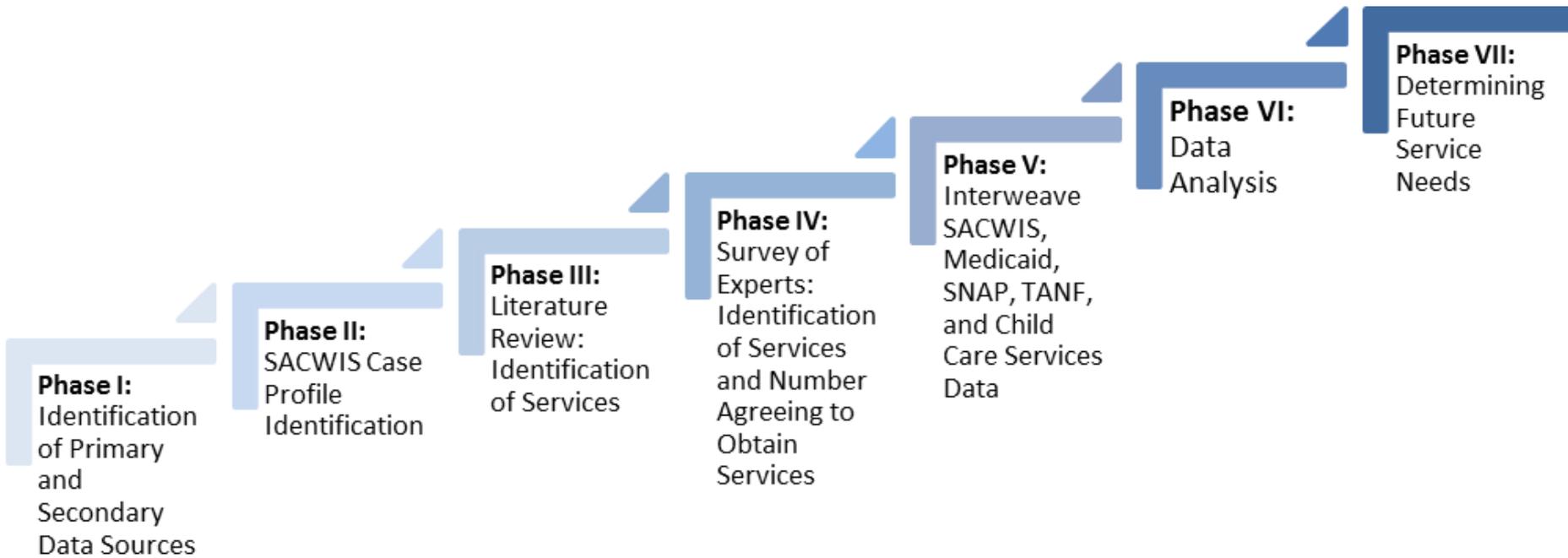
Phase IV

Phase V

Phase VI

Phase VII

Seven Phases



Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

Phase VII

Phase I: Identification of Primary and Secondary Data Sources

Primary Data (SACWIS)

- Case Information
- Person Information
- Assessments
- Services
 - Structured (drop-down boxes)
 - Unstructured (text)

