

The NYC Experience: Implementing Evidence-Based and -Informed Practices

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OPEN Symposium
Centre for Excellence in Child and Family Welfare, Inc.
October 10, 2018



Connecting the Dots: Doing what is best for children and families throughout the world



New York City Administration for Children's Services (ACS)

- **Government agency**
 - NYC: population of 8,623,000
 - Child Welfare, Juvenile Justice, Early Care & Education
 - Over 7,000 employees
- **Child Protection:** Conducted 59,823 investigations last year
- **Foster Care:** ACS contracts with nonprofit agencies to provide foster care
- **Prevention:** ACS contracts with nonprofit agencies to provide prevention services

Child Protective Services in New York City



- **59,823** investigations per year (over 80,000 children)
- **26%** of all allegations are of abuse*
 - 12% physical abuse
 - 12% substance abuse
 - 2% sexual abuse

**Remainder are allegations of neglect*
- **36-42%** investigations are indicated
 - Indication rate has remained in that range over past decade
- **3,647** children entered foster care last year

Prevention Services in New York City

54	Providers across NYC
200	Programs
13,000	Prevention slots
19,494	Families received prevention services in 2017
44,445	Children received prevention services in 2017

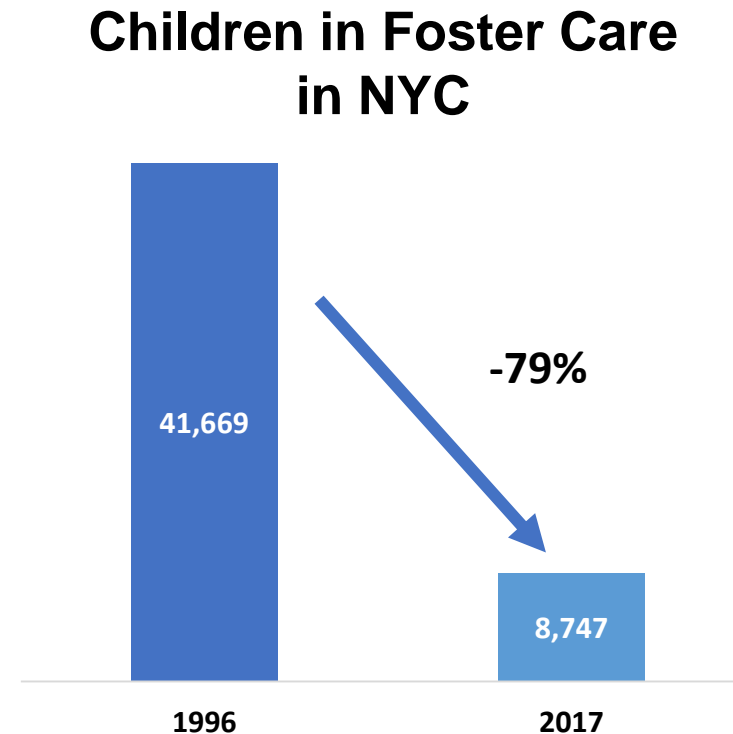
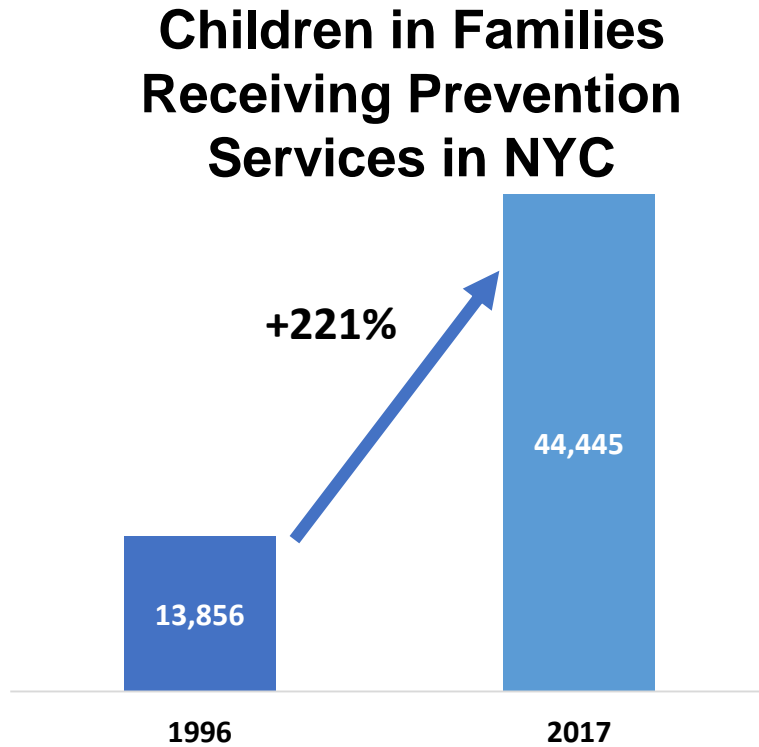
Referral Sources

80%	referred to prevention from Child Protection
20%	community referrals: voluntary walk ins, schools, hospitals, churches

