NYC EVIDENCE-BASED COLLABORATIVE

Blueprints Conference

Denver, CO

May 2, 2018

NYC Collaborative - Filling In The GAP

Government (ACS)
Advocates (COFCCA)
Providers (VA)

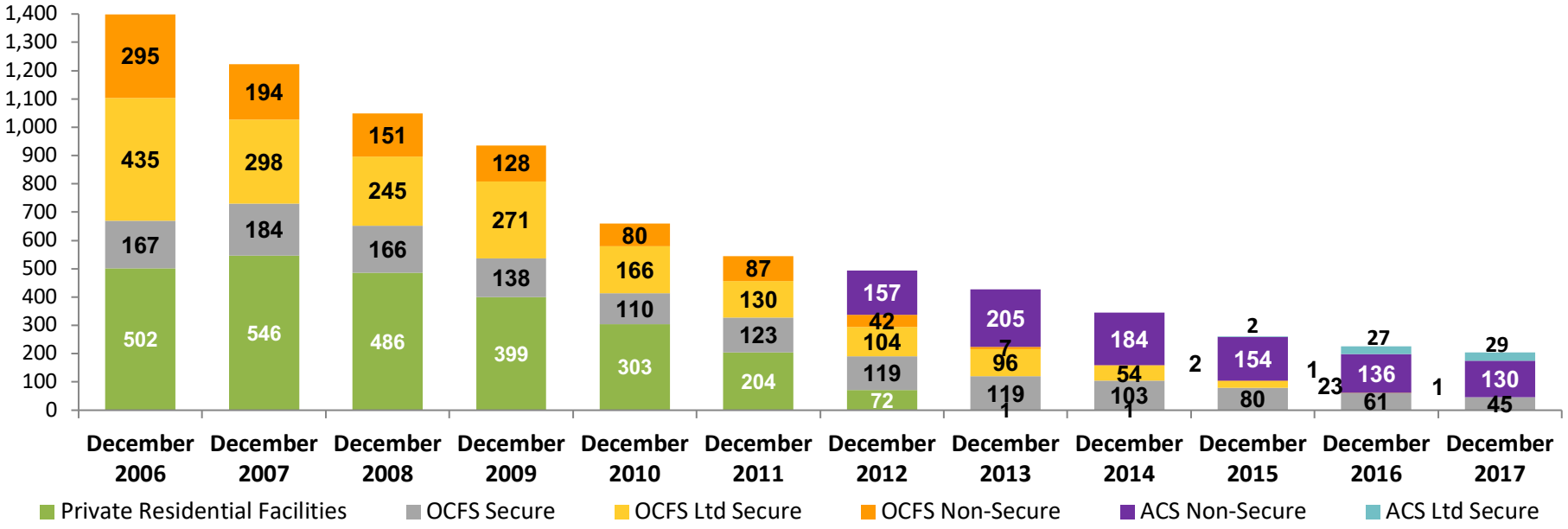
NYC Administration for Children's Services
Council of Family & Child Caring Agencies
NYC Evidence-Based Workgroup

NY Foundling - Implementation Support Center
Jewish Child Care Association
Children's Village

NYC Administration for Children's Services

- OVERVIEW OF NYC PREVENTION SERVICES
- CHALLENGES & SUCCESSES TO EBP TRANSITION
- BEST PRACTICE FOR INTERNAL SYSTEM ALIGNMENT TO SUPPORT EBP
- LESSONS LEARNED & THE ROAD AHEAD

Number of New York City Juvenile Delinquents and Juvenile Offenders in Placement



Number in Placement											
December 2006	December 2007	December 2008	December 2009	December 2010	December 2011	December 2012	December 2013	December 2014	December 2015	December 2016	December 2017
1,399	1,222	1,048	936	659	544	494	428	344	260	225	204

Implementation Support Center

- Established, 2012 - a division of The New York Foundling
- Mission - to continually and perpetually get the **BEST** outcomes for children and families, to ***ignite*** global momentum for adoption of evidence-based models and to increase EBMs from 3% in juvenile justice and 12% in child welfare to 25% overall in 10 years
- Proactively identify communities where the use of EBMs could reduce out of home care for children and youth with significant safety and risk factors
- Use the CDT approach to guide implementation support

