

The Children's Village

Keeping children safe and families together

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The Children's Village

Our Mission Drives Programs, Strategic Direction and Decision-Making

- We invest in families and communities to keep children and youth safe, connected to persons who love them & out-of-care.
- When out-of-home care is required, our interventions are intensive, targeted, expedient and measurable.



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State Funding Allocations

Example, NEW YORK

Much of the movement towards **Evidence-Based Programs (EBPs)** in NY began more than 10 years ago with changes to child welfare, juvenile justice prevention & diversion programs.

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NEW YORK

- Today NYC, NY State and many other counties have evidence-based diversion, prevention, or aftercare programs. 100% of juvenile justice aftercare programs in NYC under Close to Home use EBPs, majority being MST adaptations and FFT.
- **Close to Home is the return of children to their local communities from upstate youth prisons.**

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- Within juvenile justice, NYC and the state began moving placement settings toward the use of evidence-based programs, including DBT, MST-FIT, Missouri Model (evidence-informed), and a few MTFC beds in Close to Home.

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- Expanded into the use of EBPs and evidence-informed programs in child welfare prevention and placement.
- The preventive investment includes the use of state child welfare funds to pay for EBPs (typically only available as Medicaid behavioral health interventions in other states).
- This allows localities, most notably NYC, to make significant investments in EBPs and evidence-informed practices. It also gives us some flexibilities.

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- In NYC alone, we added more than 3,000 evidence-based and evidence-informed preventive slots since 2013, using 11 different practice models, with capacity to serve more than 8,000 families per year at full utilization.


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- Importantly, we invested heavily in an Implementation Science framework, which focuses on the shared responsibility of providers, model developers and jurisdictions to create an enabling context for disseminating EBPs. Not perfect, but NY has made strides.


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- EBPs are also playing a big role in NY's IV-E waiver demonstration project, which features a partnership with the National Center for Evidence-Based Practice in Child Welfare (<http://www.ncebpcw.org/>) to integrate CBT+ behavioral health services with foster care, as well as an emerging parent coaching model.


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- Under Medicaid reform, NY plans to expand its core behavioral health state plan to include in-home EBPs under the category of Community Psychiatric Supports and Treatment. A step forward and we look toward to working with the state to figure out credentialing, rate-setting and eligibility criteria, all of which are crucial to the success of this initiative.


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- **It's very important that NY continues to invest in EBPs on the social service side** – Child welfare is the last resort. We hear of states have scaled back social service investments in EBPs when Medicaid funding becomes available. This is a mistake and it threatens the stability and institutional knowledge base of EBPs.


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- Child welfare funding of EBPs
 - 1) Ensures access for the most vulnerable kids and coordination with social service districts, whereas in a pure Medicaid model you are just one of many referral sources and your kids can fall through the cracks, and
 - 2) In NY, line item funding typical of our child welfare preventive contracts is much more stable.


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- The outcome of all this strategic investment in EBPs is that we have multiple adaptations or homegrown preventive models in various stages of testing & development
- Functional Family Therapy (FFT) -Child Welfare,
- Multisystemic Therapy-Child Welfare pilot,
- MST-FIT
- Trauma Systems Therapy (TST)

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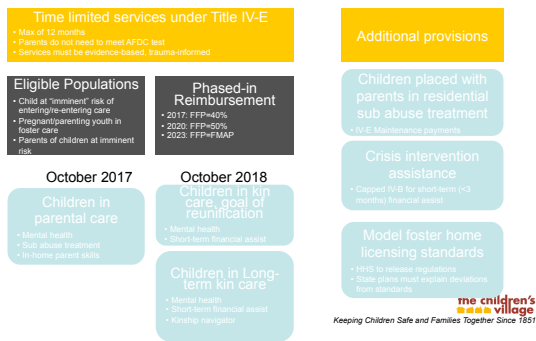
FEDERAL (Non-Medicaid)

The Hatch-Wyden Families First ACT

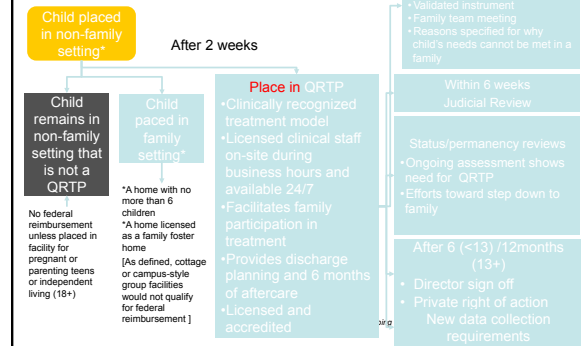
1. Open title IV-E for prevention and early intervention (no AFDC test)
2. Move residential care to a QRTP model with Accreditation and standards for Clinical and Medical services.
3. Invest in post residential care and move the entire system to evidence-based/trauma informed.

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Family First Act: Title I: Keeping Children Safe and Supported at Home or in the Most Family-Like Setting, Subtitle A: Investing in Prevention and Family Services



Subtitle B: Ensuring Necessity of a Placement that is Not a Foster Family Home [beginning October 2019]



External Risks to EB implementation

1. Difficulty in changing government process and perceived challenges by current managers and employees.
2. Expectations that are unrealistic, especially in program maturation timelines and population suitability.
3. Inability to protect savings for long-term reinvestment in later years

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THE CHILDREN'S VILLAGE MST FIT SIB STRUCTURE