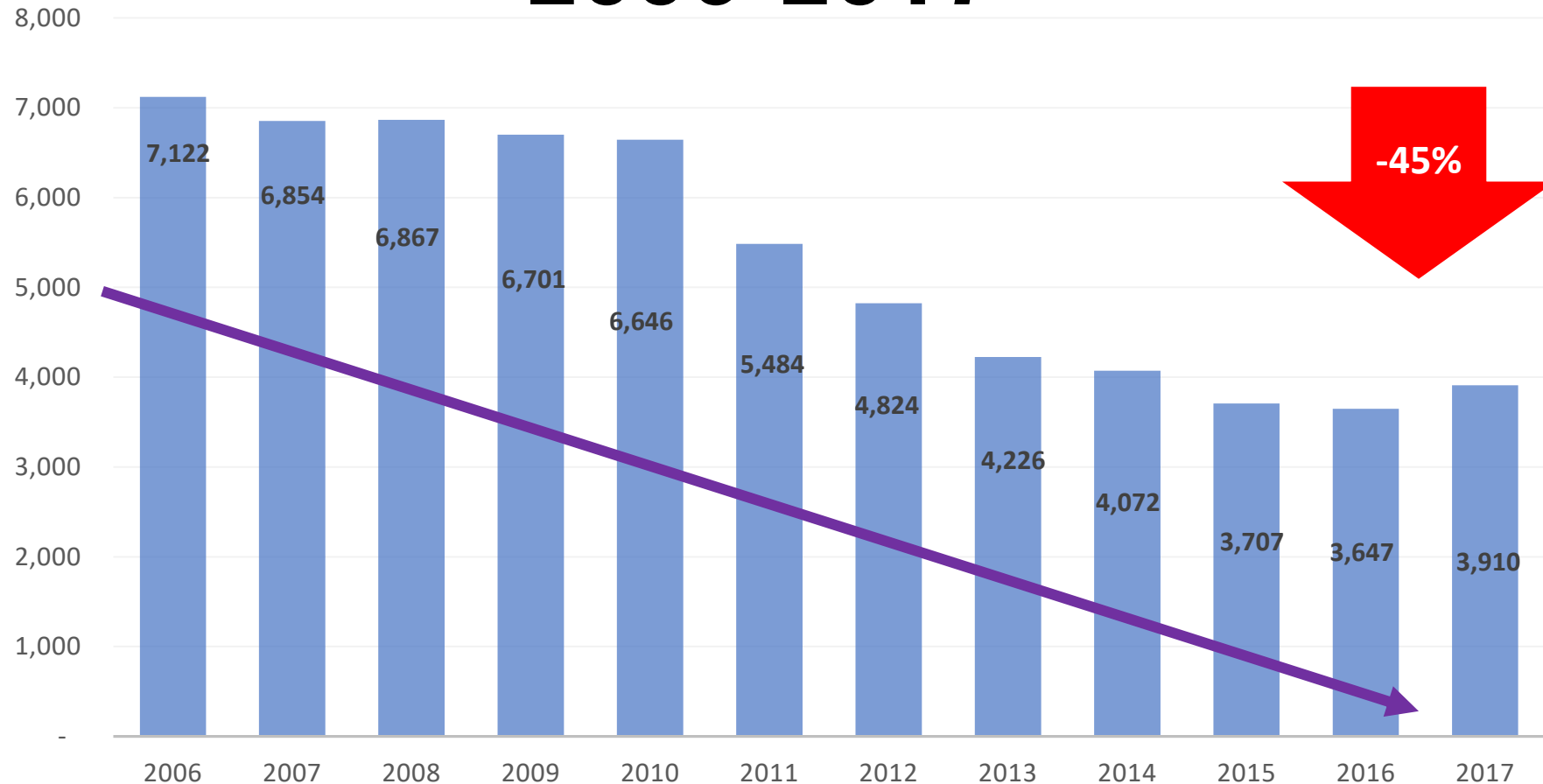
Prevention Services and Evidence-Based Models (EBMs)

- 25%** Evidence Based or Promising Models
- 34%** of new prevention cases were in EBMs (Jan 2018)
- 5,060** Families in prevention evidence-based practice (2017)
- 11** Evidence-based, -informed, and promising practices were implemented