Community Development Team

- The CDT model is a strategy/approach used to increase the adoption of evidence-based practices in human services
- It is used to implement, establish and sustain model fidelity
- Involves a cohort of teams or agencies implementing together
- **Cal-40 Study**
  - Focus of NIMH trial
  - ✓ Testing an implementation model (CDT) for promoting installation of an EBP (in this case TFCO)
  - ✓ Random study
    - ❑ 51 sites (California and Ohio) randomized to CDT and implementation as usual
  - ✓ Currently the only empirical test of an implementation model

Use of CDT in NYC Agencies

- Pre-Intention Work with Agencies
- Created cohort groups
- Pre-Implementation work with five cohorts
- Provided implementation support to the five cohorts over the first two years of implementation
- CDT Associates facilitate shared problem-solving with the cohorts to deal with real barriers encountered
- Focus on adherence

Ongoing Work with Agencies

- Utilized the COFCCA Evidence-Based Workgroup at to share problem-solving strategies
- Used Workgroup to identify changes in policy that impact adherence or fidelity to the models
- Facilitated the collection of data across agencies when significant barriers arise
- Worked to remove barriers to replacement training

NYC Evidence-Based Collaborative

Voluntary Agencies

- 65 Participants on Listserv
- 26 Agencies Represented
- 25 Average Attendance
- 11 Models Represented
- Program Directors
- Supervisors
- QA/QI Directors

Government

- 28 Participants on Listserv
- 2 Government Partners
  NYC ACS
  NYS OCFS
- 7 Divisions - Rotating Attendance:
  EB Advisors,
  Preventive Services
  Program Development
  Research & Development
  Policy Planning & Measurement
  Community-Based Strategies

EBM Workgroup - Mission & Action Items

- Share Best Practices and EBP Successes
- Create a Feedback Loop to Government
- Advocate for Policy & Practice Alignment
- Workforce Data Collection:

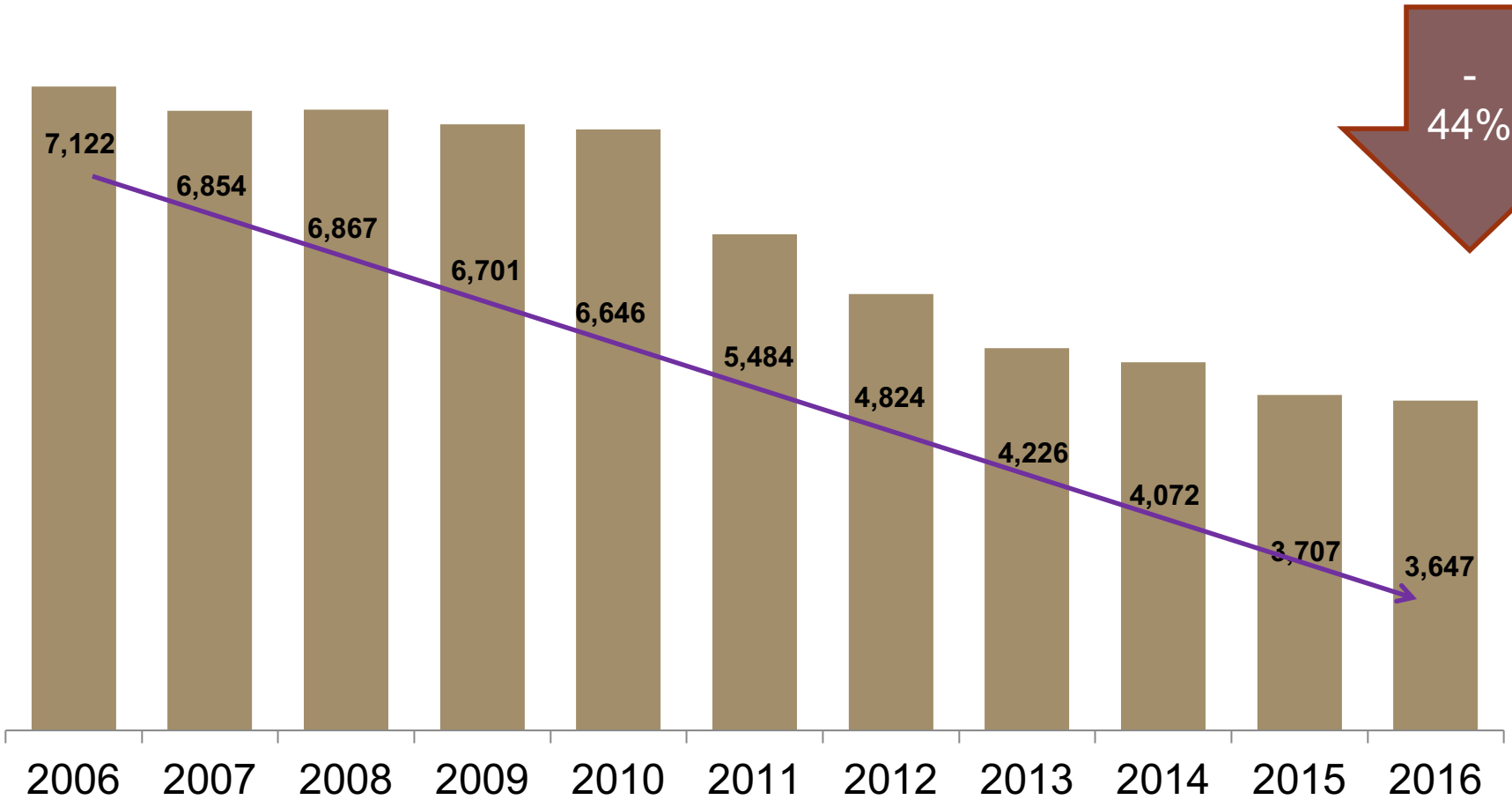
  Turnover Rates – 35-40%
  Caseworkers – 62 hours
  Supervisors – 60 hours

