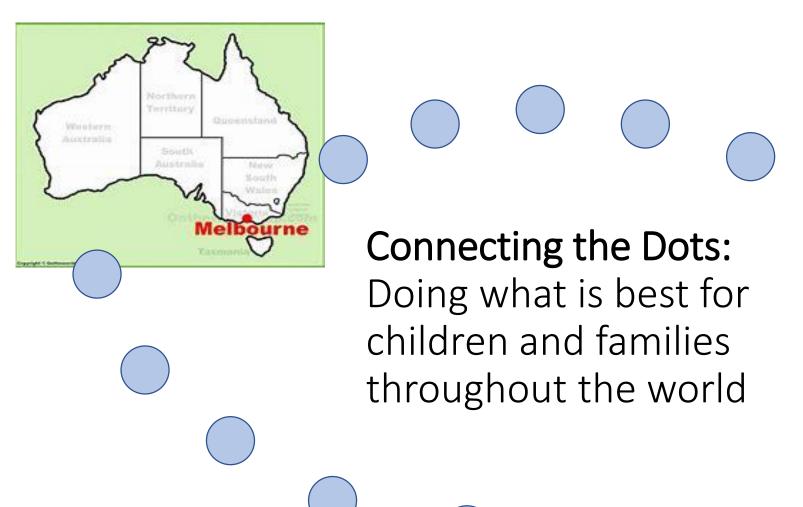
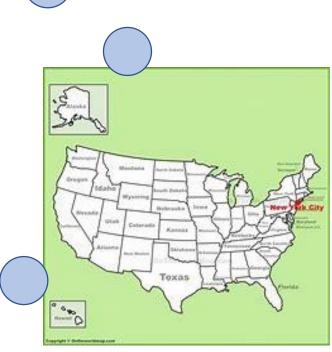
The NYC Experience: Implementing Evidence-Based and -Informed Practices

Deborah Rubien

NYC Administration for Children's Services

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





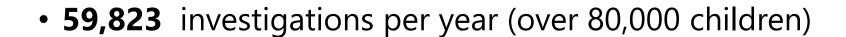


New York City Administration for Children's Services (ACS)

- 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





- 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 Pron	nising	Models

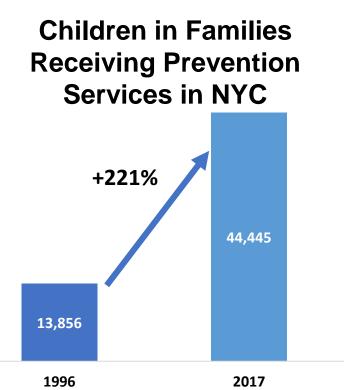
of new prevention cases were in EBMs (Jan 2018)

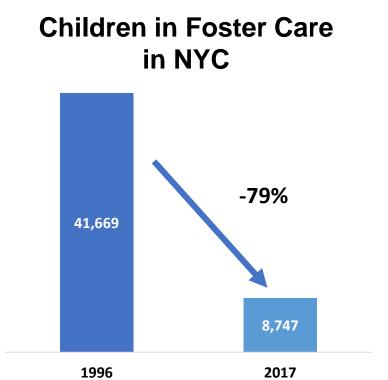
5,060 Families in prevention evidence-based practice (2017)

11 Evidence-based, -informed, and promising practices were implemented



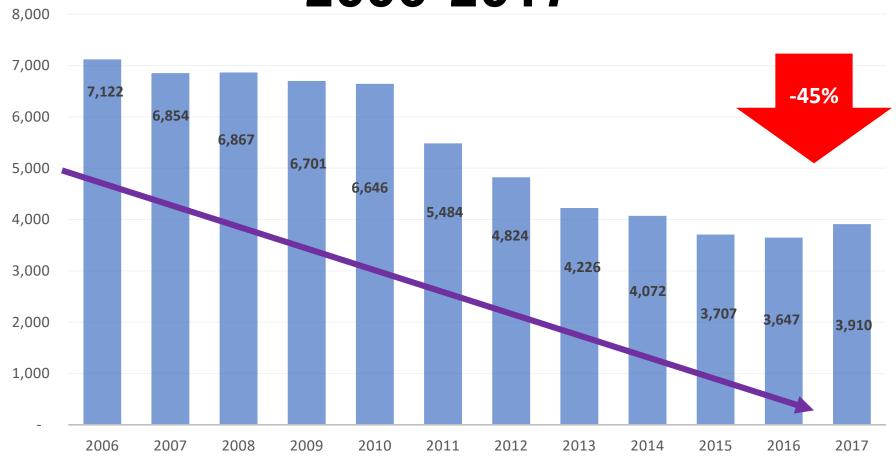
Prevention Services & Foster Care in NYC