Secondary Data

- Medicaid Claims
- TANF
- SNAP
- Child Care

Phase I

Phase II

Phase III

Phase IV

Phase V

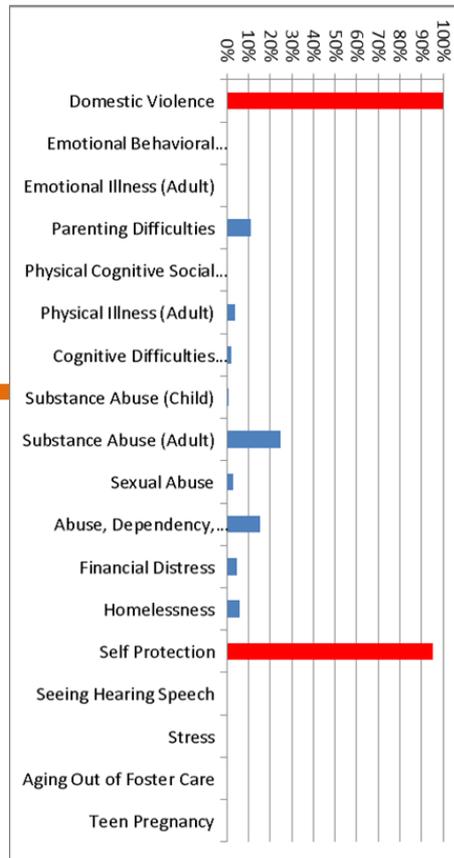
Phase VI

Phase VII

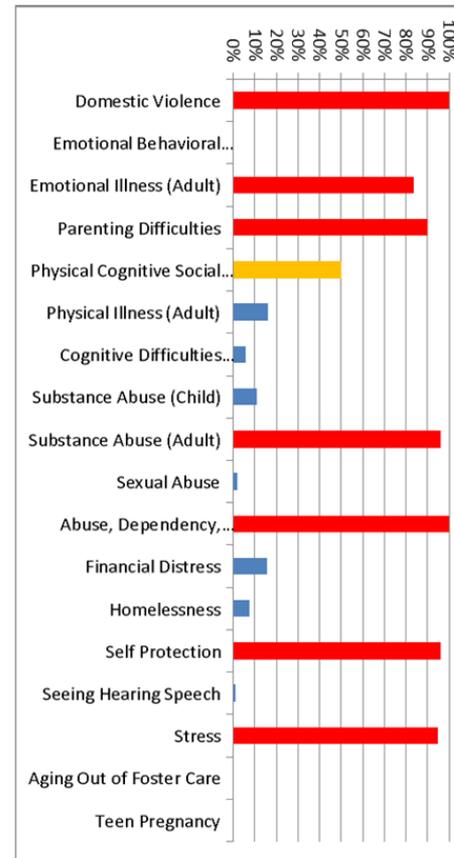
Phase II: SACWIS Case Profile Identification

Case Vignette: Profile 1

Profile 1



Profile 25



Case Vignette: Profile 25



Phase III: Literature Review - Identification of Services

- The Systematic Research Review
 - Using a ten year scope of peer-reviewed literature published across disciplines (e.g., psychology, sociology, social work, developmental science, behavioral science, health), we identified:
 - ✓ Effective **evidence-based interventions**
 - ✓ **Casework best practices** to engage families

Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

Phase VII

Systematic Research Review

Interventions	Citations	Portals	Practice Resources	Interv	Intervention	Population	CEBC (Low =	SAMHSA (High =	Our Rating	CAN Populat	PA Sub Abus	PA Dom Viol	PA M
				4	Multidimensional Family Therapy	Family-based outpatient tre		3.8 - Recovery fro	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				5	Multisystemic Therapy for Juvenile Offenders	Treatment for antisocial beh		2.9 - Post treatme	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				8	Cognitive Behavioral Therapy	CBT is a skills-based, presen		3.5 - Symptoms of	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				14	Motivational Interviewing	MI is a client-centered, direc		3.4 - Alcohol use	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				18	Oregon Model, Parent Management Training (P	Parenting intervention for y		3.6 - Delinquency	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				37	Adolescent Community Reinforcement Approa	A-CRA is a behavioral interv		3.7 - Recovery fro	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				38	Adolescent-Focused Family Behavior Therapy	Adolescent FBT includes mo	2 - CEBC Rating			4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				39	Adult-Focused Family Behavior Therapy	Adult-Focused FBT includes	2 - CEBC Rating			4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				49	Community Reinforcement + Vouchers Approac	CRA + Vouchers has two mai	2 - CEBC Rating			4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				50	Families Facing the Future	The Families Facing the Futu	2 - CEBC Rating			4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				52	Fostering Healthy Futures (FHF)	FHF is a mentoring and skills	2 - CEBC Rating			4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				53	Functional Family Therapy	FFT is a family intervention		3.4 - Delinquent b	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				