- Address Concerns:
- RFP Issues
- Implementation Concerns/Referrals
- System Wide Implications
- Step Ups & Downs
- Case Closings
- Evaluations Matters

NYC Administration for Children's Services

- Child Welfare, Juvenile Justice, Early Care & Education
- Over 6,000 employees
- 41,669 (1996) in foster care → 8,711 (January 2018)
- More than 50 nonprofit prevention providers, 201 programs, served close to 20,000 families last year
- February '18 – 33% of new preventive cases were enrolled in EBMs

NYC Children Entering Foster Care 2006-2016



* Children who entered care as JDs are not included.
Source: CCRS

Our Evidence-Based and Evidence-Informed 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

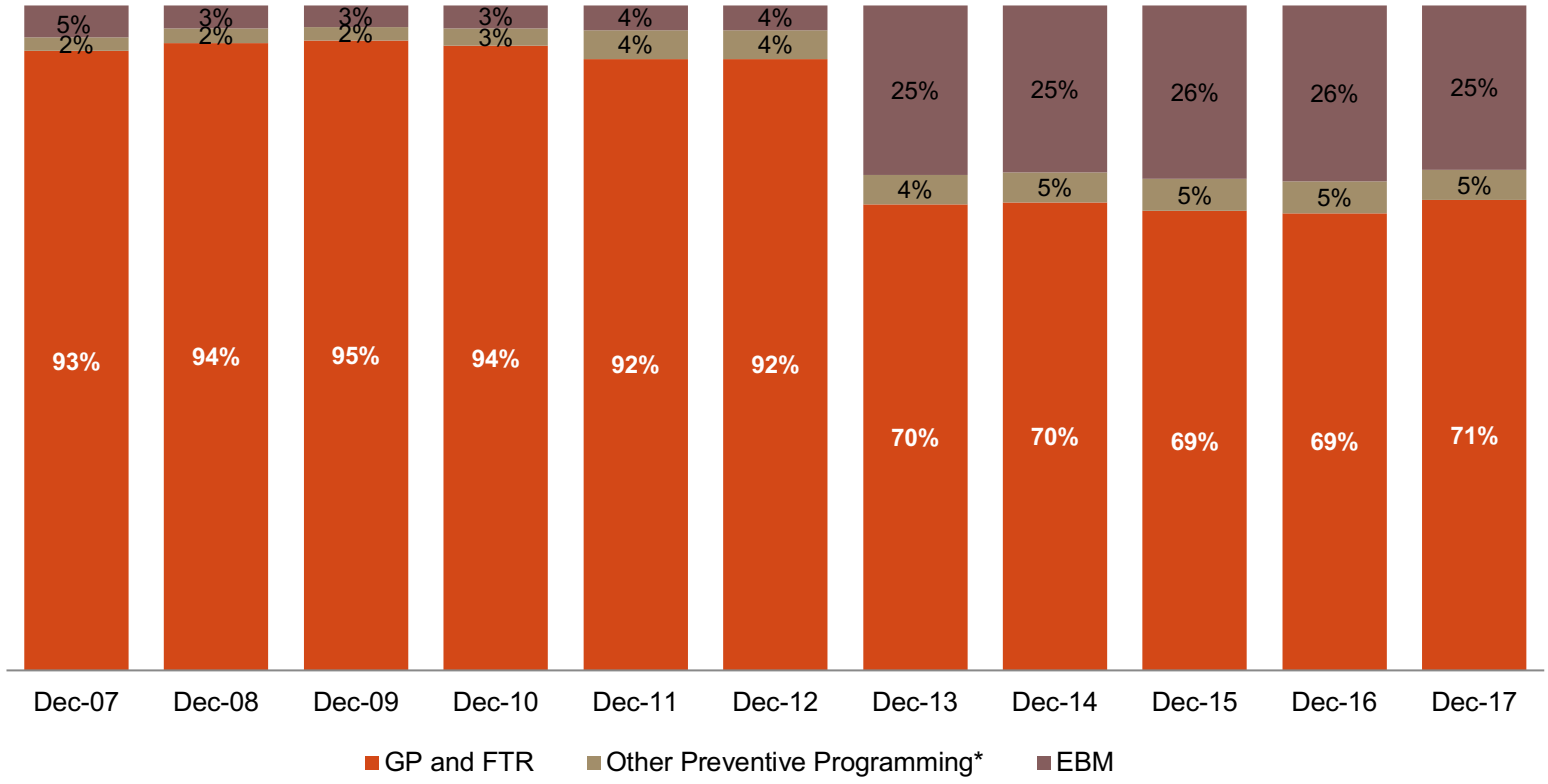
- Functional Family Therapy – Child Welfare (FFT-CW)

Evidence Informed 1

- Structural Family Therapy (SFT)
- Trauma Systems Therapy (TST)

Promising Practice 3

Expansion of Evidence-Based Models (EBMs) in the ACS Child Welfare Preventive Array 2007-2017



