From Evidence to Action Webinar Series

Session 1: Prevention

October 29, 2018

SAFE STRONG SUPPORTIVE

casey family programs

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safe children | **strong** families | **supportive** communities

Before we begin

- Lines have been muted to reduce disruptions
- Webinar will be recorded and posted on Casey.org
- Please pose questions throughout the session:
  - On the Zoom Platform: Select “Questions and Answers” dialogue button, type in your question, and hit send.
  - If attending by phone, email KMresources@casey.org.
- We will collect questions throughout the webinar and do our best to answer them - either immediately, or in the Q&A portion at the end.
- If we don’t get to your question, we will provide answers in a follow-up document sent to all registrants/participants along with the session recording and other resources.

Presenters

- **JooYeun Chang**, Managing Director, Knowledge Management, Casey Family Programs, jchang@casey.org
- **Dr. Peter Pecora**, Managing Director, Research Services, Casey Family Programs, ppecora@casey.org
- **Jacqueline Martin**, Deputy Commissioner, Prevention Services, New York City Administration for Children's Services, Jacqueline.Martin@acs.nyc.gov
- **Andrew White**, Deputy Commissioner, Policy, Planning and Measurement, New York City Administration for Children's Services, Andrew.White@acs.nyc.gov
- **Kailey Burger**, Assistant Commissioner, Community Based Strategies, New York City Administration for Children's Services, Kailey.Burger@acs.nyc.gov

Setting the Stage

- Why are evidence-based practices and programs important?
- What do we know and what have we heard from US DHHS/Children's Bureau? Are there any additional updates or new policy guidance?
- What can we learn from others with experience selecting, installing and spreading evidence-based practices and programs?

66 interventions that Casey believes should be rated as well-supported in terms of evidence level using CEBC or FFPSA criteria

FFPSA Intervention Areas	No. of Interventions Ranked as Well-supported
Mental health services for children and parents	39
Substance abuse prevention and treatment services for children and parents	13
In-home parent skill-based programs: ▪ Parenting skills training and Parent education[a] ▪ Individual and family counseling	9 5

[a] Because a clear definition of each program type and how they differ from each other has not yet been issued by the Federal Government in relation to FFPSA, we grouped interventions that might qualify for one or both these program types together.

In-Home Parent Skill-Based Programs: Parenting Skills Training and Parent Education (Total: 9)

1. Family Connects
2. Family Spirit (for American Indian/Alaskan Native parents)
3. Healthy Families America (HFA)
4. Home Instruction for Parents of Preschool Youngsters (HIPPY)
5. Minding the Baby® (MTB)
6. Nurse Family Partnership (NFP)
7. Parenting with Love and Limits
8. SafeCare
9. The Incredible Years

In-Home Parent Skill-Based Programs: Individual and Family Counseling (Total: 5)

1. Attachment-Based Family Therapy (ABFT)
2. Child-Parent Psychotherapy
3. Functional Family Therapy (FFT)
4. Homebuilders (Intensive Family Preservations Services)
5. The Family Check-up (FCU)

Sample Page from the FFPSA Intervention Catalog

Program Model or Intervention	Ages and Problem or Skill Area Addressed	Treatment Duration	Level of Effectiveness/ Effect Sizes	Cost & Cost-Savings	Manual Available	Waiver Inter-vention
Mental Health for Caregivers or Children						
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It has mostly been used and evaluated with youth who were sexually abused or exposed to domestic violence. TF-CBT can also benefit children with depression, anxiety, shame, and/or grief related to their trauma.	Ages 4–18. Anxiety, depression, PTSD	Weekly 60- to 90-minute sessions Duration: 12–16 weeks	**1** (Well-supported)	$1,037 (CBT based models for child trauma)[i]	Yes[ii]	AR, CO, IN, KY, MD, MT, NV, WI
Triple P – Positive Parenting Program – Level 4 Individual for Child Disruptive Behavior Triple P—Positive Parenting Program (Level 4, self-directed) is an intensive individual-based parenting program for families of children with challenging behavior problems. In the self-directed modality, parents receive a full Level 4 curriculum with a workbook and exercises to complete at their own pace. They are also offered support from a therapist by telephone on a regular basis.	Ages 0–12	10–16 sessions Duration:over 3–4 months[iii]	**1** (Well-supported)	Cost: $1,792 Savings: $2339 B-C: $3.36[iv]	Yes[v]	CO, ME, NE, TX, WA