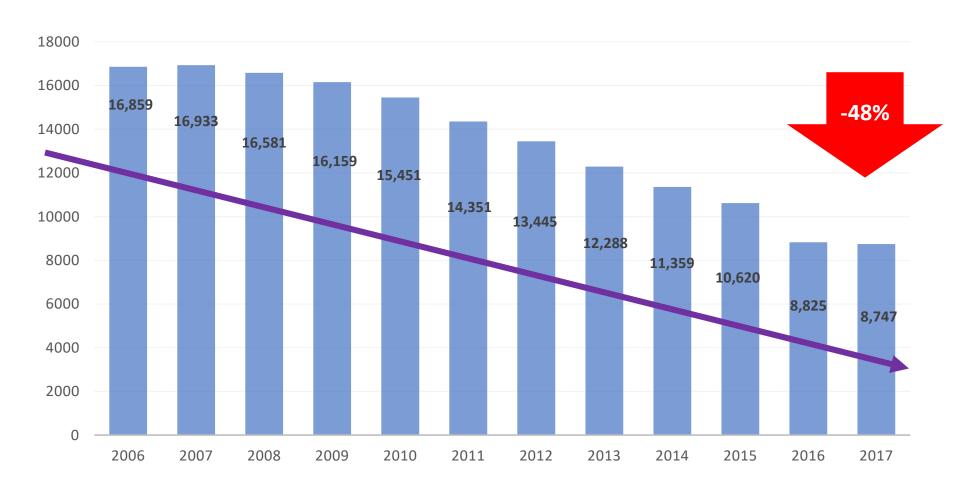


Children Entering Foster Care 2006-2017





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-ParentPsychotherapy (CPP)
- Family Connections
- Functional Family Therapy (FFT)
- Multisystemic Therapy
 - Child Abuse &Neglect (MST-CAN)
- Multisystemic Therapy– Substance Abuse(MST-SA)
- SafeCare

 Functional Family Therapy – Child Welfare (FFT-CW)

- Trauma Systems
 Therapy
- •
- Structural Family
 Therapy

Evidence Based 7

Evidence Informed

1

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



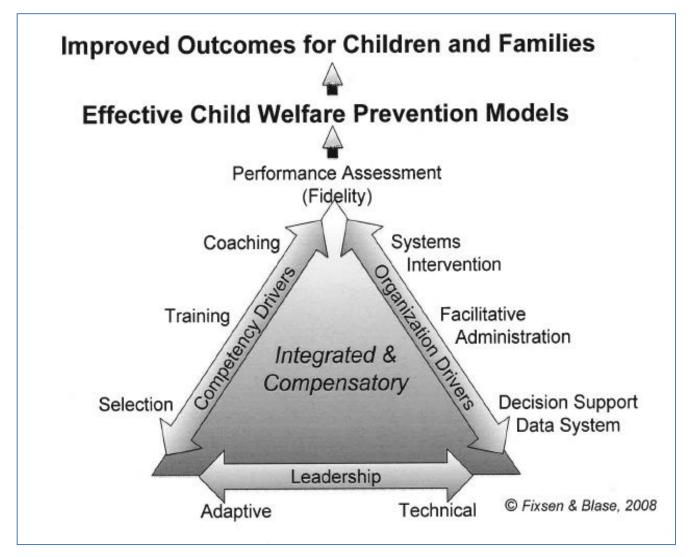
Implementation: Installation Phase

- Issued two procurements
 - 1st procurement converted some existing general prevention slots into EBMs
 - 2nd procurement added new EBMs, 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

BRIEF STRATEGIC FAMILY THERAPY

Model Approach: Short term family treatment model developed for prevention and treatment of 6-17 year olds with behavior problems and drug use. BSFT uses a structured, problem-focused, directive, and practical

Model Activities: BSFT identifies patterns of family interaction, and works to restore parental leadership and involvement with the youth. All family members participate.