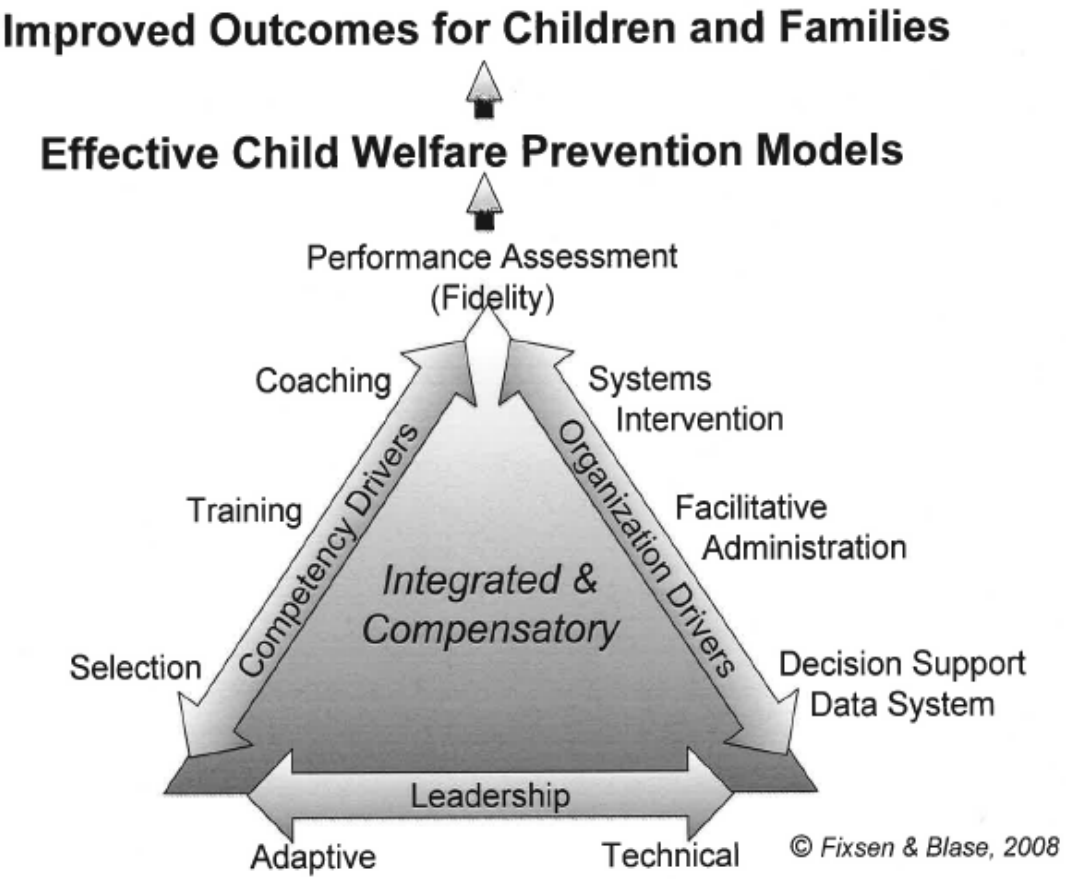
*Other Preventive Programming includes programs that work to meet the needs of families with special medical needs, and families with children that have been sexually exploited.

Source: PROMIS

Exploration and Installation

- Selected models used in pilot programs
- Spoke with providers already using EBMs