New York City Administration for Children's Services

Prevention Services

Jacqueline Martin, Deputy Commissioner, Prevention Services, New York City Administration for Children's Services

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NYC Administration for Children's Services

Child Welfare in New York City

- 59,823 investigations per year – including 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

Services Offered

54 Providers across NYC
200 Programs
13,000 Prevention slots
25% Evidence Based or Promising Models

Families Served in 2017

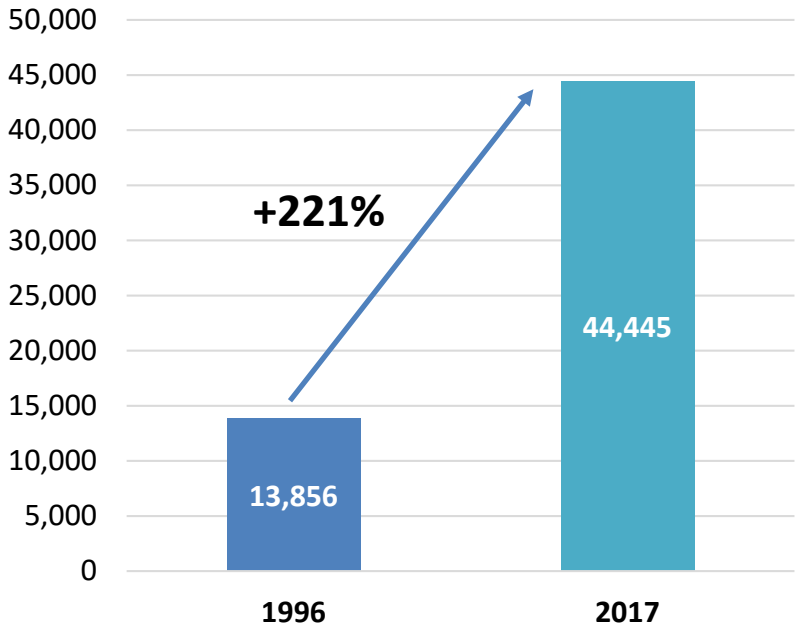
19,494 families received prevention services
44,445 children received prevention services in total

Referral Sources

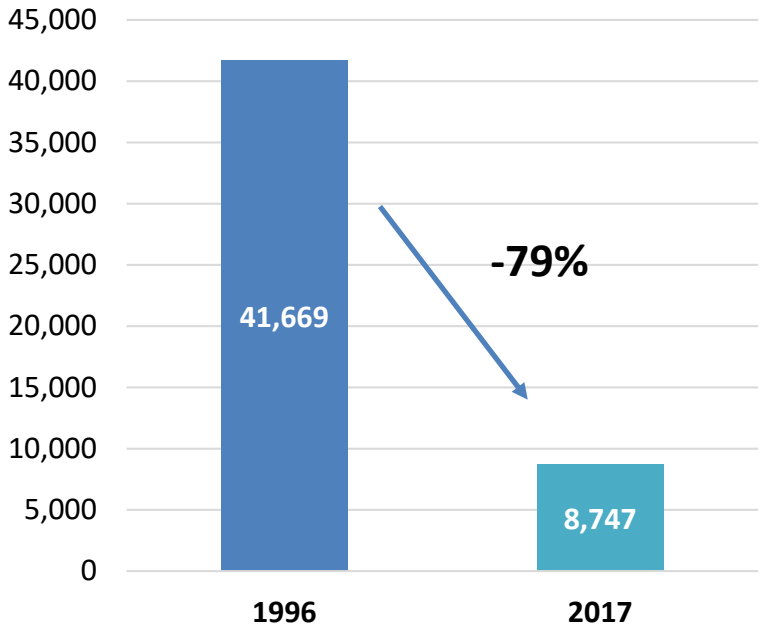
80% referred to prevention from Child Protection
20% community referrals: voluntary walk ins, schools, hospitals, churches