68	Seeking Safety for Adults	Treatment for adults who ha		2.3 - Trauma-relat	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				82	Dialectical Behavior Therapy	Behavioral treatment to imp		3.4 - Psychosocial	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				92	LifeSkills Training	School-based life skills train		3.9 - Substance us	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				151	Across Ages	School and community-base		3.1 - Drug use reat	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				156	Alcohol Behavioral Couple Therapy	Outpatient treatment for in		3.2 - Drinking beh	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				157	Alcohol Literacy Challenge	Alcohol use among high sch		3.3 - Alcohol cons	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				169	ATLAS	Drug prevention for high sch		3.0 - Illicit drug us	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				181	Brief Strengths-Based Case Management for Su	Substance abuse interventio		3.3 - Entrance intc	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				193	Chestnut Health Systems-Bloomington Ad Out I	Intensive outpatient for 12-		3.9 - Substance us	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				200	CHOICES: A Program for Wmn about Choosing H	Program to lower risk of alcc		3.5 - Risky drinkin	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				205	Cocaine-Specific Coping Skills Training	Treatment for adults that us		3.2 - Number of cc	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				213	Communities that Care (CTC)	Community program for Evic		3.6 - Substance us	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				215	Community Trials Intervention to Rdc Hgh Rsk D	Community program to redu		3.3 - Alcohol cons	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				219	Contracts, Prompts, and Rnfrmnt of Sub Use Cnt	Adults in final week of resid		3.4 - Participation	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				242	Enough Snuff	Cessation program for smok		3.1 - Abstinence fi	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				249	Family Support Network	Outpatient substance abuse		3.7 - Abstinence fi	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				258	Guiding Good Choices	Drug use prevention for 9-14		3.5 - Alcohol abus	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				274	Interim Methadone Maintenance	Methadone treatment for oj		3.7 - Heroin use	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				289	Network Support Treatment for Alcohol Depend	Outpatient treatment for alc		3.2 - Alcohol abeti	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