- Conducted research on potential models and their fit
- Spoke with developers
- Issued two procurements
  - #1: to convert existing contracts
  - #2: new contracts for serving teens

Implementation Science



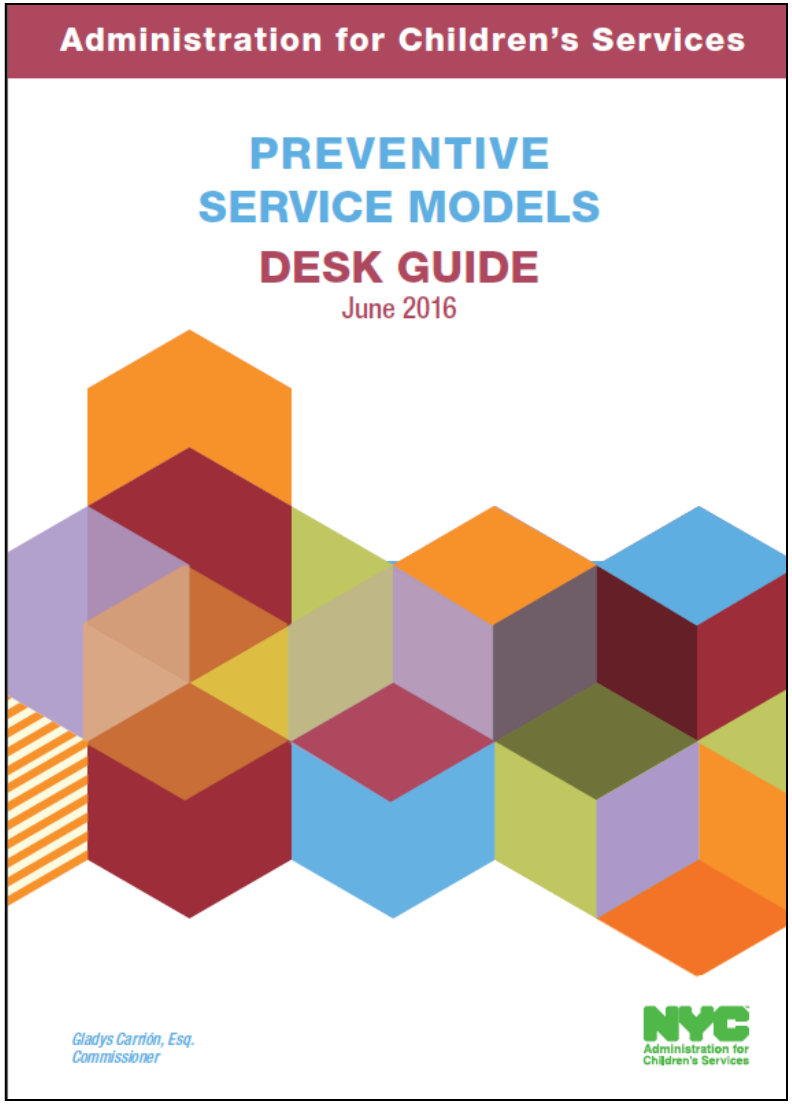
Implementing Research Evidence in ACS: *What does it look like in practice?*