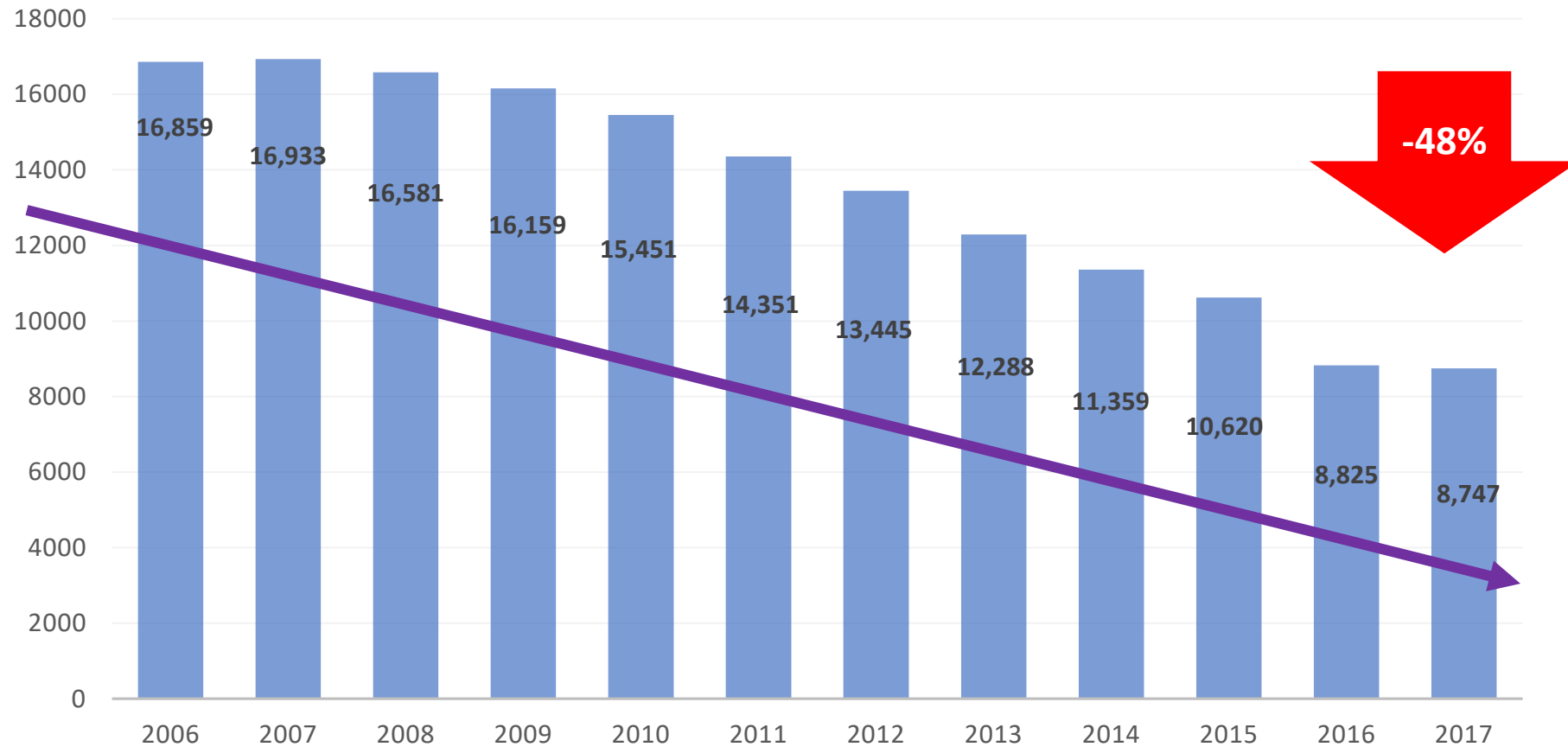
Prevention Services & Foster Care in NYC



Children Entering Foster Care 2006-2017



Children in 24-Hour Foster Care 2006 – 2017



Why **Evidence-Based** models?

- ACS has been committed to prevention services for over 35 years and has always explored innovative models to help address the complex needs of our families.
- Positive outcomes from early pilots in juvenile justice and teen prevention led ACS explore the incorporation of EBMS into the larger services continuum.
- The goal was to address the increasing complex needs of families and children and better serve the growing number of families coming into services each year.

Our Evidence-Based and Evidence-Informed & Promising Practice Models

- Brief Strategic Family Therapy (BSFT)
- Child-Parent Psychotherapy (CPP)
- Family Connections
- Functional Family Therapy (FFT)
- Multisystemic Therapy – Child Abuse & Neglect (MST-CAN)
- Multisystemic Therapy – Substance Abuse (MST-SA)
- SafeCare

**Evidence
Based**

7

- Functional Family Therapy – Child Welfare (FFT-CW)

**Evidence
Informed**

1

- Trauma Systems Therapy
- Structural Family Therapy

**Promising
Practice**

2

Implementation: Exploration Phase

Research

- Selected models used in our early pilot programs
- Conducted research on potential models and their fit for child welfare
- Focused on EBMs that provided in-home services to keep children and families in their communities