Prevention Services & Foster Care in NYC

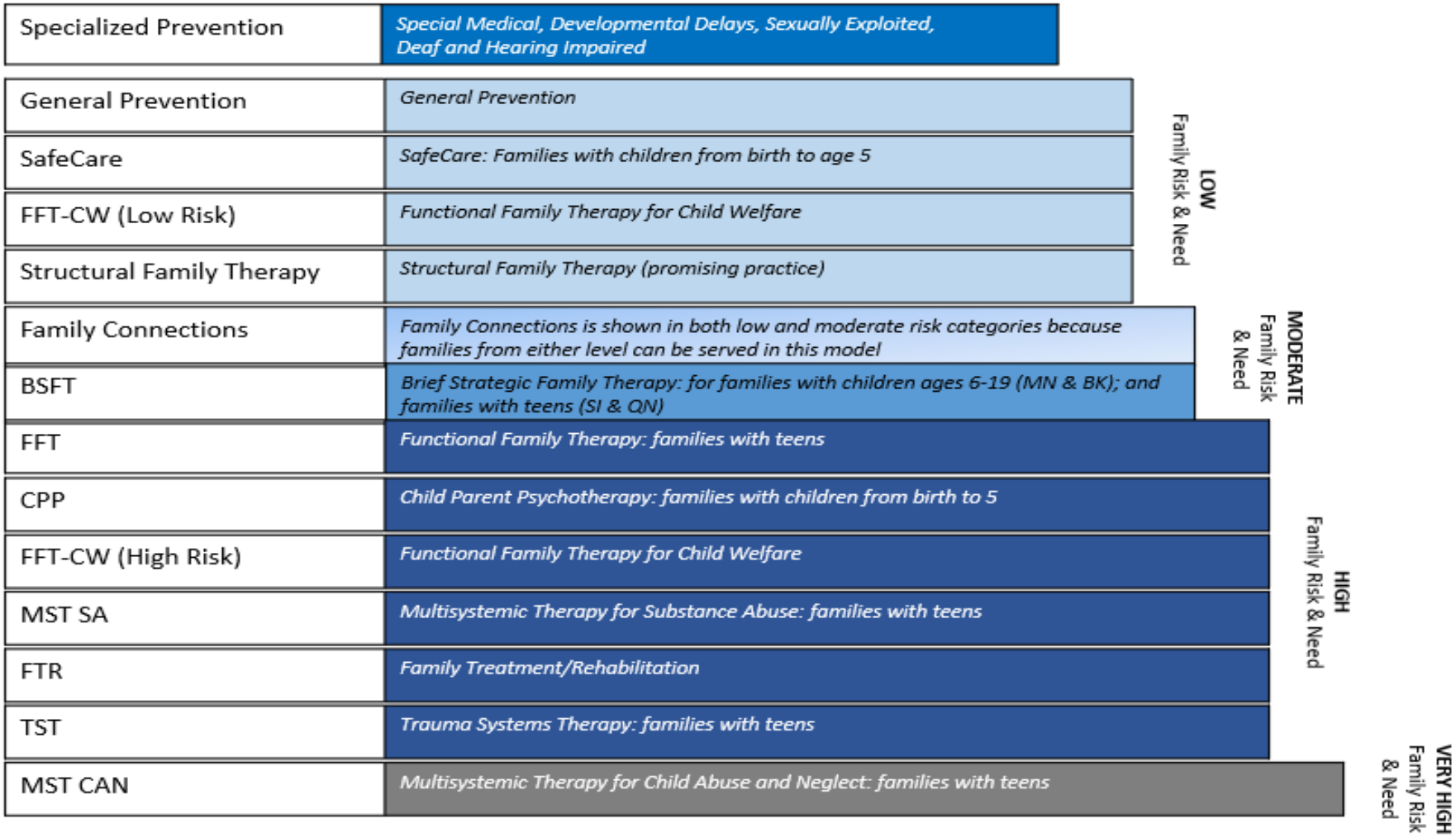
Children in Families
Receiving Prevention Services in NYC