- Listening Tours (2012 and 2014)
- Task Teams
  - Internal Capacity Building
  - Evaluation and Monitoring
  - Policy and Practice Alignment
- Teaching Implementation Science
  - Learning Modules

Implementing Research Evidence in ACS: *What does it look like in practice?*

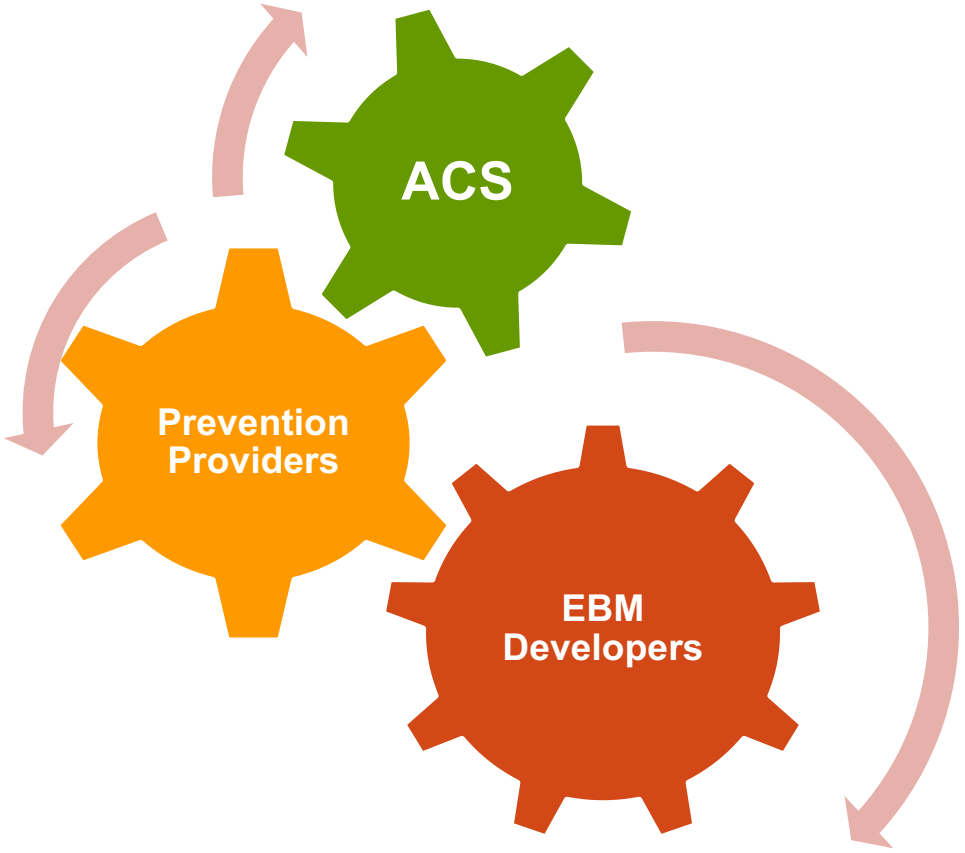
- Changes in policies, program standards, business process and data systems.
- Addenda to the standards for General Preventive
- Revised referral pathway
  - Guidance and revised framework for those making referrals
- Monitoring that reflects the implementation drivers

