

AGENDA

Provider Agency Advisory Committee Session 2

CW 20/21 Meeting

July 17, 2018

2:00pm – 4:00pm

Commissioner's Conference Room, ACS, 150 William Street

Welcome	2:00pm-2:15pm
Review Ground Rules/Goals & Values	2:15pm-2:25pm
Deeper Dive on the DPS/FPS Analyses	2:25pm-3:50pm
Wrap Up	3:50pm-4:00pm

Joint Assignment for 7/24/18:

Please send Jaime any contact information for experts, data, or research. Submit your feedback to Jaime by COB on 7/20/18.

CHILD WELFARE 20/21

Notes from Advisory Committee Session 2:

Attendees Committee Members: Bill Baccaglini, Phoebe Boyer, Robert Cizma, Jess Dannhauser, Karen Dixon, Anita Gundanna, Sister Paulette LoMonaco, Sharron Madden, David Mandel, Jim Purcell, Denise Rosario, Eileen Torres, Honorable Ronald Richter, Dawn Saffayeh, Lisa Gitelson, Sophie Charles, Georgia Boothe, Tim Ross, Molly Armstrong, and Ronni Fuchs

ACS Attendees: Joe Cardieri (GC), Kelly Acevedo (DPS), Markus Kessler (DPS), Jane Steinberg (Finance), Michael Walker (ACCO), Julie Farber (FPS), Loren Ganoe (FPS), Andrew White (PPM), Jaime Madden (PPM), Patrick Damoah-Thomas (PPM), Monique Cumberbatch (PPM), Natalie Ekberg (PPM), Shelby Arenson (PPM), Minerva Muzquiz (DPS). Michele Mosely-Jones (BLU)

i. **Overview, Ground Rules, and Goals and Values (Facilitated by Molly Armstrong, Public Catalyst)** See Power-Point, slides 3-5

- i. The Overview and Ground Rules were shared with no additional feedback from the group.
- ii. Slide 4 contains the four Goals and Values initially identified by ACS. Slide 5 adds the Goals and Values collected from the Advisory Committee members from the Kick Off session. These six goals and values were agreed upon by the Committee.

ii. **Advisory Committee Expectations (Facilitated by Molly Armstrong, Public Catalyst)**

See Power-Point, slide 6

- i. The set of expectations was agreed upon by the Committee.

iii. **Deeper Dive into the Prevention and Foster Care Analyses (Facilitated by Molly Armstrong, Public Catalyst)** See Power-Point slide 7

- i. Based on the first meeting and feedback from the members, ACS identified three areas for discussion for the deeper dive: 1) cross systems collaboration; 2) organizational Health and capacity; and 3) the continuum of services.
- ii. The facilitator noted that the bullets under each topic area came from the discussion and feedback from the members – but that these bullets were not intended to be exhaustive – but instead a starting point for each discussion.

i. **Cross systems Collaboration:** See Power-Point I, slide 8.

- i. Think about the responsibility of agencies to the families and children so that they do not leave care without being connected and/or enrolled in services
- ii. Think about how we connect this planning and service connection to the procurement process.
- iii. The Trial Discharge (TD) project is an example of an add on to the original contract and there are benefits and challenges:
 - Prevention services are voluntary and some of our parents do not want to go from foster care to TD with prevention services for another 12 months
 - Staff can get parents to agree to voluntary services, but a member suggested that perhaps these services should not be voluntary but required.