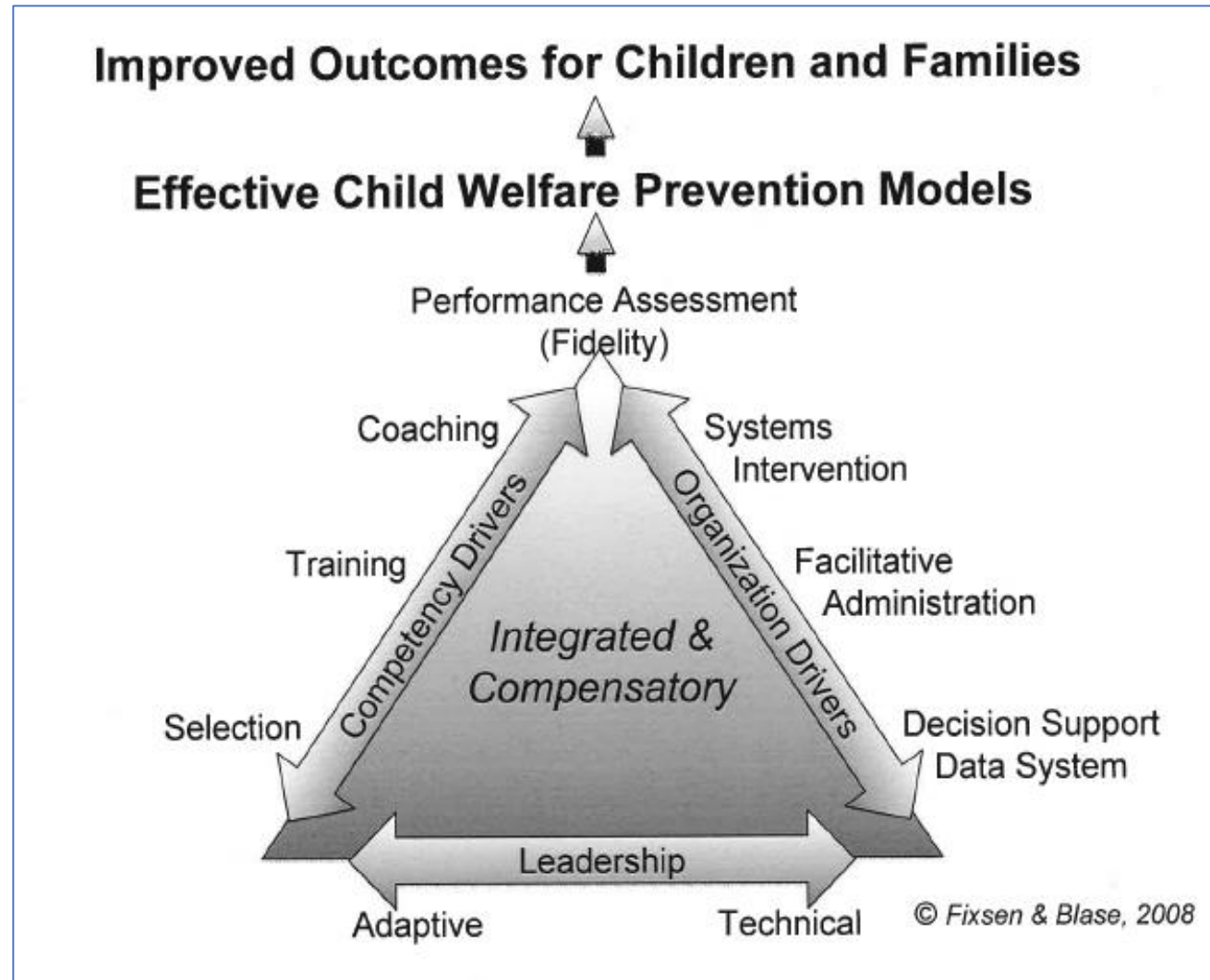
Engagement

- Listening tours (2012 and 2014)
- Meetings with providers already using EBMS and developers
- Developed logic models to depict integration of model and child welfare

Implementation: Installation Phase

- Issued two procurements
 - 1st procurement converted some existing general prevention slots into EBM's
 - 2nd procurement added new EBM's, focused on the needs of teens
- Task Teams
 - Internal Capacity Building
 - Evaluation and Monitoring
 - Policy and Practice Alignment

Implementation Science



Implementation Science in Action

- **Drivers Analysis**

- Interviewed all developers on their support for each of the three drivers:
 - Competence
 - Selection
 - Training
 - Coaching
 - Administrative/organizational
 - Leadership

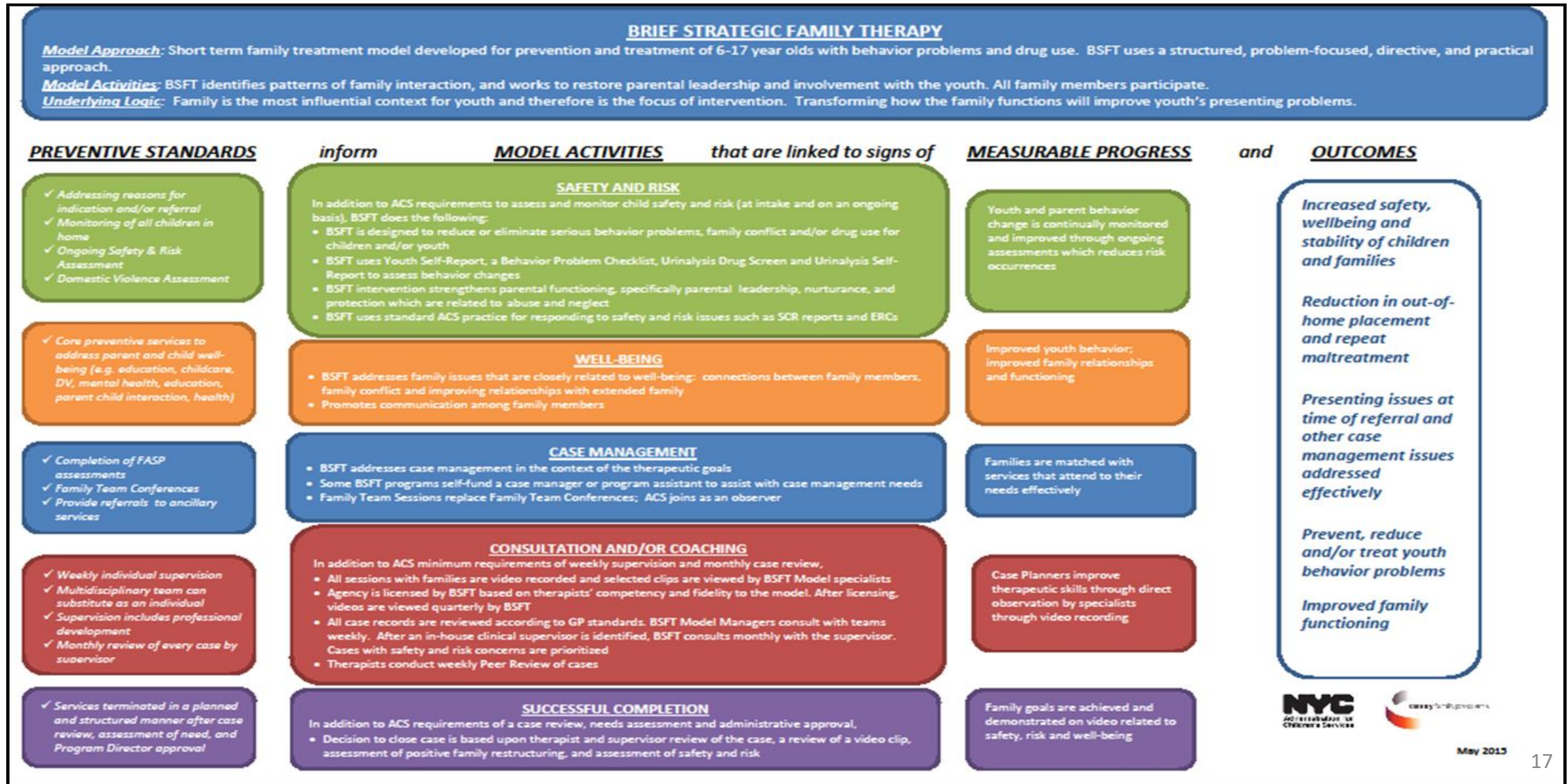
- **Teaching Implementation Science**

- Learning Modules – for providers and ACS staff
- Follow up Learning Events

Implementation Science: **Best Practices**

- Structured and efficient feedback loops
- Ongoing use of data to drive implementation support
- Capacity-building
- Policy-practice alignment