SAFETY AND RISK In addition to ACS requirements to assess and monitor child safety and risk (at intake and on an ongoing

Underlying Logic: Family is the most influential context for youth and therefore is the focus of intervention. Transforming how the family functions will improve youth's presenting problems.

PREVENTIVE STANDARDS

- Ongoing Safety & Risk
- parent child interaction, health)
- ✓ Completion of FASP
- √ Family Team Conferences
- √ Provide referrals to ancillary
- √ Weekly individual supervision
- √ Multidisciplinary team can substitute as an individual
- √ Supervision includes professional
- ✓ Monthly review of every case by
- ✓ Services terminated in a planned review, assessment of need, and Program Director approval

inform

basis). BSFT does the following:

MODEL ACTIVITIES

that are linked to signs of

MEASURABLE PROGRESS

BSFT is designed to reduce or eliminate serious behavior problems, family conflict and/or drug use for

- BSFT uses standard ACS practice for responding to safety and risk issues such as SCR reports and ERCs

WELL-BEING

- BSFT addresses family issues that are closely related to well-being: connections between family members.

- family conflict and improving relationships with extended family

CASE MANAGEMENT

- . BSFT addresses case management in the context of the therapeutic goals
- Some BSFT programs self-fund a case manager or program assistant to assist with case management needs
- Family Team Sessions replace Family Team Conferences; ACS joins as an observer

CONSULTATION AND/OR COACHING

- In addition to ACS minimum requirements of weekly supervision and monthly case review,
- · All sessions with families are video recorded and selected clips are viewed by BSFT Model specialists
- · Agency is licensed by BSFT based on therapists' competency and fidelity to the model. After licensing, videos are viewed quarterly by BSFT
- All case records are reviewed according to GP standards. BSFT Model Managers consult with teams weekly. After an in-house clinical supervisor is identified, BSFT consults monthly with the supervisor. Cases with safety and risk concerns are prioritized
- Therapists conduct weekly Peer Review of cases

SUCCESSFUL COMPLETION

- In addition to ACS requirements of a case review, needs assessment and administrative approval.
- · Decision to close case is based upon therapist and supervisor review of the case, a review of a video clip, assessment of positive family restructuring, and assessment of safety and risk

assessments which reduces risk

Families are matched with services that attend to their needs effectively

Case Planners improve therapeutic skills through direct observation by specialists through video recording

Family goals are achieved and demonstrated on video related to safety, risk and well-being

OUTCOMES

and

Increased safety, wellbeing and stability of children and families

Reduction in out-ofhome placement and repeat maltreatment

Presenting issues at time of referral and other case management issues addressed effectively

Prevent, reduce and/or treat youth behavior problems

Improved family functioning





May 2015

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



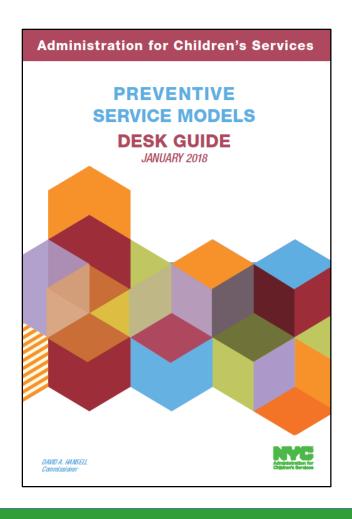
Referral Pathways: ACS Prevention Continuum

