

Project Overview

Family Pathways to Care is a collaboration between the Administration for Children's Services (ACS), the Department of Health and Mental Hygiene (DOHMH) and Public Policy Lab (PPL) to maximize New York City's investments in family support services and to ensure families can access appropriate services to best meet their needs. The project seeks to: understand how families connect with and experience therapeutic and prevention services; develop strategies to refine referral pathways and improve service coordination; and improve families' access to services and child outcomes. The program is one of five initiatives launched through NYC Opportunity's 2019 Collaborative Innovation competition, which sought to improve government services by promoting greater collaboration within and between City agencies.

Quick Stats

Agency	Start Date	FY21 Families Engaged	FY21 Budget	FY22 Number of Families Engaged in Design Process
ACS, DOHMH	July 2019	N/A	\$400,000	585 (estimate) ⁱ

Context

The ACS Division of Prevention (Prevention) and DOHMH Bureau of Children, Youth, and Families (CYF) provide services that aim to promote positive child outcomes by strengthening the family unit and enhancing parents' and caregivers' ability to support their children's development and well-being. These therapeutic and prevention services serve similar populations, sometimes using the same or similar approaches. However, these programs do not always coordinate to ensure that the referral process is streamlined, or that families are referred to programs that best meet their needs if a child or family might benefit from additional services.

ACS Prevention serves approximately 40,000 children in 20,000 families each year, through over 135 prevention programs delivered by over 45 nonprofits citywide. DOHMH CYF funds services that support over 8,000 families through programs contracted with many of the same service providers used by ACS Prevention at sites citywide.ⁱⁱ Although ACS and DOHMH operate in parallel in the same communities, with overlap in service provider organizations and in services provided, programs do not always adequately coordinate to benefit the maximum number of families.

Research & Evidence

ACS Prevention and DOHMH CYF manage portfolios of evidence-based therapeutic program models, designed to improve outcomes for family functioning and child well-being outcomes. . For example, Child-Parent Psychotherapy is an intervention for children ages birth to 5 years that uses attachment theory to improve and strengthen the child and parent/caregiver relationship in a manner that restores the child's cognitive, behavioral, and social functioning. Other parenting support programs such as Circle of Security and Triple P Positive Parenting promote attachment, enable parents to support their children's psycho-social development, and provide parents with a toolkit to address children's challenging behaviors. These different evidence-based models provide the foundation for a diverse portfolio of support services that is sensitive to each family's distinct needs.

ACS has one of the strongest prevention service systems in the nation: less than one percent of children in preventive services are removed to foster care within six months, and families that completed child welfare prevention were nearly half as likely to have an indicated investigation within one year, compared to families that were referred to prevention but did not participate.

Nevertheless, Casey Foundation’s 2017 assessment of ACS Prevention services highlighted the need for a collaborative and interdisciplinary approach: “child protection is a cross-sector, multiagency, communitywide responsibility. Effectively protecting children — and, eliminating child abuse and neglect fatalities — cannot be achieved by any single agency, acting alone.”ⁱⁱⁱ

Project Description

ACS Prevention and DOHMH CYF serve a similar population and use the same or similar approaches. Nevertheless, they do not adequately coordinate services to benefit the maximum number of families. PPL, ACS, and DOHMH partnered with families, service providers, and key stakeholders to understand how families connect with and experience their support services and developed strategies to refine pathways, improve families’ access to services, and promote positive child outcomes.

In April 2020, the initial phase of work was paused to respond to the COVID-19 pandemic, with existing activities leveraged and adapted to investigate how both ACS and DOHMH could support providers and families experiencing disruptions in their therapeutic and prevention services due to illness and stay-at-home requirements. PPL conducted research with caregivers, service providers, and subject matter experts to better understand their experiences providing and receiving tele-mental health services. Findings informed the development of [NYC Telehealth Tips](#), an interagency website that provided guidance for providers and families transitioning to remote prevention and therapeutic services.

In June 2020, the collaboration resumed focus on the original project goals. Partners worked closely with caregivers, service provider staff, and subject matter experts to research, design and test strategies to improve their experience with therapeutic and prevention services, as well as improve service coordination. PPL developed a [Journey Map](#), [Referral Pathways Analysis](#), and developed prototypes of new policies, tools, and materials, organized around three primary interconnected objectives: collaborative referral processes, trust building intake with caregivers and youth, and transparent and responsive process of collecting feedback from caregivers and youth.

Collaborative Referrals

PPL prototypes aim to centralize comparable cross-agency program information, standardize referral processes around best practices across the system, and leverage existing referral platforms. The [Collaborative Referral Guide](#) includes:

- 7 Stages of the Referral Process—Outlines a standardized process for making referrals
- Youth and Family Choice Worksheet—Guides families and youth through a series of questions to help identify service delivery preferences.
- [Service Array Summary](#)—Directory of ACS Prevention- and DOHMH CYF-contracted programs, and NYS Office of Mental Health licensed clinics; includes program descriptions, eligibility criteria, contact information and referral information.^{iv}
- NowPow Tip Sheet—Instructions guiding provider staff on use of NowPow referral platform, to connect families and youth to additional community-based services.
- [Inter-agency Collaboration Meeting Agenda](#)—Structured agenda to facilitate ongoing coordination between ACS Prevention and DOHMH CYF

Trust-Building Intake

PPL designed a set of tested prototype guides that explain the intake and consent process (“Welcome Kit”) to increase transparency and accessibility, and support provider staff in building trust with families and young people. The guides provide context-specific information for families who are referred to services through a ACS Child Protective Services (CPS) investigation, as well as those who are referred through different channels. The “Welcome Kit” includes:

- [What to Expect](#) (CPS)—A guide that prevention provider staff can use to inform families on what to expect in a joint meeting with CPS and their therapist or caseworker. *This prototype is pending PPL and the project partners’ engagement with CPS.
- [What to Expect](#) (non-CPS)—A guide that service provider staff can use to inform families and youth about the prevention or therapeutic program to which they were referred.
- [Consent Explainer](#)—A step-by-step guide that provider staff can use to inform and empower families and youth about the consent process.

Responsive Delivery

PPL created a [5 Commitments Framework for Feedback Collection](#) to support, coordinate, and streamline the feedback collection and response process across ACS Prevention- and DOHMH CYF-contracted providers. This framework operates from a family and youth-centered perspective and can be tailored to meet the needs of provider agencies.

Target Population

The program targets families with children ages birth to 18 years who need additional support with parenting skills, mental health, child development, and other family supports or resources and the providers who serve them.

Expected Outcomes

- Improved family experience of navigating family support services
- Increase in number of new families who access therapeutic and family support services from DOHMH and ACS
- Improved family satisfaction with services
- Increased family retention in services
- Deepened and stronger relationships between parents and children

ⁱ 250 families directly engaged with an end goal of designing potential changes to systems that serve 28,000 families annually.

ⁱⁱ Programs relevant to this project include Family Peer Support, Parent Coaching Program, Early Childhood Mental Health Services, Home based Family Services and Non-Medicaid Care Coordination Services.

ⁱⁱⁱ Casey Foundation, Assessment of New York City Administration for Children's Services Safety Practice and Initiatives, 2017

^{iv} The Service Array is not a final product. The content displayed has been aggregated from existing public referral sources.