Systematic Research Review

Concern	Evidence-Based Intervention
Parenting Difficulty	Triple-P Parenting Program
	Nurse-Family Partnership
	Parent-Child Interaction Therapy
	Incredible Years
	Functional Family Therapy
	Intensive In-Home Family Treatment Program
	1-2-3 Magic: Effective Discipline for Children
	Child-Parent Psychotherapy

Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

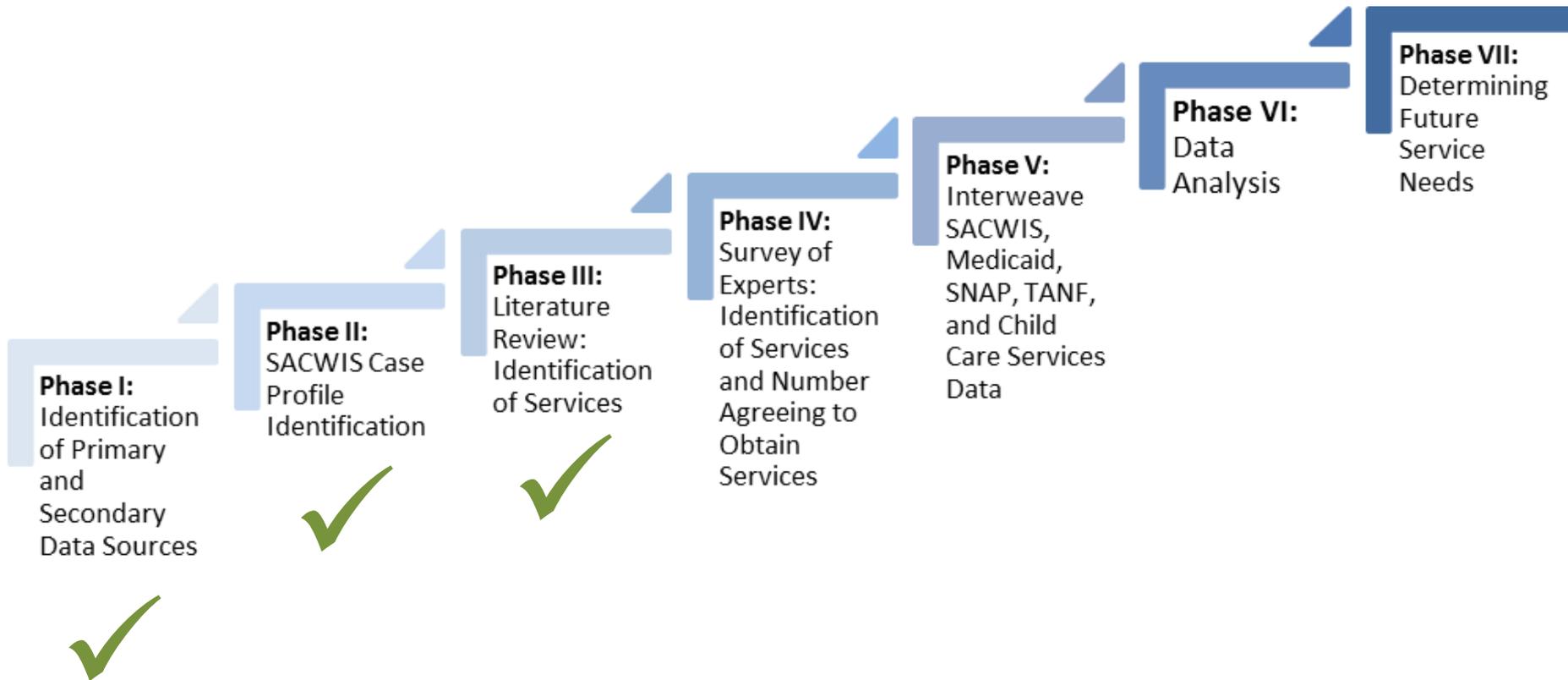
Phase VII

Evidence of Best Practice Database: Incredible Years

Intervention	Population	CEBC (Low =	SAMHSA (High =	Our Rating	CAN Populat	PA Sub Abus	PA Dom Vio	PA Men Hlth A	PA Men Hlth Ct	PA Parentin	
13 Incredible Years	The Incredible Years is a s		3.7 - Parenting ski	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Citation Name	CAN Populat	Cite in DB	Population	Research Design	Sample Size	Outcomes Measured					Click to
Barth et al. (2005)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	Review article	NA	NA					
Bywater et al (2011)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foster parents	RCT	46	Child problem behavior and caregiver depression					
Letarte, Normandeau, & Allard 2010	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Parents of neglected children	Quasi-experiment	35	Parenting practices and parent assessments of child behavior					
Menting, Orobio de Castro, & Matthys (2013)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Studies	Meta-analysis	50	Disruptive child behavior					
Webster-Stratton, Rinaldi, & Reid, (2011)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children (3-8 yo) with conduct	Longitudinal	78	Conduct problems					



Seven Phases: What Have We Learned?



Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

Phase VII

Phase IV: Survey of Experts

Case Work Experts

- 40 participants from foundations, universities, states
- They answered questions for each concern to (1) determine if a concern needed to be addressed; (2) identify appropriate interventions, (3) likelihood of cooperating; (4) benefit of service

Discipline Experts

- 35 participants with expertise in counseling, medicine, developmental disorders, substance abuse treatment, etc.
- They suggested interventions, and rated amount of benefit from the service

Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

Phase VII

What We Learned from the Surveys

Results for Casework Experts

Parenting Difficulties

Number of Expert Evaluations: 205

		Number	%
Decision	No Response Needed	14	6.8
	Cannot Determine Now, Keep Case Open	22	10.7
	Other Responses Would Address This Concern	20	9.8
	Response Needed - Secondary Importance	22	10.7
	Response Needed - Primary Importance	127	62.0

		Number	% Experts Recommending this Intervention*
Interventions	Triple-P Parenting Program	32	21.5
	Nurse-Family Partnership	15	10.1
	Parent-Child Interaction Therapy	51	34.2
	Incredible Years	19	12.8
	Functional Family Therapy	42	28.2
	Intensive In-Home Family Treatment Program	72	48.3
	1-2-3 Magic: Effective Discipline for Children	13	8.7
	Child-Parent Psychotherapy	28	18.8

		Number	%
Likelihood of Cooperation	Very Likely	22	15.5
	Somewhat Likely	82	57.7
	Somewhat Unlikely	34	23.9
	Very Unlikely	4	2.8

		Number	%
Likelihood of Benefit	Very Likely	67	47.2
	Somewhat Likely	65	45.8
	Somewhat Unlikely	9	6.3
	Very Unlikely	1	0.7