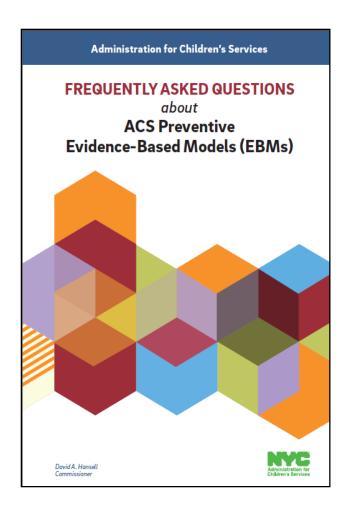
Very High Family Risk and Need

	High Family Risk and Need										MST CAN			
					Moderate Family Risk and Need			FFT	СРР	FFT-CW (High Risk)	MST SA	FTR	TST	Multisystemic
Low Family Risk and Need			Family Connections	BSFT	Boys Town Model	Functional Family		Functional	Multisystemic		Trauma	- Therapy for Child Abuse and Neglect		
Specialized Preventive	Genera Preventi	SafeCare	FFT-CW (Low Risk)	Structural Family Therapy	Family Connections is shown in	Brief Strategic Family	Boys Town Model	Therapy	Psychotherapy	Family Therapy for Child Welfare	Therapy for Substance Abuse	Treatment/ Rehabilitation	Systems Therapy (Promising Practice)	
Special Medical, Developmental	General Preventiv	SafeCare e	Functional Family	Structural Family	both the Low and Moderate	Therapy	(promising practice)						,	
Delays, Sexually Exploited, Deaf and Hearing Impaired		Age Restrictions: Families with children from	Restrictions: Families with	Therapy (promising practice)	(promising categories	Age Restrictions: Man & Bklyn: 6 – 18 y.Q. Bx, SI & Qns:	Age Restrictions: Bklyn: 0-18; Qns & Man: 12-18	Age Restrictions:	Age Restrictions: Families with children birth		Age Restrictions:		Age Restrictions:	Age Restrictions:
		birth to age 5			this model.	Teens	12-10	Teens	through 5		Teens		Teens	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 EBMs (SIPE) team
 - Cross-divisional leadership
 - Increase knowledge of EBMs
 - Identify and address obstacles to full utilization of programs
- Understanding how to meaningfully integrate fidelity measures in ACS monitoring
- Expanding the use of EBMs in the prevention system
- Information, information, information
- Refining referral pathways and service matching