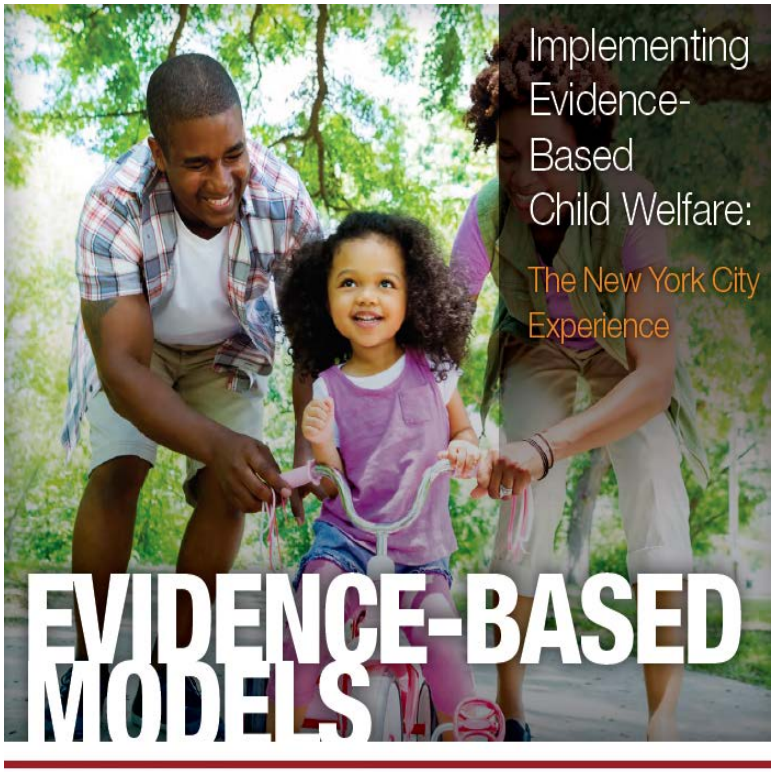
Children in Foster Care
in NYC



Prevention Services Continuum



Prevention Services Evidence-Based Continuum



nirn National Implementation Research Network

casey family programs

In 2011 ACS **introduced 11 evidence-based and evidence-informed practice models** into its continuum of prevention services.

Goals of prevention evidence based models are to improve outcomes by:

- Improving family functioning and child well-being
- Reducing repeat maltreatment
- Preventing placement in foster care

Casey Family Programs Evidence Based Model Report: https://www.casey.org/media/evidence-based-child-welfare-nyc.pdf

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.

Implementation Science

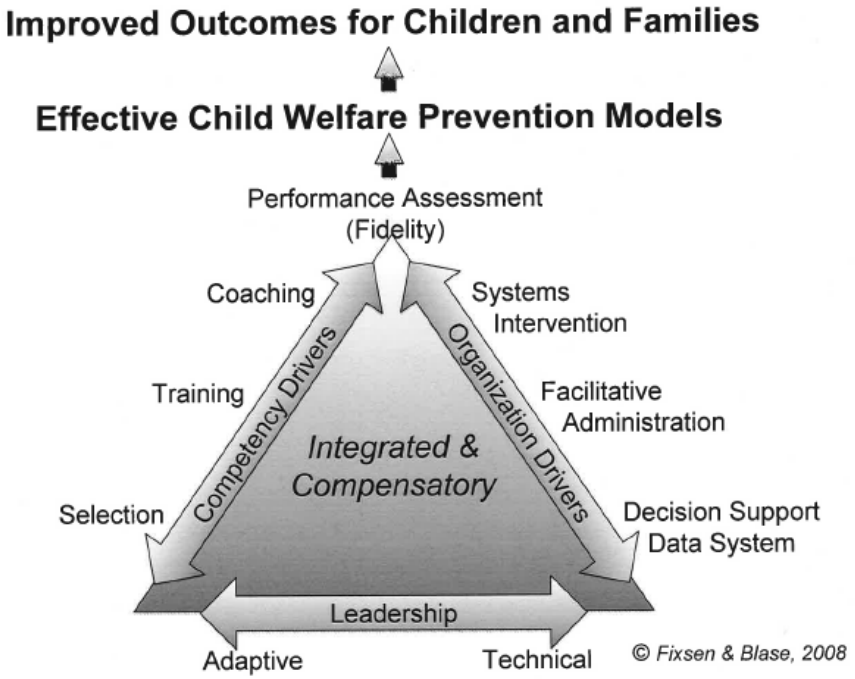
Implementation Science was critical to the success of these models.

ACS worked with Dr. Allison Metz from the National Implementation Research Network (NIRN).

NIRN began with an assessment of three main implementation drivers:

- Competency
- Leadership
- Organization

Implementation drivers outline the infrastructure needed to support practice, organizational, and systems.