Phase I

Phase II

Phase III

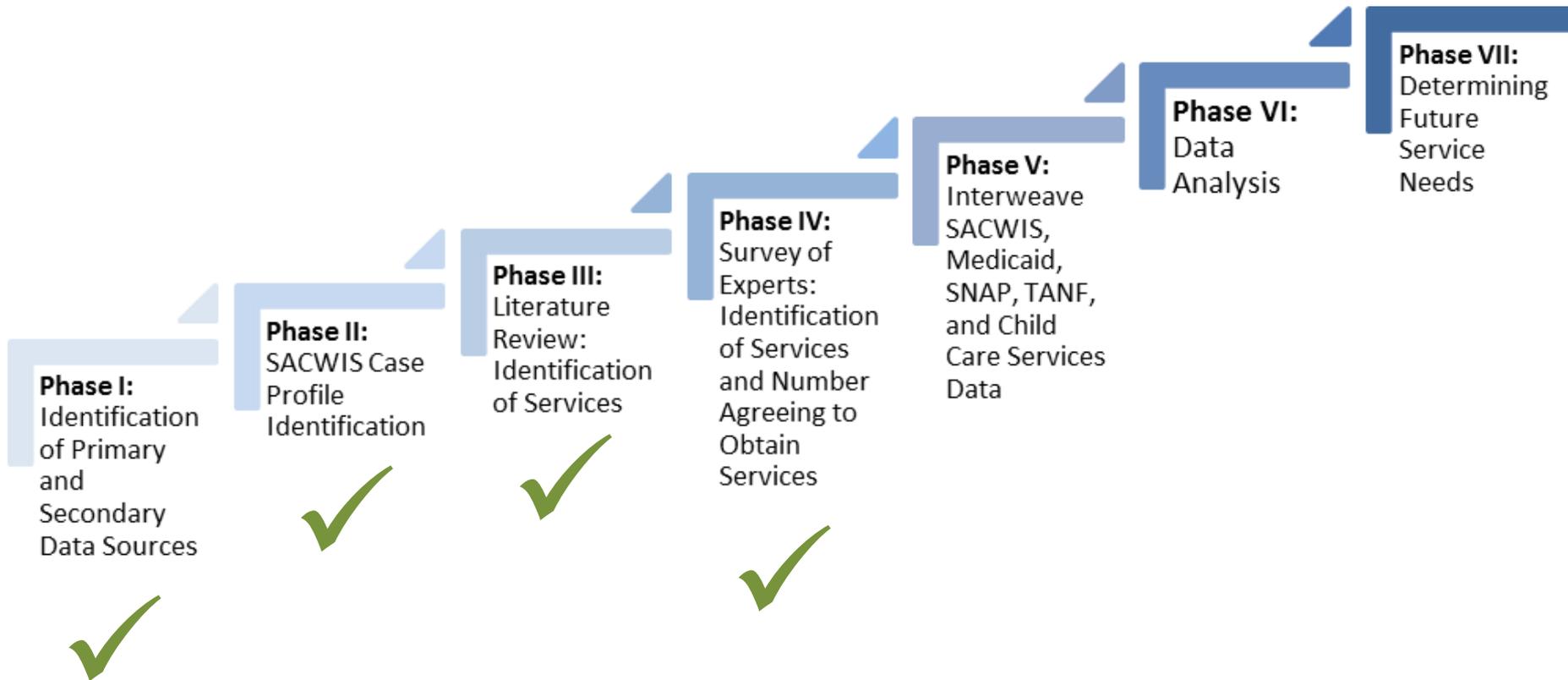
Phase IV

Phase V

Phase VI

Phase VII

Seven Phases: What Have We Learned?



