Maximizing Impact of Private and Public Funding

Research has shown that there is a 17-year gap between the development and research of evidence-based practices (EBPs) and the implementation of those practices in real-world settings (Institute of Medicine, 2001). Funding Agencies can help bridge the research-to-practice gap by providing the funds needed to deliver EBPs to those in need.

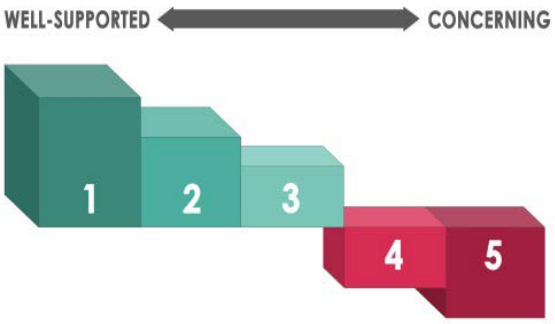
The California Evidence-Based Clearinghouse (CEBC)

The CEBC is a publicly accessible website for identifying research-supported intervention and prevention programs for children, youth, and parents involved, or at-risk for involvement, in the child welfare system. Programs reviewed on the CEBC website cover diverse topic areas, including, but not limited to:

- **Anger Management and Domestic Violence**
- **Mental Health & Substance Abuse**
- **Child Abuse Prevention and Early Intervention**
- **Engagement and Parent Partnering**

Each program either receives a CEBC Scientific Rating, on a scale from 1-5, based on the program's published, peer-reviewed research evidence, or is assigned to the "Not able to be Rated" category since not all programs listed on the CEBC website are "evidence-based." Click on the image of the CEBC Scientific Rating Scale to learn more details.

CEBC Scientific Rating Scale



CEBC Resources Relevant to Funding Agencies

Contracting Evidence-Based Practices for Families Involved in Child Welfare: Recommendations for funders of evidence-based programs and includes a case example.

Guide to Comparing Clearinghouses for Evidence-Based Practices: Summarizes key distinctions between several online clearinghouses.

Measurement Tools in Child Welfare: Descriptions and ratings of the evidence-base for select screening and assessment tools relevant to child welfare.

Considerations for Maximizing Funding Impact

The CEBC has developed several resources and webinars that may assist Funders in the request for proposal (RFP), contracting, and program implementation process. The links to these resources can be accessed in the colored text boxes to the left and on the second page.

In addition to the CEBC-developed resources, Funding Agencies may be interested in unique implementation strategies and innovative delivery methods that could assist contracted agencies with better serving difficult-to-reach or under-served populations. These approaches may increase the impact of their investments; however, it is important to note that some of them currently have limited published, peer-reviewed research evidence. Funding Agencies should invest in continuous monitoring and evaluation if any of the approaches listed below is selected

- **Scaling-up and out** existing effective programs in agencies with lengthy waitlists or to regions with service gaps. There are three directions for scaling programs: (1) *vertical* – the program is adopted by different cities, counties, or states, (2) *horizontal* – program expansion occurs across the same system levels, such as departments, organizations, & sectors, and (3) *depth* (or *diversification*) – includes the addition of new components to an existing intervention (Simmons & Shiffman, 2007). Funding Agencies may consider issuing RFPs for scale-up projects that are implemented in phases, by starting with a small pilot or demonstration project, and then gradually move to a larger roll out.

- **Task-sharing** and **task-shifting** are methods for scaling-up/out existing interventions and are particularly useful in low resource environments with limited access to services, such as rural and frontier communities. Task-sharing is when nonclinical tasks are delegated to less specialized workers, such as case management or peer support, while the more specialized tasks, such as therapy, are retained by workers with a degree and/or clinical training (Hoeft, Fortney, Patel, & Unutzer, 2018). Task-shifting is when lay persons from the local community are trained to deliver EBPs that are usually delivered by clinicians in high income countries (World Health Organization, 2008). Multiple effectiveness studies report positive outcomes for interventions implemented using task-shifting/task-sharing across many different low- and middle-income countries and settings (Balaji et al., 2012; Bolton et al., 2014; Divan et al., 2015; Kilpela et al., 2014; Rahman, Malik, Sikander, Robers, & Creed , 2008). For example, Trauma-Focused Cognitive-Behavioral Therapy has been implemented using task-shifting/task-sharing in Zambia and has been found to be highly effective (Murray et al., 2015).

- **Social network interventions** use mathematical models to identify connections, interactions, and relationships within groups of individuals, then identifies *influencers* or *champions* within the group to be trained to promote change within their social network (Christakis & Fowler, 2013; Valente, 2012). Social network interventions, similar to task-shifting/task-sharing, use peer-to-peer interaction; however, social network interventions aim to help the intervention go "viral" within the group (Kazdin, 2018). There are a limited number of studies for psychosocial interventions within social networks (Valente et al., 2007; Zhang, Shoham, Tesdahl, & Gesell, 2015).

- **Use of technology** to deliver services through online communication, such as a mobile app or simultaneous video conferencing, has been effective in addressing a wide range of issues (Fairburn & Patel, 2017). Telehealth versions of established treatments exist and have demonstrated similar levels of effectiveness compared to their in-person versions (Andersson & Titov, 2014). The expansive availability of Internet and broadband access makes these types of interventions affordable and wide-reaching, and reduces barriers to care in resource-limited environments. In addition, automated online interventions are always available, with Internet access, which can be readily accessible for individuals with chronic psychiatric disorders or when problems re-emerge (Kazdin, 2018).

Archived Webinars Relevant to Funding Agencies

Assessing Evidence-Based Practices: A Benefit-Cost Approach: Covers benefit-cost analysis to inform funders and policymakers.

Keeping the Intervention Going: Planning for & Maintaining Long-Term Sustainability: Describes the findings of a long-term study examining sustainment of multiple evidence-based programs in a large county mental health system, then highlights vital considerations for monitoring & addressing implementation issues as they arise.

Looking Beyond the Numbers: Reviews the CEBC Scientific Rating Scale, how the scale compares to the criteria of other clearinghouses, and considerations for selecting new programs.

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