Sharing Model Information



Feedback Loops

Communication, Communication, Communication

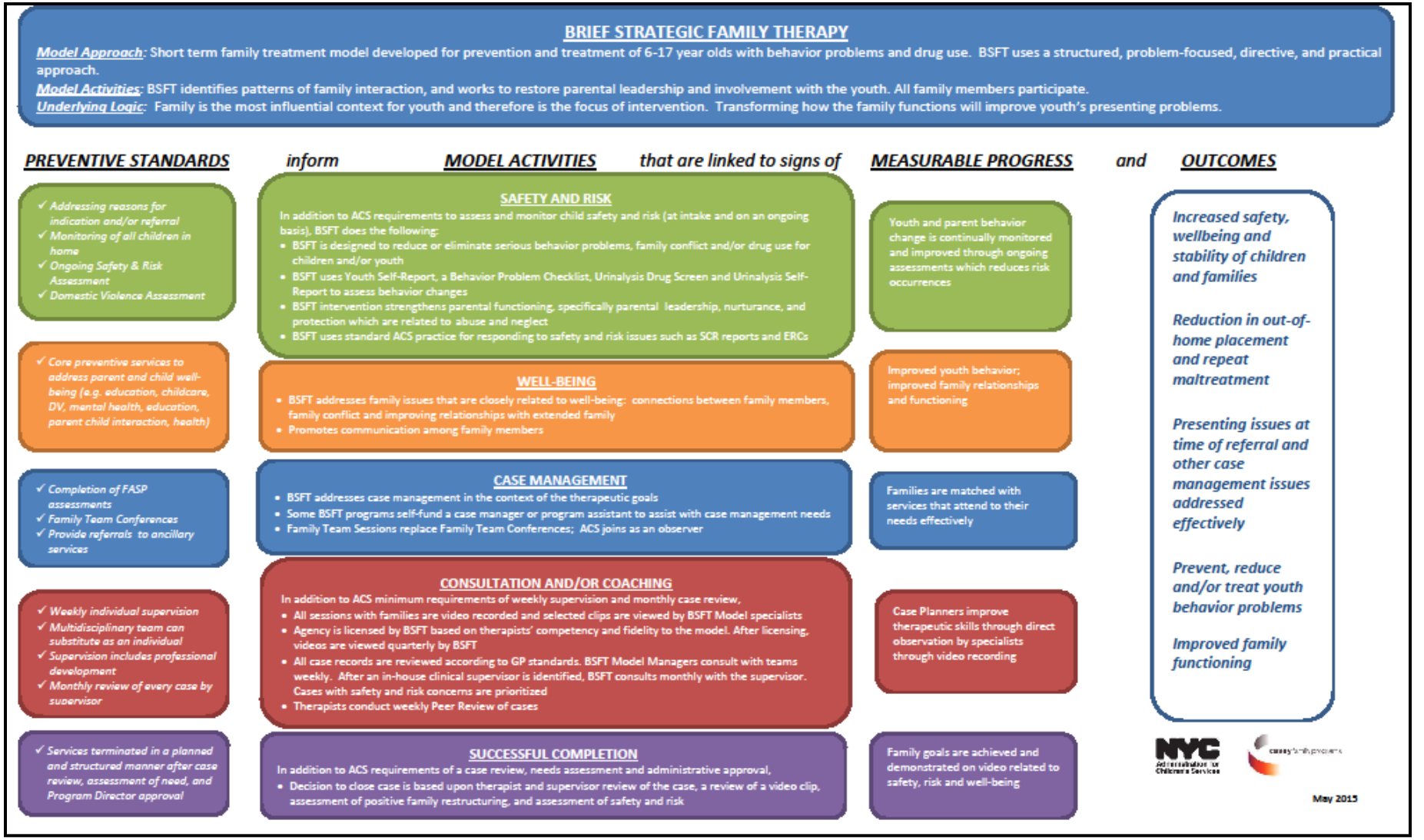


Alignment and Integration

- Used Implementation Science in monitoring

- Integrated with child welfare requirements
  - Created new standards for each EBM
  - Created logic models for each EBM
  - Worked closely with developers and providers to integrate child welfare requirements and documentation