Phase I

Phase II

Phase III

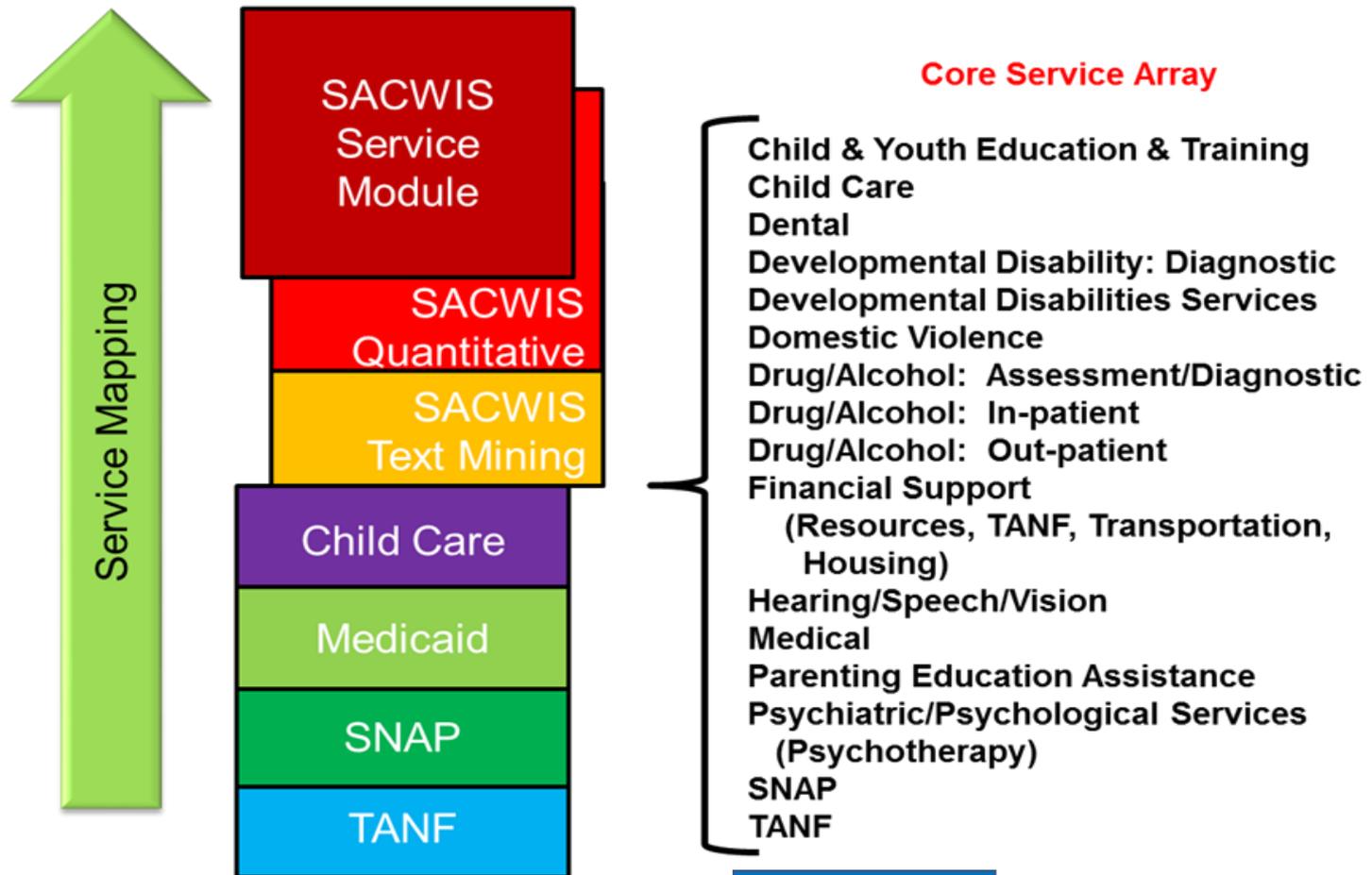
Phase IV

Phase V

Phase VI

Phase VII

Phase V: Interweave SACWIS, Medicaid, TANF, SNAP, Child Care



Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

Phase VII

Phase VI: Number Agreeing to Obtain Services

Adult Concerns	Number of Cases	Number Cases Agreeing to Services	Percent of Cases with Presenting Concern Needing a Service
Domestic Violence	31,419	12,735	40.53%
Emotional Illness	27,484	13,357	48.60%
Parenting	28,994	15,632	53.91%
Physical Illness	13,681	3,815	27.89%
Cognitive Difficulty	6,515	2,117	32.49%
Substance Abuse	25,950	11,506	44.34%
Financial	12,449	7,401	59.45%
Homelessness	4,937	3,363	68.12%
Self-Protection	60,825	30,520	50.18%
Stress	24,558	12,169	49.55%
Abuse, Dependency, Neglect	15,395	8,581	55.74%

Child Concerns	Number of Cases	Number Cases Agreeing to Services	Percent of Cases with Presenting Concern Needing a Service
Emotional Behavioral	29,919	17,212	57.53%
Physical, Cognitive, Social	24,099	10,601	43.99%
Substance Abuse	1,408	1,408	100.00%
Sex Abuse	4,949	2,731	55.18%
Sight, Hearing, Speech	708	417	58.90%
Aging Out of Care	517	382	73.89%
Teen Pregnancy	132	87	65.91%

Phase I

Phase II

Phase III

Phase IV

Phase V

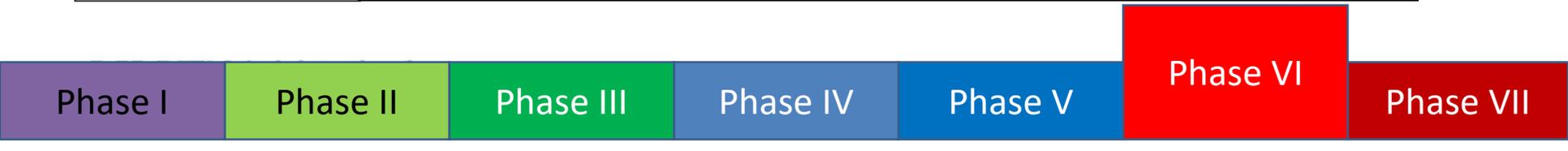
Phase VI

Phase VII

What Services Should Be Provided?

