Can a residential treatment provider transform into **into a model for prevention**?

**Q&A with Jeremy Kohomban, President and CEO of Children’s Village**

As the leader of an organization that historically has provided residential treatment, Jeremy Kohomban seeks to re-envision how residential providers can better support children in families, leveraging the vision and intent of the Family First Prevention Services Act. In this Q&A, Kohomban describes the journey to transform Children’s Village into a model for prevention efforts.

**Can you share the journey you’ve been on in Children’s Village?**

Children’s Village is an old institution — the “great-granddaddy” of residential care. It was the largest residential institution in the United States, with 1,400 beds at one point. As the child welfare system developed in this country, one of the first steps was to build the system’s residential capacity. When I started at Children’s Village 16 years ago, we were intentional about beginning a journey that would take us away from residential as a placement setting. Residential care should be a place children can go for stabilization and treatment, not to live. So we began to build a continuum centered on a single question — What do children and families need when they
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Can you share your thoughts around implementing Family First?

What do you think of the Family First Prevention Services Act?

The second important change was shifting the fiscal incentive around taking kids out of the home versus keeping them safe with family. Incentives work. Of course, that’s not to say that people are looking around for children to remove, but when you have a system in which the entire payment structure is tied to a single action, over time the system is built around that action. Child welfare became a system that depends on removing children. Our intentions may have been good, but the absence of an alternative to removal was a real problem with Title IV-E, and we wanted to change that with Family First.

• Making a commitment to create systems where supporting families, not saving children, is the primary priority. When it comes to saving children, our history shows that we are not saving children from all families; we focus on the few families and the few communities that we think are different and who we deem less valuable. Families in our poor, native, and communities of color are targeted.

• Including families in everything we do. During COVID, we figured out how to make sure families are included. Going forward, we will have to figure out what true family engagement means, and commit to it.

• Providing meaningful family support. In New York City, during the COVID-19 pandemic, if you have a home that is safe, with access to services, you likely will survive. But if you’re transient, or live in a shelter or an overcrowded apartment, or you live in a deeply segregated neighborhood with no services, you are most at risk of contracting COVID-19 or experiencing its most harmful impacts. Issues like travel, housing, access to the internet all fall under family support. This is not a technical issue; it is transformational because we need to want to support families with open hearts, love, care, and attention.

• Providing funding for families. We are a system that is loathe to give money to people living in poverty because we think they will spend it on something terrible. We have biases about people living in poverty, people of color, and tribal communities.

• Expanding the notion of family. What does family foster care look like? How can we engage kinship families and pull them into our orbit so they are part of the plan? What kind of support do we give adoptive families? Right now, we have 125,000 children who are freed for adoption who do not have an identified adoptive home.

• Providing aftercare. Family First includes aftercare, and how we provide that will make a huge difference. Aftercare is a true measure of success in residential care. When we have good aftercare, we can support the family when they need it most, and learn from the family what success looks like.
Can you say more about centering your work on love?
When I came to Children’s Village, we talked about children in technical jargon, referring to them as “cases.” We did not talk about love. By doing this, we were protecting ourselves. When you are on the frontlines with kids and families, where things are bound to go wrong, it is easier to protect yourself if you don’t talk about love. Instead, we talk about how broken the children are, and distance ourselves from responsibility. When things go wrong, say we are doing our best.

I could have chosen to think that way — but “doing our best” simply wasn’t good enough. Children deserve love. We need to stand up and say, “This is an amazing kid, but something went wrong.” We should not blame the kid for what happened. By not talking about kids in need of love, we handicap ourselves. Nothing drives you more than wanting to create love for a kid.

As you sought to expand the continuum, what did you focus on first?
Our first step was breaking down our own beliefs. We had convinced ourselves that we were taking care of bad kids. We had spent 167 years telling ourselves that our work was to take kids out of bad families, and that they were kids doing bad things. My first job was to remind us that we were taking care of kids to whom bad things had happened.

We had 93 teenagers on our campus who had spent at least 10 years in residential care. When we had a conversation about doing something different for them, I’d hear a range of reasons why we couldn’t. But we challenged ourselves to create families for them. The news media criticized us, but our response was simply, “We want to find homes for teenagers.” And two years later, by 2008, 50% of the young people ages 16 and older had gone to a family.

Do you have advice about how to work effectively with the provider community?
Identify and cultivate one champion. If you can cultivate one strong partner in your jurisdiction to actually walk the walk and take the risk with you, then you can create a whole new dynamic in the community. One of our commissioners once said, “Children’s Village changed the game. You had so many beds and yet you still said that these kids needed to go home. When you raised your voice against your own business model, it didn’t leave a lot of room for others to hide behind.”

How do we lift up the urgency to transform these systems?
We constantly remind our donors and trustees that these kids need love. The kind of world we want to build is not the one we inherited. Let’s create a community that’s closer to our aspirations as citizens.
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of the United States. The system we have created is not in line with our aspirations as a people. We are working with kids and families who have been targeted and excluded. Yes, there are some issues, but not to the magnitude of what we have been told and choose to believe.

Do you have any final thoughts to share?
The technical aspects will drive us nuts. But we have to do both, concurrently. The technical piece is a rabbit hole, a maze: so many decisions to make, so much information and potential disagreements. If you can maintain a parallel track of transformation, you will have enough success from the transformational side to make the burden of the technical challenges much less of a burden than it would otherwise be.

To learn even more about the transformation of Children’s Village, please review the following briefs: How does Children’s Village reflect the components of a Qualified Residential Treatment Program? and How does Children’s Village keep New York City children safe with their families and connected to their communities?

To learn more, visit Questions from the field at Casey.org.

1 Adapted from interview conducted with Jeremy Kohomban on December 10, 2020.