



## State Policy Tool



# PROVIDING ECONOMIC AND CONCRETE SUPPORT TO INCREASE EFFECTIVENESS OF EVIDENCE-BASED SERVICES

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This Chapin Hall policy brief provides evidence on how pairing economic and concrete supports (ECS) with evidence-based prevention services can enhance effectiveness and improve accessibility and completion of services by families. It discusses how financial or material hardship often limits families' engagement with parenting services and mental health and substance use prevention and treatment programs, such as those provided via the Family First Prevention Services Act. ECS such as child care, transportation, and financial assistance can help reduce barriers, improve retention, and increase program success.

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## CHAPIN HALL POLICY BRIEF

### INTRODUCTION

The Family First Prevention Services Act of 2018 is a comprehensive policy designed to restructure our nation's unnecessary overreliance on the child protection response and use of foster care, and, instead, move services and support upstream. The level of engagement with the prevention aspect of the policy and the appetite for change across the nation as it relates to re-envisioning prevention are unprecedented. Forty-six states, the District of Columbia, Puerto Rico, and four Tribes have submitted 5-year Prevention Plans and the legislation is being implemented across the country. Parents, communities, advocates, and others are vigorously engaged in learning what works and conceptualizing what changes are needed, including additional policy solutions to further the prevention intent of Family First. These solutions include getting support to families early, eliminating unnecessary coercive processes, and **increasing accessibility and uptake of Family First evidence-based prevention services and programs.**

This policy brief explores how economic and concrete support, when paired with evidence-based practices related to mental health and substance use prevention and treatment and parent skill building, can contribute to increased uptake, retention, and completion by families.

The Family First Clearinghouse has approved more than 80 evidence-based programs (EBPs) and services aimed at preventing child abuse and neglect. To promote the effectiveness of these programs and services, states are undertaking various strategies to increase uptake, retention, and completion by families. These include making programs and services accessible upstream of child protection via community pathways and augmenting EBPs with concrete support to address financial and material hardship using state or other non-Title-IV-E federal funding. Jurisdictions are implementing these innovations in part because of challenges with engaging and retaining families in prevention services. For example, evaluation results from the Title IV-E waiver projects from 2012 through 2019 showed that **limited engagement of families in services was a common barrier to the implementation of evidence-based programs.**

Similar challenges appear to be repeating themselves in Family First, as demonstrated in one state's Family First implementation data, which shows sizable differences between the number of families identified for a Family First EBP ( $n=466$ ) and those still engaged in the service after 6 months ( $n=3$ ).

## **FINANCIAL AND MATERIAL HARDSHIP LIMITS ENGAGEMENT IN PREVENTION SERVICES**

Economic insecurity, material hardship, and income volatility contribute to changes in parenting capacity;<sup>1</sup> substance use and mental health challenges;<sup>2</sup> and child maltreatment, referrals to child protective services (CPS), or involvement with child welfare.<sup>3,4,5</sup> Prevention services can be a vital support to families facing the most economic and material adversity. Yet such adversity can impact families' ability to engage in services. An extensive review of barriers to participation in family mental health services suggests multiple external factors and issues related to economic and material hardship impede families' receipt of mental health services.<sup>6</sup> The authors note barriers such as child care, cost of treatment, limited access to a telephone for scheduling appointments, and transportation must be addressed before families can effectively access services. Similarly, the Harvard Kennedy School's Government Performance Lab identified economic- and material hardship-related barriers to engaging families in prevention services including unpredictable or inflexible work schedules that make it difficult to schedule or keep appointments, unstable living situations that make keeping in touch with providers difficult, and lack of affordable transportation to get to services.<sup>7</sup>

## **ECONOMIC AND CONCRETE SUPPORT ENHANCES EFFECTIVENESS OF EVIDENCE-BASED SERVICES**

Reducing economic and material hardship barriers can help families more fully benefit from evidence-based prevention services designed to prevent or treat mental health or substance use challenges and improve parenting skills. One study found that mothers entering substance use treatment who have difficulty securing child care are 82% more likely to self-report child neglect compared to mothers entering treatment who do not have this difficulty.<sup>8</sup> Difficulty finding child care was a stronger predictor of maternal neglect than almost any other factor measured in this study, including

**Addressing financial or material hardship by providing economic and concrete support improves effective administration and implementation of evidence-based services by increasing family access, engagement, and retention.**

mental health and severity of substance use. It follows, then, that addressing such hardship by providing families with economic and concrete support will improve the effective administration and implementation of evidence-based prevention services by increasing access, engagement, and retention. Economic and concrete support can alleviate immediate concrete needs, such as transportation or child care, that make service engagement difficult. Further, as theorized by the Family

Stress Model,<sup>9</sup> economic shocks, income volatility, and periods of material hardship can overload families and lead to significant familial stress that may negatively impact capacity to engage in or benefit from services. Providing economic or concrete relief from a crisis may act as a stabilizing function in the family, reduce stress, and, in turn, allow for greater family engagement and compliance with services.<sup>10</sup> Evidence for the effectiveness of economic and concrete support on engagement in multiple types of prevention services includes:

- A study of an evidence-based **home visiting program** for child welfare-involved families found that increasing concrete support through flexible funding to help families with emergency needs—such as utility payments, food, clothing for children, or transportation assistance—resulted in greater engagement in services.<sup>11</sup> The addition of concrete support was also associated with higher satisfaction with services, higher attainment of goals, and less maltreatment recurrence.
- Studies of intensive **family preservation programs**, such as Homebuilders™, highlight the importance of concrete support to effectively work with families experiencing a range of economic or material hardships; providing concrete support with such evidence-based programs is specifically associated with treatment success.<sup>12,13</sup>
- A study on the value of **supporting basic needs during the COVID-19 pandemic** found that families who received either monetary or in-kind basic needs support through a home visiting program had longer program retention, higher rates of completion, and higher rates of meeting the program’s objectives compared to those who did not receive the basic needs support.<sup>14</sup>
- A randomized controlled trial study of families of preschoolers who experienced low income and had limited educational achievement (in an international setting) found cash payments had a significant impact on recruitment and initial attendance in a **parent training program**.<sup>15</sup>
- Multiple studies have found economic and concrete support is related to increased participation and improved outcomes in substance use or co-occurring **substance use and mental health treatment programs**. For example, access to concrete support, including transportation and child care, through an enhanced substance use treatment program was associated with greater use of other social services, such as health care, parenting classes, family or domestic violence counseling, education/job training, and housing and legal assistance, which in turn led to less drug use.<sup>16</sup> Another study of a substance treatment program for mothers involved with the child welfare system found those who enrolled their children in the child care program that was offered were three times more likely to complete treatment.<sup>17</sup> In yet another study, mothers, including those with co-occurring mental health disorders, who participated in an enhanced residential substance abuse treatment program that included concrete support in time of

need—including safe housing, access to health care and public benefits, employment assistance, and child care—remained in treatment for an average of 206 days compared to only 128 days for mothers who did not participate in the enhanced intervention. Hence, concrete support may have helped to address mothers’ immediate needs, which allowed for participation in more in-depth substance abuse and mental health services.<sup>18</sup>

- Contingency management (CM) is an evidence-based treatment for **substance use disorders** that provides cash or cash equivalent (such as vouchers) as incentives for behavioral changes, used alongside other treatment components.<sup>19</sup> A recent meta-analysis of the literature suggests a significant effect of CM on treatment attendance, such that about 68% of participants across studies had greater treatment attendance when given cash prizes or vouchers.<sup>20</sup> Notably, the Title IV-E Prevention Services Clearinghouse recognizes the Community Reinforcement Approach + Vouchers (CRA + Vouchers)<sup>21</sup>, which includes a voucher component that provides financial incentives for remaining in treatment, as a promising substance use treatment and prevention program. Given its effectiveness in improving treatment engagement, the state of California recently launched the CalAIM program which received federal approval to fund CM with financial incentives through Medicaid.<sup>22</sup>

## CONCLUSION

Since the passage of Family First in 2018, much has been learned about the relationship between family financial stability, child abuse and neglect, and involvement with child welfare. Such learnings suggest a need to incorporate economic and concrete support as part of the continuum of prevention services to meet families’ basic needs and buffer against economic shocks.<sup>23</sup> As detailed in this brief, it is important that this continuum includes providing economic and concrete support as a strategy to promote engagement in evidence-based prevention services, particularly those designed to address challenges like mental health and substance use needs and parenting capacity, as identified in Family First. Whether by addressing immediate concrete needs that are direct barriers to service engagement or reducing familial stress that comes from economic and material hardship, economic and concrete support effectively increases engagement and retention in prevention services, thereby allowing families to fully benefit.

Expanding economic and concrete support services to families as part of a comprehensive child welfare prevention strategy will require a framework for cross-sector collaboration, shared responsibility, and accountability to ensure family needs are addressed earlier within an integrated and holistic child and family well-being system.<sup>24</sup> This includes not only cross-sector strategic service and eligibility expansion, but efforts to increase engagement in services by enhancing accessibility, building family-centered practices, and shifting service delivery to communities. Addressing the economic and material hardship barriers to access, engagement, and retention in evidence-based services is a critical component in ensuring families receive the support they need to thrive.

# CONTACT INFORMATION

[Chapin Hall](#) is an independent policy research center at the University of Chicago that provides public and private decision-makers with rigorous research and achievable solutions to support them in improving the lives of children, families, and communities. We partner with policymakers, practitioners, and philanthropists to construct actionable information, practical tools, and, ultimately, positive change for families. Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit [www.chapinhall.org](http://www.chapinhall.org) or @Chapin\_Hall.

Chapin Hall experts are available to speak to and testify about this topic. They include:

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