Adult Concerns	Services								
	Psychotherapy	Domestic Violence	Medical	Parenting	Drug Diagnostic	Drug In-or Out Patient	Financial Supports	Sight, Hearing, Speech	Child Education
Domestic Violence									
Emotional Illness									
Parenting									
Physical Illness									
Cognitive Difficulty									
Substance Abuse									
Financial									
Homelessness									
Self-Protection									
Stress									
Abuse, Dependency, Neglect									

Child Concerns	Services								
	Psychotherapy	Domestic Violence	Medical	Parenting	Drug Diagnostic	Drug In-or Out Patient	Financial Supports	Sight, Hearing, Speech	Child Education
Emotional Behavioral									
Physical, Cognitive, Social									
Substance Abuse									
Sex Abuse									
Sight, Hearing, Speech									
Aging Out of Care									
Teen Pregnancy									



Phase VII: Determining Future Service Needs

Adult Concerns	Services								
	Psychotherapy	Domestic Violence	Medical	Parenting	Drug Diagnostic	Drug In-or Out Patient	Financial Supports	Sight, Hearing, Speech	Child Education
Domestic Violence									
Emotional Illness									
Parenting									
Physical Illness									
Cognitive Difficulty									
Substance Abuse									
Financial									
Homelessness									
Self-Protection									
Stress									
Abuse, Dependency, Neglect									
Total Services Needed <small>Expert Driven</small>	33,798	12,735	17,870	33,473	11,506	11,506	9,522		
Total Services Provided <small>SACWIS Driven</small>	21,660	4,472	25,351	4,302	5,488	7,729	5,969		
Service Gap	12,138	8,263	(7,481)	29,171	6,018	3,777	3,553		

Phase I

Phase II

Phase III

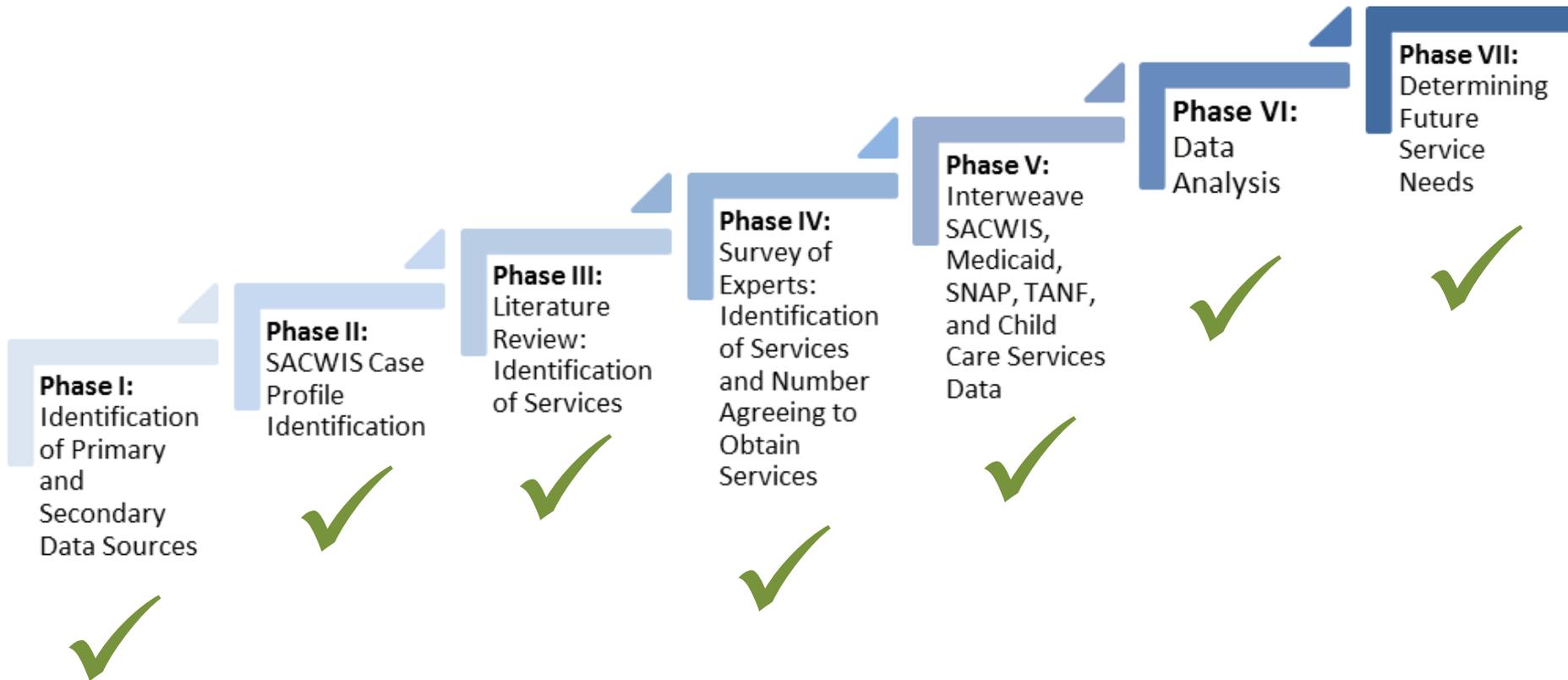
Phase IV

Phase V

Phase VI

Phase VII

Seven Phases: What Have We Learned?



