



REGIONAL PARTNERSHIP GRANTS ROUND III
A REGIONAL PARTNERSHIP FOR NEW YORK CITY TO IMPROVE CHILD WELFARE OUTCOMES AMONG SUBSTANCE ABUSING FAMILIES

LEAD AGENCY: Montefiore Medical Center

LOCATION: Bronx, NY

PROGRAM FUNDING: RPG Year 1 Funding: \$600,000

Match Requirements by Fiscal Year with Federal Share and Grantee Share Requirements

The program funding for fiscal years 2014 and 2015 is 85% federal share in funding and 15% grantee share. In fiscal years 2016 and 2017 the federal share is 80% and grantee share is 20%. The last year of the grant in fiscal 2018 the federal share is 75% and the grantee share in funding is 25%.

GEOGRAPHIC AREA: New York City, Borough Bronx, New York State

CONGRESSIONAL DISTRICT SERVED: NY-013 - Bronx, 15th

BRIEF PROGRAM DESCRIPTION

Montefiore Medical Center formed a regional partnership with New York City in collaboration with the New York City Administration for Children’s Services (ACS) and Metis Associates. The regional partnership represents an important collaboration for sharing clinical information and working together to improve child welfare outcomes between governmental agencies (New York City ACS, New York City Department of Health and Mental Hygiene, New York State Office of Children and Family Services, New York State Office of Alcohol and Substance Abuse Services, Bronx Family Court), a child welfare provider (Montefiore’s Family Treatment/Rehabilitation (FT/R) program), and substance abuse treatment program (at Montefiore), and ancillary service providers (employment, housing, legal, mental health, etc.). The partnership for FT/R services enhance the delivery of three-empirically supported treatments: 1) Seeking Safety: a trauma-informed therapy that intends to reduce the risk of inter-generational abuse; 2) Incredible Years: a series of parenting skills workshops that helps parents become more effective and reduces the likelihood of harsh discipline; and 3) Contingency Reinforcement: a practice of reinforcing healthy behaviors, includes attendance at treatment and abstinence.

TARGET POPULATION

The target population is the families where children are at risk for removal due to abuse/neglect with a significant substance use disorder refer to Montefiore Family Treatment/ Rehabilitation program.

PROJECTED NUMBER OF PARTICIPANTS TO BE SERVED

The FTR program will serve 100 Families referred by New York City Administration for Children's Services for the Family Treatment/Rehabilitation Program with Substance Use Disorders. Eighty of these clients are enrolled into the study for follow up interviews. Eighty Participants are enrolled in the evaluation study the end of year four and total of 100 by the end of year for the program group. In the comparison group there will be a total of 200 participants.

MAJOR PROGRAM GOALS

- Improves child welfare outcomes among parents with substance use disorders
- Reduces reports of child maltreatment
- Reduces out-of-home placements and time in foster care
- Decreases risk factors
- Increases protective factors
- Reduces trauma symptoms
- Improves child social competence
- Improves family stability
- Develops regional partnership and improves collaboration among child welfare agency, child welfare providers and substance use treatment providers
- Improves enrollment in and attendance at empirically supported treatment
- Increases number of casework contacts
- Increases number of referrals for child supportive services
- Improves communication between regional partners about clinical data
- Increases capacity to sustain collaboration after grant period
- Evaluates effectiveness of regional partnership

KEY MAJOR PROGRAM SERVICES

The evidence-based and promising practices that Montefiore Medical Center incorporates is Contingency Reinforcement, Seeking Safety, and Incredible Years. In addition, other program services include:

- Expertise in Empirically Supported Substance Use Disorder (SUD) treatment, Medication Assisted Treatment and Drug Free Outpatient
- Intensive case management and in home visiting

PARTNER AGENCIES AND ORGANIZATIONS

Child Welfare New York City Administration for Children Services; Evaluator Metis Associates; BronxWorks (housing), Bronx Defenders (legal) & Bronx Family Court; State Partners; New York State Office of Children and Family Services; New York State Office of Alcohol and Substance Abuse Services

EVALUATION DESIGN

OUTCOME STUDY DESIGN:

The treatment group is made up of families newly referred to FT/R by ACS who have a member with an identified substance use disorder (based on an assessment by FT/R staff). Some FTR clients may have their outpatient substance use disorder treatment provided in another clinic other than Montefiore especially if the client is already in an existing treatment program at the time of referral. The comparison group is made up of families with a member seeking substance use treatment from Montefiore's program and other outpatient program, but they are not in FT/R. To identify potential comparison group families, project staff asks staff at the treatment program and other community substance use disorders treatment providers to identify participants who have both an open ACS case and children under age 18 in the home; this information is confirmed with ACS at the end of the study.