Implementation Science: Best Practices

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

Implementation: Exploration & Installation

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
- Developed logic models for each intervention selected

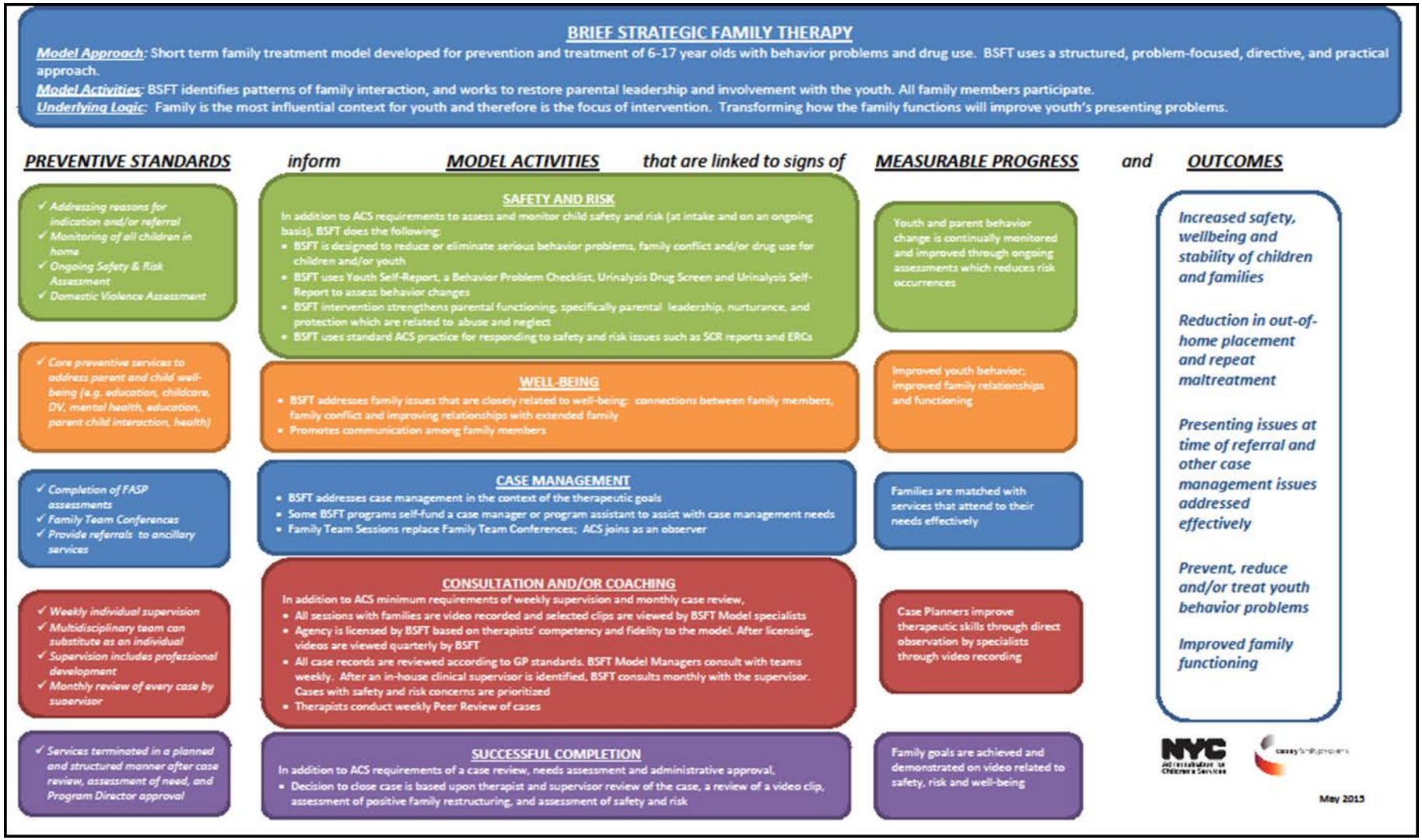
Engagement

- Listening tours
- Meetings with providers already using EBMS and developers

Procurement of Models

- 1st procurement converted some existing general prevention slots into EBMs
- 2nd procurement added new EBMs, focused on the needs of teens

Example of a Logic Model



Implementation: Initial & Full

Initial Implementation

- 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

Full Implementation

- Will be achieved when the EBMs are stabilized and when the consistent use of EBMs results in improved child and family outcomes. We are still working on it!
- Is often defined as the point where more than 50 percent of practitioners are implementing the EBMs with fidelity, proven through data collection.