Phase I

Phase II

Phase III

Phase IV

Phase V

Phase VI

Phase VII

EBPs from a Provider Perspective

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MARYHAVEN®

Helping People Restore Their Lives

Agency Overview

- ▶ Maryhaven is central Ohio's largest behavioral healthcare provider
- ▶ 9 office locations serving both urban and rural communities
- ▶ MH and SUD treatment services provided to youth, adults, and families
- ▶ MH and SUD prevention services
- ▶ Funding Sources:
 - Ohio Medicaid
 - ADAMH Boards
 - Columbus Shelter Board
 - Ohio Department of Jobs and Family Services (ODJFS)
 - Grants (local, state, federal)
 - Court Systems
 - Foundations and other sources

Evidenced Based Practices & Interventions offered at Maryhaven

- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Trauma-Focused CBT (TF-CBT)
- ▶ Dialectical Behavioral Therapy (DBT)
- ▶ Motivational Interviewing/Enhancement (MI)
- ▶ Incredible Years®
- ▶ Eye Movement Desensitization & Reprocessing (EMDR)
- ▶ Life Skills- Prevention Based Substance Use Program
- ▶ Signs of Suicide (SOS)

Provider considerations with EBPs

- ▶ **Study/program**
 - Normative population
 - Timeframe
 - Reliability
 - Validity
- ▶ **Cost**
- ▶ **Complexity**
- ▶ **Sustainability**

EBP Study/Program

- ▶ Normative Population (same size & demographic)
- ▶ Timeframe
- ▶ Validity- Does the program do what it is intended to do?
 - Types of validity: face, content, predictive, concurrent, convergent, discriminant
 - Can be counter-intuitive at times (example: trauma questionnaire for youth)
- ▶ Reliability- Can the program produce consistent and positive outcomes
 - Various forms of reliability include internal (split-half) and external (test-retest)
 - Reliability coefficient range from 0.00 to 1.00 with high reliability above .8

Cost of Implementation

- ▶ Base cost for program
- ▶ Training for staff (example: Functional Family Therapy)
 - Travel
 - Time
 - Number of staff
- ▶ Marketing for program
- ▶ Electronic Health Record (EHR) integration
- ▶ Space/facilities
- ▶ Miscellaneous

Complexity of Implementation

- ▶ Program or intervention
- ▶ Number of systems
- ▶ Number of staff
- ▶ Time required to train

Sustainability

- ▶ Cost to train new staff (turnover or program growth)
- ▶ New versions or updates to program
- ▶ Cost for supervision/oversight of program
- ▶ Cost for ongoing consultation
- ▶ Workbooks vs. printed materials
- ▶ Program name recognition

Barriers to EBP Implementation

- ▶ Misunderstanding of population need
- ▶ Time to implement
- ▶ Unhealthy Systems
- ▶ Multiple Systems
 - Divergent goals
 - Ideology/perspectives (ex: Signs of Suicide and health screen)
 - Geography (urban vs. rural)
 - Legal/Ethical (ex: custody cases and recommendations)
 - Politics (ex: funding providers)

Strategies to Overcome Barriers

- ▶ STOP!
- ▶ Willingness to put family first (ex: UA's for speaker)
- ▶ Conduct a thorough needs analysis
- ▶ Educate systems (government and providers) on EBPs
- ▶ Identify system readiness
- ▶ Identify and operationalize expectations between systems (MoU)
- ▶ Consultation (internal and external)
- ▶ Develop business-mindset
- ▶ Create competition between providers
- ▶ Multiple funding streams for sustainability

Outcomes

- ▶ Reliable
- ▶ Relevant
- ▶ Readily available
- ▶ Easy to administer and report
- ▶ Innovative approaches
- ▶ System goals and outcomes
- ▶ Accountability

QUESTIONS and COMMENTS

Resource Page

To access this webinar series' recordings and PowerPoints, along with the intervention catalog and other resources, please visit:

<https://www.casey.org/evidence-to-action/>

For other materials, please visit:

<https://www.casey.org/resources/field-questions/>
<https://www.casey.org/resources/research-reports/>