- A benefit of additional funding from the TD project has allowed more individualized services for families and increased supports for families after reunification.
- iv. A few participants mentioned that Health Homes can be a good option if the family is eligible, although it was mentioned by another participant that this option is not available for every family.
 - v. What services are presented to families; how those options are presented; and who presents those options matters. Credible messengers can play an important role in helping families assess which services are a good fit for them. For example, foster parents and biological parents may respond to a parent advocate, and adoptive parents may need more support from peers.
 - vi. Ensure we are researching models that can include a care coordinator or a case manager that can stay with the family from program to program and explore service options that can wrap around the family's needs or the child's needs rather than move them from program to program.
 - vii. Our kids may need priority in other systems, Department of Education (DOE), Department of Homeless Services (DHS), Department of Health and Mental Hygiene (DOHMH) and is it our provider's responsibility to make sure they are receiving the most appropriate services in those systems
 - viii. We need to continue to build on collaboration with DOE and increase our shared capacity to meet the heightened educational needs of our children and youth. Providers mentioned wanting to take more responsibility in the education of the young people in our systems - 22% of youth in care repeat a grade compared to only 6% of all students. It was noted that prevention providers need to have a form signed by the parents to access education data. It was also mentioned that we need to learn more about the Special Education services in NYC and how to navigate that system with our staff and families. —
 - ix. What additional staffing is needed in prevention and foster care to address these cross-system needs? Examples offered included education specialists, housing specialists, home finders
 - x. One participant mentioned having more trauma informed staff in the DOE and staff working with the youth in school services after school is ended
 - xi. One participant shared that providers have received outside funding to address educational needs – and that work has been successful, raising the question of whether these services should be included in the core of prevention and foster care. Should prevention and foster care providers take the lead on the young people's educations? Tutoring programs are a good and relatively inexpensive investment.
 - xii. Actively strategize about how we interact with other systems and not “workaround” them. For example, what is the relationship between our work and the city's infrastructure? One participant mentioned the city's investments in housing and transportation, and can we recognize and prioritize the needs of our families who are also involved in other systems by collaborating with them?
 - xiii. Participants asked if there is a way to address housing as part of this procurement planning strategy in terms of planning services for older youth with more creative housing options.
 - xiv. Department of Homeless Services and DOE share information between themselves, how can we access those data in prevention services?
 - xv. A participant shared that 27% of children who go to shelters have touched child welfare system.
 - xvi. The youth who responded to the foster care youth survey reporting that 45% have an IEP
 - xvii. Older youth need to have college prep and readiness, but some older youth also need paid internships, job readiness, vocational training

- xviii. The opportunities in Medicaid Re-design are still unclear could it be an opportunity to add expert staffing and help ease the issues with case planning and mental health services. But members cautioned that the current model is time-limited, and it was important to recognize that services could change down the road.
- xix. Existing fiscal models do not align with best practice – would a case capitated rate be a better fit to get better outcomes...
- xx. Are there opportunities in this process to address the hodge-podge of existing data and IT systems to streamline data entry needs? Can we streamline the reporting for ACS to ease the workload of our case managers and get back to more quality contacts? → Connects to Organizational Health and Capacity
- xxi. Different city agencies require input into different systems – and sometimes the same agency or funding stream will require input into multiple systems. Agency staff spends enormous amounts of time on data entry, time we would rather have them spend with clients. In addition to the public agency systems, agencies often have their own systems so that they can track and get the reporting they need to operate their agencies.
- xxii. Financial models need to sustain a continuum of care for families with prevention providers.
- xxiii. Can we increase the numbers of hired staff who come from our populations so that we can increase the quality of life for our families and increase social capital. Committee members asked about peer advocate and parent advocate models for service delivery. Members discussed the strength of relying on “credible messengers” – those with direct system experience – in a variety of roles, including bringing as staff – to have parents work with parents, youth work with other youth, and foster parents work to recruit and support new foster parents. → Connects to the Continuum of Services

II. **Organizational Health and Capacity: See Power-Point slide 9.**

- i. Prevention Services have grown tremendously in the past five years, and that is a big positive.
- ii. We must think about the rent increases for space for both staff capacity as well as program locations. The costs most mentioned were capital and human.
- iii. Member noted that there can be a challenge with respect to model fidelity, staff training, retention and agencies can get caught in the middle between the developer and the local partners, demands, data management and local circumstances.
- iv. Acknowledge and think about ways to mitigate turnover of staff because success in programming is linked to stable and experienced staff. It was also noted by many members that staff who come to the Child Welfare field to do the work with families but are overwhelmed by the data management. There is the understanding that data/tracking progress is important, however there is a vision that we could move towards a weekly or twice a week contact note, or streamlining the data entry from multiple systems to one?
- v. There was mention that there are options and research being done regarding the data entry time—dictation software is being researched, adding technological tools that can be given to staff in the field. These options can result in more facetime with families.
- vi. Could a training institute be created that would work with case planner on an annual basis to prepare them for the court interactions—with court reports, attorney interactions, court appearances, etc.
- vii. We need strategies and supports to improve the retention of staff, in the EBMs and across our prevention and foster care services. We know best outcomes are achieved with the long-term commitment of the staff that works in these programs. Can we recognize years of experience in the way we recognize education? Can we create advancement opportunities and a career ladder for staff in foster care, as was discussed for prevention staff in the Model Budget Process? Agencies do not have the resources to provide tuition assistance to staff