Implementation: Sustainability

Ongoing Efforts

- Understanding how to meaningfully integrate fidelity measures in ACS monitoring
- Sustaining and Integrating Preventive EBMs (SIPE) team
- Expanding the use of EBMs in the prevention system

Critical Partnerships

- Provider agencies
- Model developers
- Internal divisions – program + policy
- Implementation Experts - Dr. Allison Metz at NIRN

Lessons Learned from the EBM Implementation Process

STRENGTHS

- Communication & Collaboration
- Leadership & Commitment
- Use of implementation science
- Improvement in quality and variety of services

CHALLENGES

- Staff turnover at provider agencies
- Training costs
- Referrals Pathways
- Policy-practice alignment

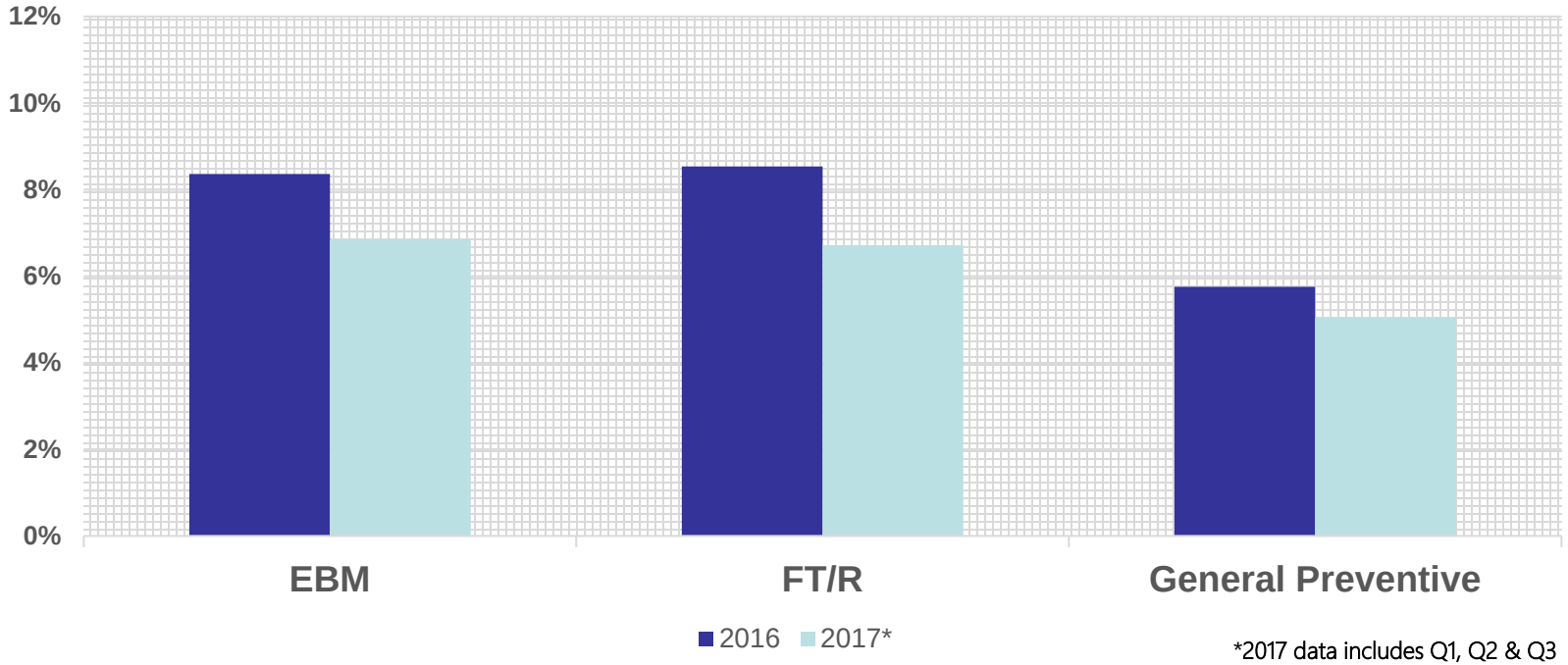
Points for Consideration: What did it take?