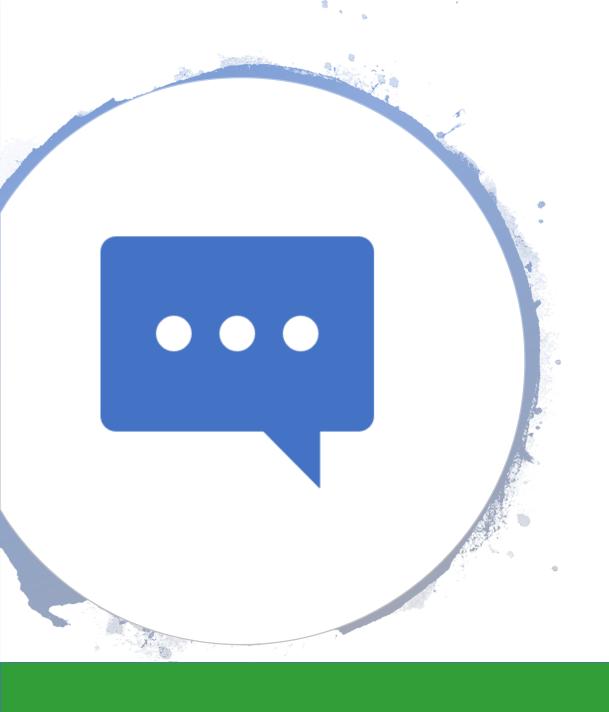


Implementation: Sustainability

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

Model developers

ACS

Provider agencies



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

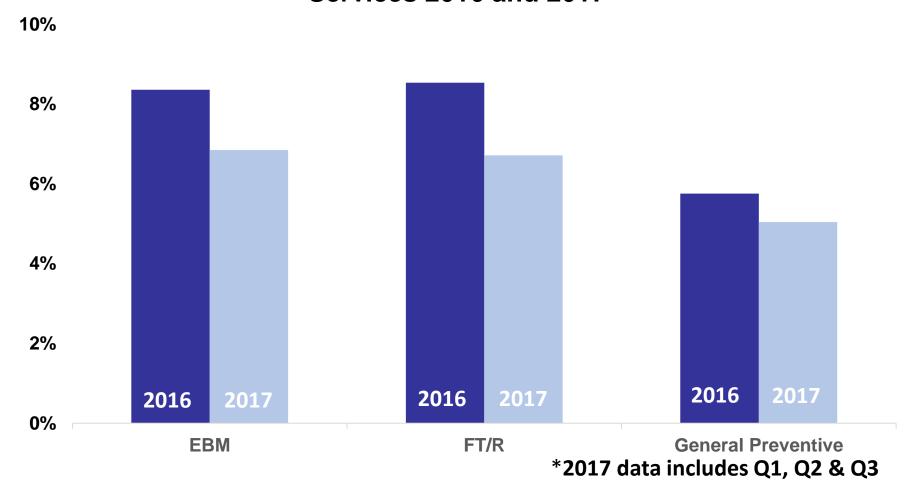


Prevention Services: Preliminary EBM Outcomes

- 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, <u>just 1 in 50</u> 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



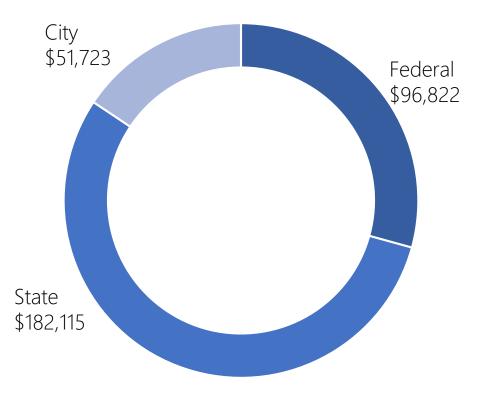
For cases closed in FY 2017:

- 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

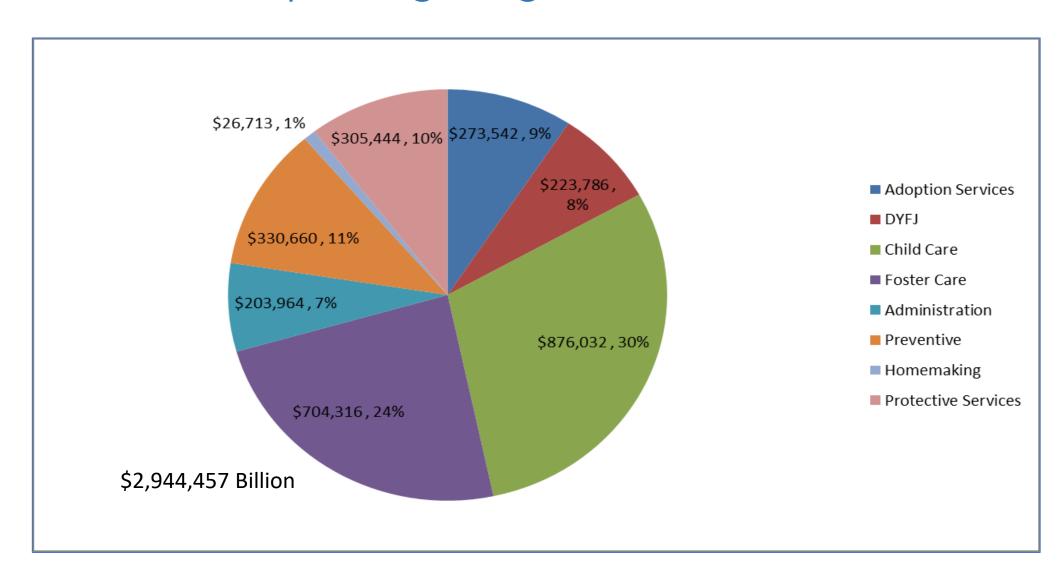
ACS Sources of Funding (FY 18)



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



Contact info:

Deborah Rubien, LCSW

Senior Advisor

Division of Policy, Planning and Measurement

NYC Administration for Children's Services

Deborah.Rubien@acs.nyc.gov





