

Serving Children & Families
Since 1852

Residential Treatment

Residential Treatment Center
Substance Abuse Recovery Unit
Co-Ed Group Home
On-Grounds School
Independent Living Skills

**Multi-Dimensional Treatment
Foster Care**

Central New York CNY MTFC
New York City: NYC MTFC

Family Resiliency

Cayuga Intensive Family Preservation
Cayuga Family-School Partnership
Seneca Mental Health

Functional Family Therapy

Cayuga FFT
Chemung FFT
Monroe FFT
Ontario FFT
Tompkins FFT
OCFS FFT
Externship Training Center

Multisystemic Therapy

Cayuga MST
Monroe MST
Ontario MST

MRDD Services

Service Coordination
Free Standing Respite
Day & Residential Habilitation
Family Reimbursement

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DRAFT

TESTIMONY TO BE GIVEN TO

THE SUBCOMMITTEE ON HEALTHY FAMILIES AND COMMUNITIES
of the
HOUSE COMMITTEE ON EDUCATION AND LABOR

June 4, 2007

My name is Edward Myers Hayes. I am Chief Executive Officer of Cayuga Home for Children, a New York State provider of services for at-risk youth and families.

As part of our commitment to be accountable to both those we serve and those who fund services, in 2001, we began providing **evidence-based services**. In 2001, we became the first New York State agency certified to provide **Functional Family Therapy (FFT)**. In 2003, we became the first New York State agency to provide **Multi-Dimensional Treatment Foster Care (MTFC)**. In 2005, we began to provide **Multisystemic Therapy (MST)** – becoming one of the first and only agencies to provide all of these *Blueprint* services for youth and their families.

Our world has changed. In the past, providers of services for children and families only had faith and anecdotes to support the effectiveness of their work. Today, research – such as the University of Colorado at Boulder's *Blueprints for the Prevention of Violence* - can show if a program is effective or not. And I don't only mean effective while we work with a youth or family but truly effective – if the program helps the youth live more effectively and achieve outcomes that matter – such as avoiding out-of-home placement or replacement, avoiding arrest, and attending and graduating from school.

Programs such as **Functional Family Therapy (FFT)** and **Multisystemic Therapy (MST)** have proven effectiveness in working with youth headed for out-of-home placement and keeping them safely living with their families in the community. We operate FFT in five Central New York counties and operate MST in three CNY counties. In Monroe County – where Rochester is – we operate both programs and work with youth who have not succeeded in other

prevention programs. Many of these youth are mired in gangs and violence. Over sixty per cent of them complete these programs and – in the months afterwards - stay successfully in the community.

We operate **Multi-Dimensional Treatment Foster Care (MTFC)** in both Central New York and in New York City. In New York City, the youth we work with come to us as an alternative to being incarcerated in state facilities. Upstate, we are working with youth with multiple, failed congregate care placements. 75% of these youth complete the program. While our ability to follow youth's post-discharge progress is limited due to a lack of resources for doing this, our limited tracking has two-thirds avoiding replacement – a contrast to the 50% of congregate care youth who studies show recidivate within a year of discharge.

I am not going to tell stories of youth and families even though I could because too often providers tell stories, as opposed to talking about post-end-of-intervention outcomes. The next time a provider tells you a story, ask where the youth was one year after the provider worked with them. And ask the same question about the other youth in the program. If the youth is not living successfully in the community, what good was accomplished?

Our need to get past stories is particularly important because despite the proven success of these programs, funders and providers have been slow to embrace them – continuing with *treatment as usual* – even if *treatment as usual* is not proven effective or even proven ineffective. Indeed, evidence-based is becoming increasingly watered down by providers stuck in the old and funders who accept program statistics as evidence of effectiveness.

In addition, while the programs promoted by the *Blueprint* study are great, they do not cover many of the issues and populations we face every day – in child welfare, in substance abuse treatment, in assisting homeless youth, in independent living, and more. We must find ways to increase research into the work being done with our children and our families to increase our knowledge of what works and what doesn't work. And we must create a culture where providers are accountable for providing programs of proven effectiveness.

To help this occur, I offer these suggestions:

- Juvenile justice, child welfare, youth development, and substance abuse are all working with the same youth. Break down the silos or walls between these categories.
- What we are doing should be an investment – not a mere transfer of funds. As with any investment, we need to expect a return. Let’s spend on programs that research shows can produce that return – not on programs that cannot show effectiveness.
- Give the states categorical eligibility and flexibility in using Federal IV-E dollars. Currently eligibility is determined individually, dollars are tied to the 1996 definition of poverty, and dollars are tied to out-of-home care. And maybe even continue funding past age 18. After all, you and I kept supporting our kids past 18 – didn’t we?

As part of this shift, require that states use evidence-based or promising practices when they exist or programs that are working to research their effectiveness when the former does not exist. Insist all funded programs track post-discharge, real-life outcomes.

As evidence-based practice lessens the need for out-of-home care, this will both save federal and state tax dollar while better serving youth and families.

- Increase Federal spending on researching social welfare and juvenile justice programs to establish whether programs are effective. Look past the *Blueprint* programs to find the programs being incubated in the field to address populations and issues where there are currently no evidence-based programs.

As my staff and Board know, I can talk forever. Talking only five minutes is hard.

Thank you for this opportunity. I would welcome the chance to talk more about serving at-risk children and families. Thank you for your stewardship of them.

Prepared by: Edward Myers Hayes
May 28, 2007