Example of a Logic Model



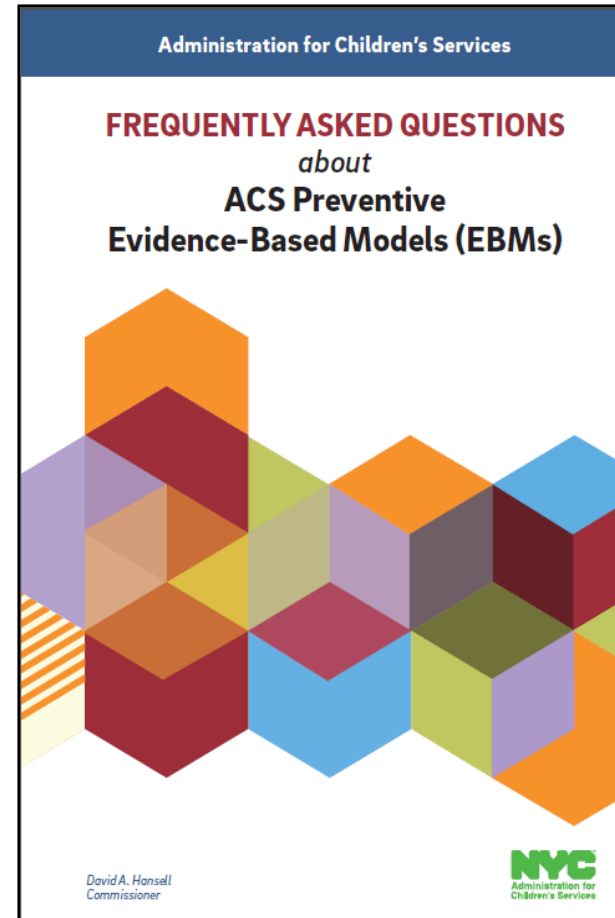
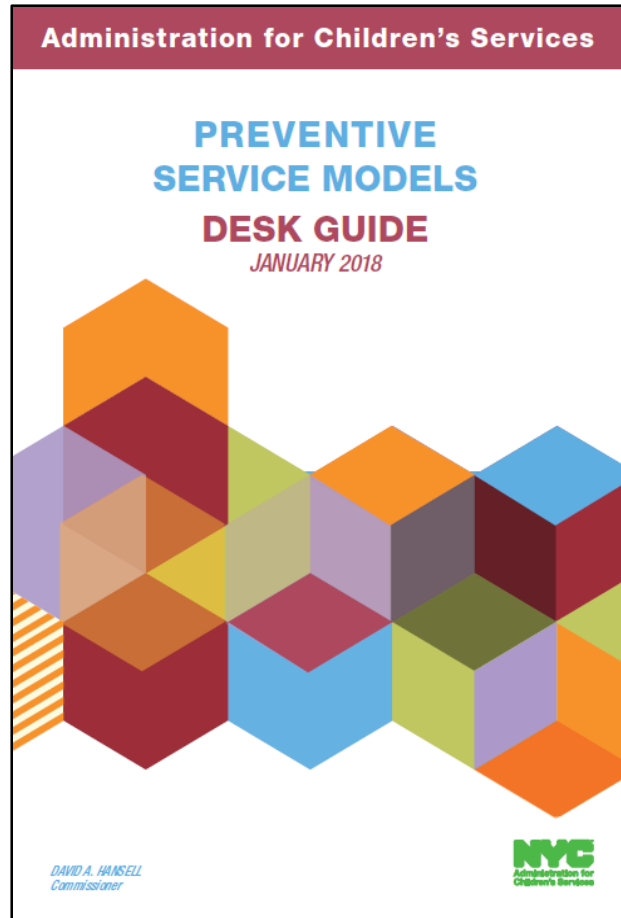
Implementation: **Initial Phase**

- Began in July 2013
- Focused on alignment, referral pathways & monitoring
- Developed strategies to promote continuous improvement, including:
 - A structured decision making tool to assist with referral management
 - Revision of policy & standards to align with EBM practice
 - Training to support direct service staff
 - Incorporation of EBMs into existing monitoring system

Referral Pathways: ACS Prevention Continuum

														Very High Family Risk and Need	
														MST CAN	
Low Family Risk and Need					Moderate Family Risk and Need			High Family Risk and Need							
Specialized Preventive		General Preventive	SafeCare	FFT-CW (Low Risk)	Structural Family Therapy	Family Connections	BSFT	Boys Town Model	FFT	CPP	FFT-CW (High Risk)	MST SA	FTR	TST	Multisystemic Therapy for Child Abuse and Neglect
Special Medical, Developmental Delays, Sexually Exploited, Deaf and Hearing Impaired		General Preventive	SafeCare	Functional Family Therapy for Child Welfare	Structural Family Therapy (promising practice)	Family Connections is shown in both the Low and Moderate risk categories because families from either level can be served in this model.	Brief Strategic Family Therapy Age Restrictions: Man & Bklyn: 6 – 18 y.o. Bx, SI & Qns: Teens	Boys Town Model (promising practice) Age Restrictions: Bklyn: 0-18; Qns & Man: 12-18	Functional Family Therapy Age Restrictions: Teens	Child Parent Psychotherapy Age Restrictions: Families with children birth through 5	Functional Family Therapy for Child Welfare	Multisystemic Therapy for Substance Abuse Age Restrictions: Teens	Family Treatment/ Rehabilitation	Trauma Systems Therapy (Promising Practice) Age Restrictions: Teens	Age Restrictions: Teens