Now more then ever, the Family First Prevention Services Act provides States with the opportunity to use EBMs. Critical points for consideration as you move toward implementation include:

- Planning for Sustainability
- Considering the "best fit" of EBM
- Time and Commitment
- Communication and Partnership

Prevention Services Outcomes

Indicated Investigations Within 6 Months of Prevention Services 2016 and 2017



*2017 data includes Q1, Q2 & Q3

For cases closed in FY 2017:

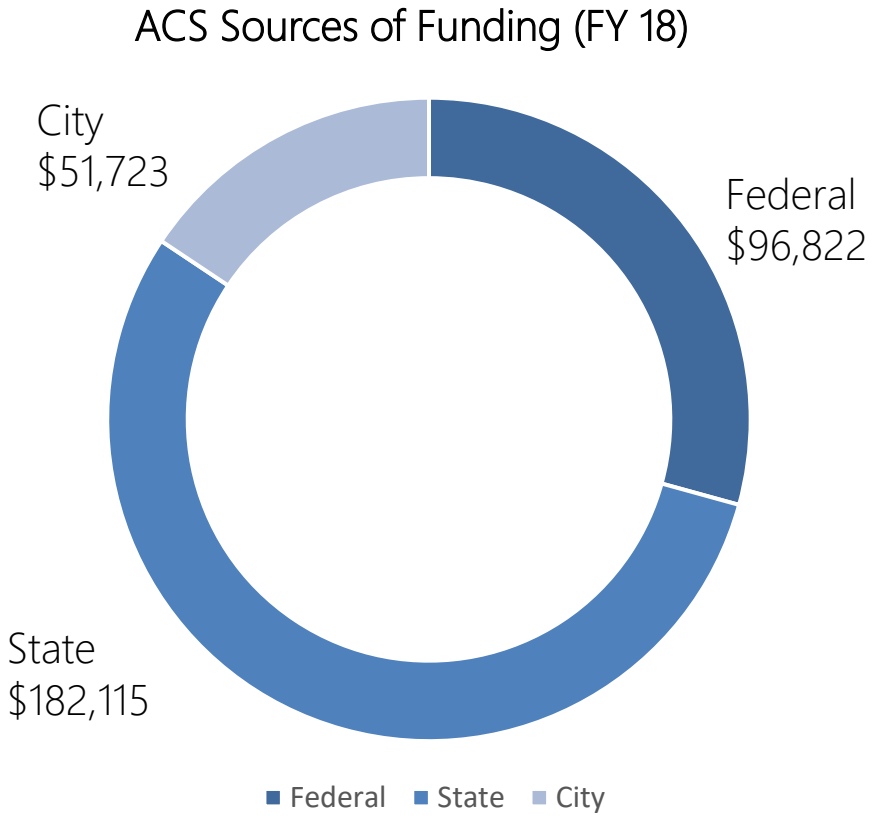
- Indicated Investigations within 6m for families that completed services = 2.6%
- Indicated Investigations within 6m for families that did not complete services = 14.3%

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
  - 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.
  - 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.

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



Total funding: $330,660 million

Innovation: Early Childhood Trauma & Attachment

Goal: *enhance our existing case management services to provide access to evidence-informed trauma therapy for young children*

GABI Group Attachment Based Intervention

Group Attachment Based Intervention

- Trauma and evidence-informed
- Serves caregivers with children ages 0-3
- Drop in group model
- Promotes secure attachment and social emotional development for children
- Reduces stress, addresses mental health, and builds social support for caregivers

Innovation: Services for a whole family experiencing Domestic Violence

Goal: *promote stability in families experiencing domestic violence by using trauma-informed, therapeutic services that meet families where they are*

A Safe Way Forward

- Trauma-informed, clinical and case management services for all members of a family experiencing domestic violence
- Will serve survivors, children, and person causing harm – regardless of whether families choose to remain together or are separated
- Demonstration project in two sites serving 130 families over the next 3 years
- Co-designed with survivors, advocates, persons causing harm, and representatives from Child Protection, the legal community, and prevention

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 us

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QUESTIONS?
COMMENTS?