Logic Models



Preliminary Outcomes

- **ACS's capacity to serve families has increased**
  - Due to shorter length of service
  - Ratio of families seen annually increased from .95 to 1.2

- **Achievement of goals for closed cases in high risk models are higher for EBMs**
  - 1/2016 – 6/2016: EBMs serving high risk families reported 82.6% of cases closed with all or partial goals achieved, compared with 77.6% of families in FT/R.

- **Decrease in the number of indicated investigations for families completing services**
  - 1 of every 38 families who *completed* a preventive program in 2017 had an indicated investigation within 6 months after completing the program (192 of 7,334 cases closed in FY2017).
  - By comparison, 1 of every 7 who enrolled but failed to complete services had a repeat indication (230 of 1,614 who failed to complete services).

- The results are even better 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.

- Most families who enroll in services complete their services. In FY17, 82% of families with cases closed had completed services with some or all goals achieved.

Lessons Learned: *What did it take?*

- Partnership between ACS, model developers and program providers
- Include EBM in the contract
- Integrate EBM in to existing preventive system
- Alignment between the model and ACS
- Feedback loops

Where are we now?

- In our 5th year
- Focus on sustainability:
  - Cross divisional leadership team
- Expanding use of EBMs in preventive system
- Understanding how to meaningfully integrate fidelity measures in ACS monitoring

Children's Village

1. CV as a Provider, Network Partner, and Consultant to Developer
2. History of CV's Work with MFT Starting with JJI Programs Prior to System Wide EBM Implementation
3. Challenges and Successes of Adjusting to EBP in a Child Welfare/Family Focused Environment
4. Experience with Adaptation
5. Lessons Learned: Drivers that Impede Success, Good Fit for Models, Working with Developers and ACS, Hiring Well, Salaries and Costs, and Successes with Client Population

Children's Village

- Various Roles
- Provider & Network Partner
- Internal consultants - trained to support teams

MST History at Children's Village

- 2001 OCFS - 1 team in the Bronx
- 2002 OCFS – 2 more teams in Brooklyn and Manhattan
- 2002 DSS/Probation – 1 team in Westchester – increased to 3 teams by 2007
- 2004 OCFS – 1 team in Long Island
- 2007 ACS – 3 teams in NYC – 1 team converted to MST-Prevention in 2012
- 2010 Conversion of 2 OCFS teams to MST-FIT
- 2014 ACS- 3 teams in NYC for Close to Home
- 2017 DSS – 1 Westchester team converted to MST-Prevention
- ACS - 2 teams (B/M) for MST-Psych

FFT History at Children's Village

- 2010 - ACS

  1 team serving as aftercare (NYC)

- 2012 - ACS

  FFT-CW serving Bronx and Manhattan

Adjustments, Challenges & Successes of EBP in Child Welfare Environment

- Greater focus on child safety and well-being than community safety
- Minimum of 2 visits per month with all youth in the home
- All medical and school records
- Robust QI infrastructure in ACS that audits programs twice annually (CoQI)
- PAMs Scorecard

Experience with Adaptation

- FFT-CW
  - Incorporates a Low Risk Track

- MST- Prevention (2016 Pilot)
  - Incorporates a Family Support worker
  - Assessments / Forms
  - Pre and Post Screenings

Lessons Learned

- Drivers that Impede Success
- Are we hiring well: an energetic and well engaging family therapist with good navigation, crisis management and organizational skills?
- Are we paying at a differential rate for home-based work?
- Are we training staff to assess and address safety and risk?
- Are we documenting transparently to supports the work?
- Are we working to prevent Model Drift?

Implementation

Ongoing collaboration with Developers and ACS

- Frequent collaborative meetings
- Monthly phone calls
- Low outcomes of youth placed out of the home