Sharing Model Information



Sharing Model Information

- Desk Guide
- Frequently Asked Questions
- Model Presentations to front line DCP staff
- Case presentation for all models to ACS leadership
- Model presentations to internal ACS stakeholders
 - Family Court lawyers
 - Referral managers
 - Conference facilitators
- E-learning Modules
 - The models
 - Making the match



Implementation: **Sustainability**

Ongoing Efforts

- Sustaining and Integrating Preventive EBM's (SIPE) team
 - Cross-divisional leadership
 - Increase knowledge of EBM's
 - Identify and address obstacles to full utilization of programs
- Understanding how to meaningfully integrate fidelity measures in ACS monitoring
- Expanding the use of EBM's in the prevention system
- Information, information, information
- Refining referral pathways and service matching

Implementation: **Sustainability**

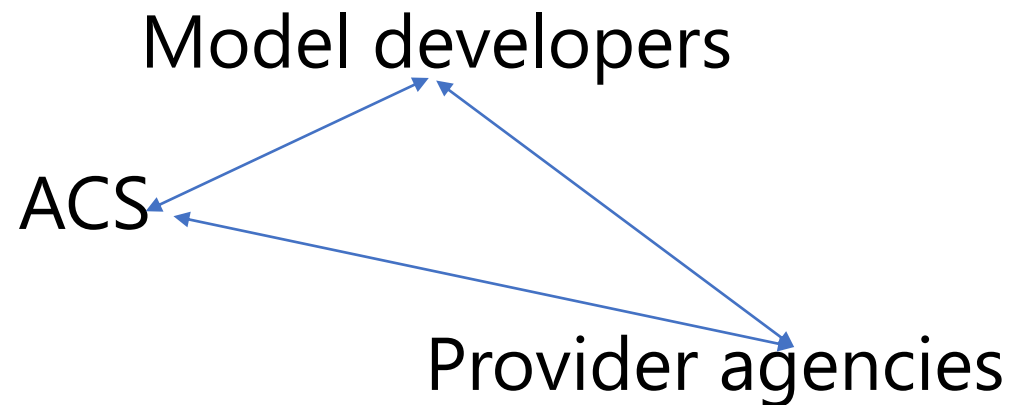
Critical Partnerships

- Provider agencies
 - Monthly meetings of all providers offering same model
- Model developers
 - Monthly calls
 - Quarterly forums
 - Provider meetings
- Internal divisions – program + policy
- Implementation Experts - Dr. Allison Metz at NIRN
- COFCCA: Council on Families and Child Caring Agencies



Feedback Loops:

Communication, communication, communication



Points for Consideration: Alignment and Integration

- Used Implementation Science in monitoring
- Integrated with child welfare requirements
 - Created new standards for each EBM
 - Worked closely with developers and providers to:
 - Integrate child welfare requirements and documentation
 - Align new ACS requirements, for example: Family Team Conferences
 - Created logic models for each EBM

Prevention Services:

Preliminary EBM Outcomes

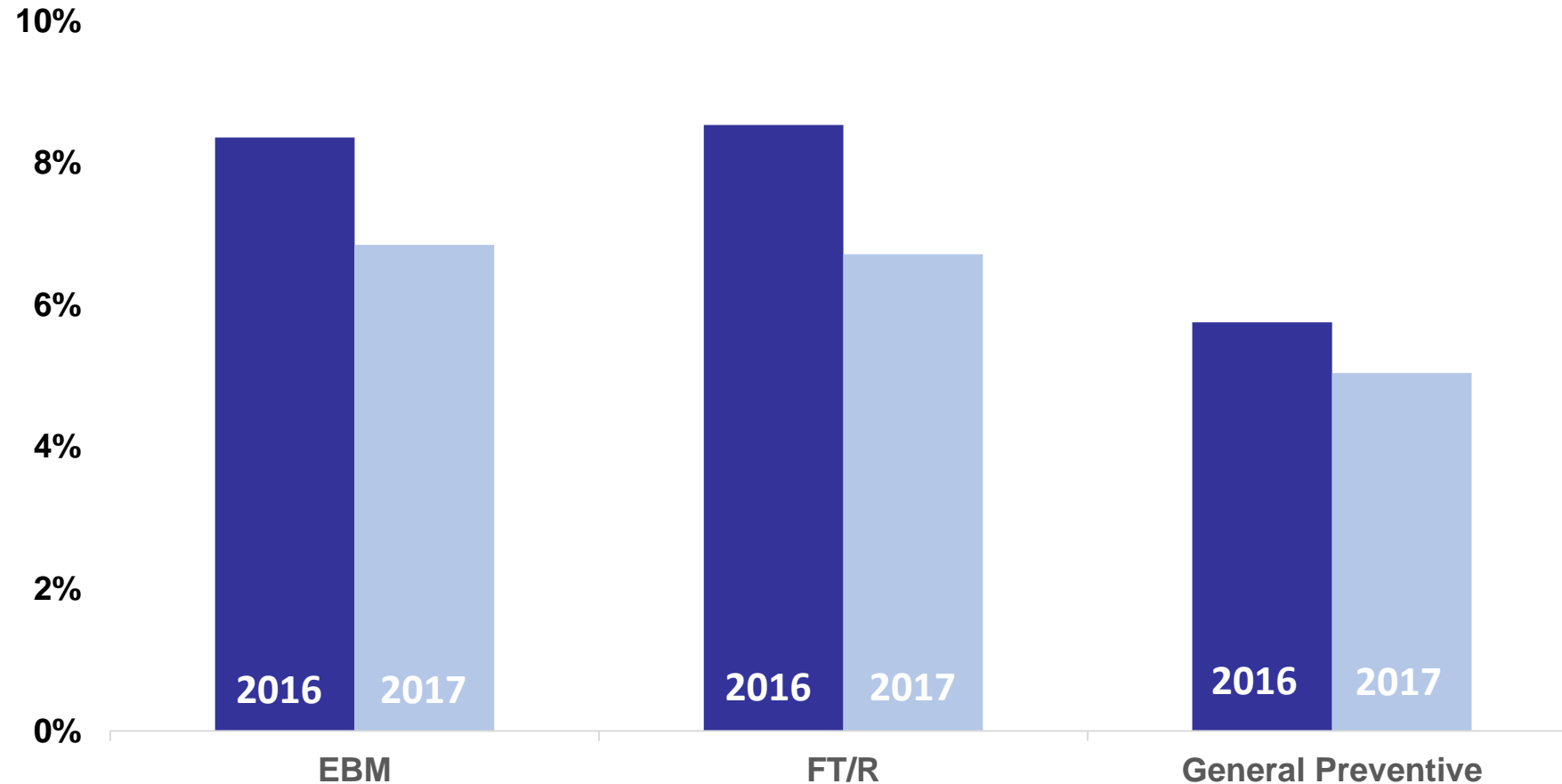
- ACS's capacity to serve families has increased due to shorter length of service
- Achievement of goals for closed cases in high risk models are higher for EBMs
- Decrease in the number of indicated investigations for families completing services

Prevention Services:

Preliminary EBM Outcomes

- Decrease in the number of indicated investigations for families completing services
 - 1 of every 38 families who *completed* a preventive program had an indicated investigation within 6 months.
 - By comparison, 1 of every 7 who *enrolled but failed to complete* services had a repeat indication.
- Better results for families that *had a recent indicated investigation prior to enrolling* in preventive (a subset of the above).
 - Of these, **just 1 in 50** who completed preventive services had a repeat indication within six months of completing services.
 - The rate was far higher - - **1 in 10** - - among those who failed to complete preventive.

Indicated Investigations Within 6 Months of Prevention Services 2016 and 2017



*2017 data includes Q1, Q2 & Q3

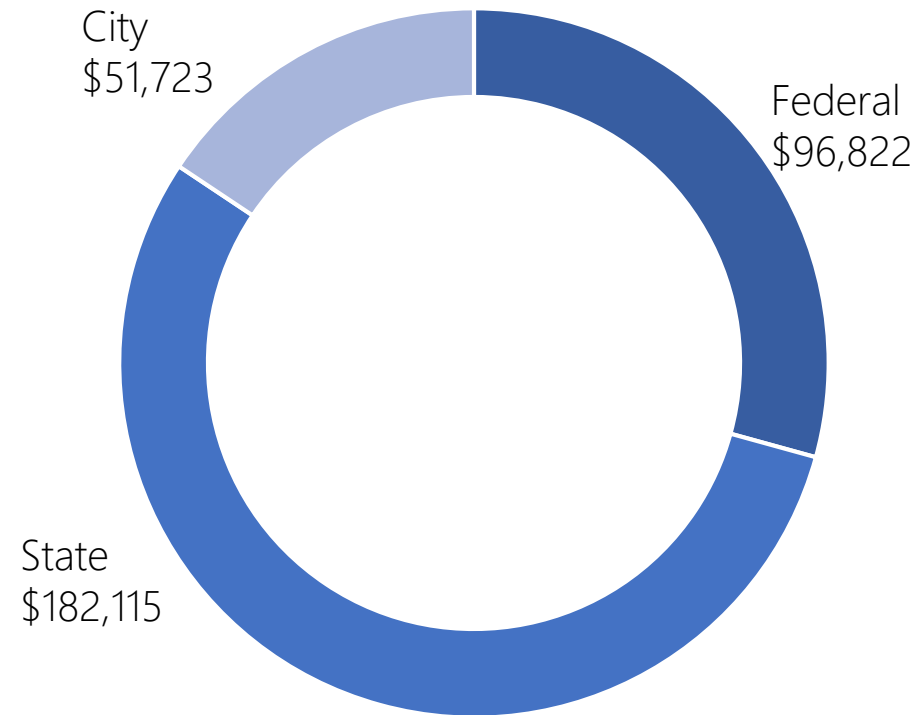
For cases closed in FY 2017:

- Indicated Investigations within 6m for families that completed services = 2.6%
- Indicated Investigations within 6m for families that **did not** complete services = 14.3%