ADDITIONAL COMPONENTS:

Two hundred families receive substance abuse treatment at Montefiore Medical Center Department of Substance Abuse Outpatient Services and other substance use disorder outpatient treatment providers in the Bronx, New York, who have an open case from Child Welfare is matched with one hundred Families received Family Treatment/Rehabilitation and enhanced EBP of Seeking Safety, Incredible Years and Contingency Reinforcement.

EVALUABILITY ASSESSMENT

The grantee will examine the effects of the Family Treatment/Rehabilitation (FT/R) program and three program enhancements – Seeking Safety, Incredible Years, and contingency reinforcement – using a quasi-experimental, matched comparison group design. Those in the program group receive FT/R, the three program enhancements, and substance use treatment from Montefiore Medical Center's outpatient program. Those in the comparison group receive substance use treatment from Montefiore and business-as-usual services from New York's Administration for Children's Services (ACS). The sample for the evaluation includes eighty program group families and two hundred comparison group families. The evaluation collects information about the implementation of the program and collaboration among partners.

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comparison group who are most similar to those in the program group at baseline, and use data for those families when estimating program impacts.

Outcomes are collected in five domains: child well-being, permanency, safety, recovery, and family functioning. Data sources include administrative data and information collected by project staff. ACS provides administrative data on safety and permanency; data on recovery comes from Montefiore's own administrative data system and is using the Psychiatric Clinical Knowledge Enhancement System (PSYCKES) database which comes from the New York State Department of Health. Montefiore, the evaluator, and ACS have established a data use agreement. A Montefiore staff person for both the treatment and comparison groups (likely at the substance use treatment program) conducts data collection with all standardized instruments. Data is collected twice for each family: at the time, families begin substance use treatment services and nine months later (by which time program group members have completed the three program enhancements).

ADDITIONAL EVALUATION COMPONENTS

In addition to the outcome study, the evaluation also includes a formative implementation evaluation that examines the extent to which implementation occurs as planned (and reasons for changes, if any) and provides periodic feedback to the partnership to support and improve implementation. The evaluation assesses whether the regional partnership is demonstrating improved collaboration among partners.

RPG NATIONAL CROSS-SITE EVALUATION PARTICIPATION

The grantee is participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

Since the proposed regional partnership is merely an enhancement of the existing ACS funded FT/R program, this project is fully sustainable and scalable. All FT/R services are funded under contract with ACS, and all substance use services are funded through Medicaid reimbursement. If the empirically supported treatments are proven effective, then they can be sustained at the substance use treatment clinic, through the Medicaid reimbursement. At the conclusion of the project, only the evaluation component will end; all program services are maintained. Secondly, since this demonstration project is implemented at a single FT/R program, if it is proven effective, then the lessons learned can be disseminated at many of the ACS contracted FT/R programs throughout New York City, representing 1,400 families. Furthermore, Montefiore extends the model to non-FT/R programs as well (e.g. General prevention and foster care programs), and thereby improves communication and collaboration between substance use treatment programs and other child welfare providers. The regional partnership relates to other Montefiore Medical Center initiatives, including the development of HARP and DSRIP plans. Health and Recovery Plans (HARPs) represents New York's plan to enroll all Medicaid recipients with mental illness and substance use disorders into managed care. Montefiore has taken the lead in such population health approaches, and does so with HARPs. Similarly, Delivery System Reform Incentive Payment (DSRIP) plans is New York's attempt to re-configure the delivery system to reduce avoidable admissions, especially substance use admissions. Thus, Montefiore's HARP and DSRIP plans can and are incorporate child welfare

outcomes in our population health interventions. The success of this regional partnership helps Montefiore achieve those aims.

KEY PERSONNEL INFORMATION

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