- on their own but is this something we should be doing as a system, supporting staff in attaining higher education. Maybe we should make new titles – Senior Case Planner? This could be based in years of service and/or coupled with education advancement.
- viii. Can we plan this solicitation and its requirements around a provider’s ability to prove the effectiveness of each agency’s programming in meeting the outcomes we need.
- III. **The Continuum of Services: See Power-Point slide 10**
- i. Can we wrestle with the concept of “wellbeing” and its impact on how our work is done—are we making meaningful connections to the family? To the young person? Do the people we work with trust us? Talk to us in a genuine way? Do they want to build with us to their life goals? Are we planning our services to make life changing events happen for our families?
 - ii. The evidence-based models continuum must be more sustainable. We need to have one provider offer a service where they can keep the family the whole time while offering add-on as the needs change.
 - iii. ACS noted that they want to work with providers to partner to build the evidence base, recognizing that historically not all programs and interventions had the support they needed to assess the evidence base.
 - iv. It was noted that not all recognized evidence-based models have an evidence-base for all communities or for families or children of color.
 - v. Research supports that when we give families choice, engagement and outcomes are better. We need to provide a continuum of services in all communities that would give families choices
 - vi. It was stressed by many members that we need to increase the number of staff roles for specific programs and age ranges to make the most impact. One member suggested Well-being Specialists to supplement the work of the case planners. Another talked about Permanency Specialists who are trained to work with our older youth (16-21) are required to make the connection and help the young person transition into adulthood. The older youth in care need someone who can be a resource, a mentor.
 - vii. The thought behind creating this older youth permanency position comes from the concern that too many older youth ages out without any support or solid plans.
 - viii. It was mentioned by another member that we need to help our foster parents and biological parents learn to navigate systems, so they can continue to receive the services and supports they need without our support.
 - ix. How do we adapt to the fact that more foster parents are working, and they aren’t available to transport children to visits and to services?
 - x. Discussed the possibility of Therapeutic Family Foster Care (TFFC) & Family Foster Care (FFC) being fluid, in that Foster parents would be able to meet the needs of children as they transition between FFC and TFFC. This would allow for placement stability for youth in their continuum of care.
 - xi. Infrastructure for family time is lacking and not ideal – which illustrates the larger need for capital investment and the strain of trying to provide all the services that families need in the existing infrastructure. It was noted that agencies are doing their best to leverage their relationships with other organizations in the community for space, but it was not enough to meet needs.
 - xii. Members also noted they want to keep mental health services at the front line with scaling funding as an option so that they can bill for the needs of the family. There was also a suggestion that the funding should “flow” from FC to Prevention and vice versa when the program type changes in ACS’ system.

- xiii. There was discussion about value-based payments, Medicaid outcomes and goals, and whether there were lessons to be learned from new approaches in the mental health system.
- xiv. Concern was expressed regarding existing prevention performance-based contracting.
- xv. High need and high risk older youth need specialized programs – particularly youth who are incarcerated, in placement through DYFJ, or are hospitalized. How do we get these services to the youth early?
- xvi. What is the role of congregate care in this process? What is the future of congregate care and how do we help providers plan thoughtfully for that future?
- xvii. How can we improve relationship management between CPS and agencies to improve engagement with the families in prevention, court-ordered supervision and foster care?
- xviii. Final comment was given regarding health care needs and costs for the providers. There was a suggestion that NYC offers some pension options and healthcare to the provider community to retain staff for these intense evidence-based programs

IV. **Items Not Captured, Assignment and Wrap Up**

- i. Foster Care distribution of slots/overall funding
- ii. Structural challenges that are out of our immediate control—like the definitions of Community, and what a Community District really means—how do we plan around the geography moving forward
- iii. Can we move to a line item budget in foster care?
- iv. Reality in our planning scope “what can the city really pay for?”
- v. Requirements that are mapped out what our funding looks like? Staff needs? Slot capacity? Program costs for new Evidence Informed Models?
- vi. Procurement in the neighborhoods that are faced with gentrification
- vii. We need to plan for salaries/overall operating costs/overhead—what it would really take to realistically run the programs that are decided on
- viii. When offering the solicitation, we need to have clear guidelines for providers to prove they can run an Evidence Informed Models/Evidence Based Models and ask them to prove they know what it requires to continue it year to year
- ix. We need to offer implementation supports providers who have implemented programs in the past but may not have implemented models we want to use in the continuum.

→ In preparation for the next session, the Facilitator requested that Members forward to ACS resources that should be tapped as part of this process – experts that should be interviewed and research and data that should be considered.