Investments in Prevention Services

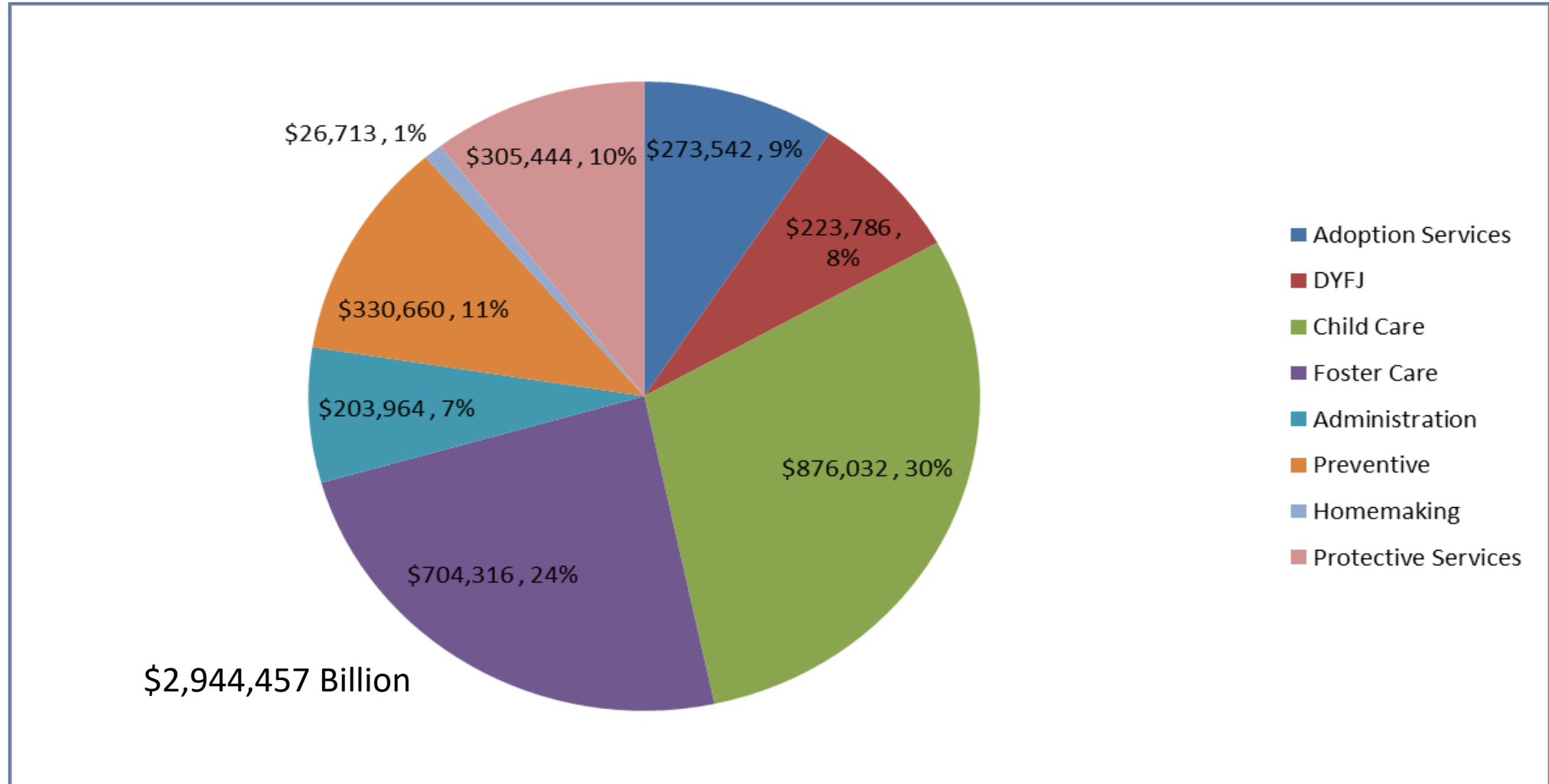
- NYC invests heavily in prevention services with robust support from New York State
- The overall number of prevention services slots has increased from 12,458 in FY13 to a projected 15,949 in FY19
- In 2017-2018 ACS completed a prevention model budget exercise and infused over \$26m into provider budgets

ACS Sources of Funding (FY 18)



Total funding: \$330,660 million

ACS Operating Budget Fiscal Year 2019



Lessons Learned: **Challenges**

- Staff turnover at provider agencies
- Training costs for existing staff and replacement staff
- Keeping staff at ACS informed
- Referral pathways
- Service matching
- Policy-practice alignment
- Aligning the monitoring (creating ACS infrastructure)

Lessons Learned: **Successes**

- Communication and partnership between ACS, model developers, and program providers
 - Multiple feedback loops
- Include EBM in the contract
- Integrate EBM in to existing preventive system
- Professional development of provider staff

Lessons Learned: **Successes**

- Use of implementation science
- Alignment of the public jurisdiction practice with the model
- Alignment of monitoring to reflect the model standards
- Time and commitment
- Plan for sustainability

Where are we now?



- In our 6th year
- Focus on programmatic sustainability
- Expanding use of EBMs in prevention system
- Meaningful integration of fidelity measures in ACS monitoring
- Supporting the workforce
- Fine tuning the service matching
 - Understanding which models work best with which families
- Planning programmatic & financial strategies for child welfare sustainability through Family First Prevention Service Act

Family First Prevention Services

- Prevention activities under Title IV-E of the Social Security Act
 - Allows states the option to use new open-ended Title IV-E federal funds to provide prevention services and programs for up to 12 months for children at imminent risk of entering foster care.
 - The new Title IV-E prevention services, as well as training and administrative costs associated with developing these services, would have no income test.
 - Evidence-based practice will be required for at least 50% of services.

Looking to the **future**

- Continued partnership with NY state and federal agencies
- Focus on building evidence and alignment with state and federal standards
- Engagement with families, providers, and our ecosystem of stakeholders including courts, advocates, and experts

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