

AGENDA

Provider Agency Advisory Committee Kick Off

CW 20/21 Meeting

July 11, 2018

11:00am – 1:00pm

Commissioner's Conference Room, ACS, 150 William Street

Introductions	11:00am-11:15am
Welcome - Commissioner Hansell	11:15am-11:20am
Overview and Ground Rules	11:20am-11:25am
Review Procurement Timeline/Rules	11:25am-11:30am
What are our Goals and Values	11:30am-11:45am
Present Findings on Research and Planning 12:45pm	11:45am-
Questions, Feedback and Wrap Up	12:45pm-1:00pm

Joint Assignment for 7/17/18:

Submit your feedback to Jaime by COB on 7/13/18. Additionally, we will be forwarding the drafted Advisory Committee Charter to you by COB on 7/12/18, for your review, thank you

CHILD WELFARE 20/21

Notes from Advisory Board Kick Off Meeting: 7/11/18

Attendees Committee Members: Bill Baccaglioni, Phoebe Boyer, Georgia Boothe, Robert Cizma, Jess Dannhauser, Karen Dixon, Anita Gundanna, Sister Paulette LoMonaco, Sharron Madden, David Mandel, Jim Purcell, Denise Rosario, Jackie Sherman, Eileen Torres, Lisa Gitelson

ACS Attendees: Kailey Burger (DPS), Jacqueline Martin (DPS), Jane Steinberg (Finance), Rachel Miller (ACCO), Julie Farber (FPS), Loren Ganoë (FPS), Andrew White (PPM), Jaime Madden (PPM), Patrick Damoah-Thomas (PPM), Monique Cumberbatch (PPM), Natalie Ekberg (PPM), Shelby Arenson (PPM), Marsha Wright (EA), Richard David (AE), Michele Moseley-Jones, Minerva Muzquiz (DPS).

1. Overview and Ground Rules (Facilitated by Molly Armstrong, Public Catalyst)

- a. The Overview was shared with no additional feedback from the group, and the Ground Rules were agreed upon with no other additional Ground Rules to be added. See Agenda and Power-Point I, slides 3-4.

2. Review Procurement Timeline/Rules (Presented by Rachel Miller) See Power-Point I, slides 5-7.

3. What are our Goals and Values (Facilitated by Molly Armstrong, Public Catalyst)

- a. **New York City Administration for Children's Services** shared four core goals and values for the RFP planning process. See Power-Point slide 7, and invited feedback from the Committee. See Power-Point I, slide 8.
- b. **The Committee members** agreed with the four core goals and values presented by ACS and suggested other goals and values:
 - i. Take a step beyond well-being and add economic success, which includes educational advancement, job readiness, etc.
 - ii. Noted the power of asking: What would success look like from the perspective of families?
 - iii. Ensure we are integrating language access, equity, cultural competence and attention to emerging populations in all of this work.
 - iv. Respect the importance of community and honor existing relationships and programming by agencies in communities.
 - v. 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 investments in housing and transportation? Is it possible to recognize and prioritize the needs of our families in other systems?
 - vi. The overlap is significant between our work and Homeless Services – how can we better coordinate and collaborate?
 - vii. 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.
 - viii. Can we de-link priority for access public housing with aging out of care? Can we extend that priority to older youth who move to permanency so there is not a tension between access to housing and permanency?
 - ix. Can we collaborate with other systems to improve access to mental health services for our teens? What are the opportunities in Medicaid Re-design to access services and funding that would benefit our children, youth and families?
 - x. Cross-system work is critical, particularly as our families will need to transition to services in the community.

- xi. Recognize the distinction between our operational responsibilities and the much wider moral obligation we have to children and families. There is a mismatch between the required timeframes in foster care, for example, and the needs of our children, youth and families. Can we recognize a different social contract with our families? How do we extend beyond the standard timeframes to provide support for youth beyond 21 and for families when they leave Prevention or Foster Care?
- xii. Existing fiscal models do not align with best practice. We do not pay at the level needed to achieve the outcomes we seek.
- xiii. Financial models need to sustain a continuum of care for families with prevention providers.
- xiv. ACS has supplemented core funding with other necessary funding streams over time but the unintended consequence is a multitude of different and separate funding reporting requirements that strain agency financial systems. Could this process integrate those into one?
- xv. There is a need for cross systems information sharing, as well as provider agency information sharing to increase family/youth service quality.
- xvi. Are there opportunities in this process to address the hodge-podge of existing data and IT systems? 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.
- xvii. High need and high risk older youth need specialized programs – particularly youth who are incarcerated, in placement through DYFJ, or are hospitalized. Do we have the high end services we need for the multi-need children and older youth?
- xviii. 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?
- xix. Can we improve relationship management between CPS and agencies to improve engagement with the families in Prevention, court-ordered supervision and foster care cases?
- xx. The existing Prevention Services array does not provide for the continuum of needs across every community. The evidence-based models continuum must be more sustainable.
- xxi. 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 work in these programs.

4. Findings in Prevention Service Research (Presented by Kailey Burger, ACS)

See Power-Point I slides 11-23.

- a) Prevention Services have grown tremendously in the past five years.
- b) Currently, ACS does not provide all models in every neighborhood. See slide 19 for which services are in which neighborhood. Note that this slide is being updated to add more information.
- c) Constraints exist in funding and contracting for services.
- d) What services are being billed for Medicaid? What opportunities are presented through Medicaid redesign? How can increasing SPA services help our children, youth and families?
- e) How do we best engage with OCFS with respect to Families First legislation?
- f) Research supports that when we give families choice, engagement and outcomes are better. Can we provide a continuum of services in all communities that would give families that choice?

- g) Slide 22 represents the first phase of the assessment of how existing prevention services match the strict criteria in the California Evidence-Based Clearinghouse for Child Welfare. ACS Prevention Services is embarking on a Phase 2 assessment to identify additional programs, approaches and models that have an evidence base. Committee members named examples including Solutions Based Casework and Motivational Interviewing. ACS Prevention Services 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.
- h) It was noted that not all recognized evidence-based models have an evidence-base for all communities or for families or children of color.
- i) Member noted that there can be a challenge with respect to model fidelity, and agencies can get caught in the middle between the developer and the local partners, demands, and circumstances.
- j) Acknowledge and think about ways to mitigate turnover of staff because success in programming is linked to stable and experienced staff.

5. Findings in Family Permanency Service research (Presented by Loren Ganoë, ACS)
See Power-Point II.

- a) 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.
- b) A member raised a question about the methodology for how the state was counting maltreatment in care and whether further research needed to be done in order to ensure the data was accurate and useful.
- c) The presenter expanded on ACS’ efforts to invest in building kinship capacity with DCP hiring ten kinship specialists, embarking on an internal campaign, and providing DCP staff with expert training in the benefits of kin and strategies for engaging kin.
- d) If more kin, then more stability and better long-term reach to continue working with families and older youth even after permanency occurs. Kin also open up the permanency option of KinGAP.
- e) A committee member acknowledged that fathers might be side-lined if a child is placed with the maternal family.
- f) Members stressed that kin need a range of support services to be successful, including supports after the transition to KinGAP.
- g) Members re-raised the need to think about supports to families over the longer term. Currently funding stops when the child exits foster care. Health homes are a promising avenue to provide more continuity of care after discharge. How do we improve care coordination in the community? How do we transition families into community services? How do we invest in post-permanency services for children and youth who exit to adoption or KinGAP but might need services years down the road? What do other jurisdictions do?
- h) It was stressed that the foster home pool must be expanded. Need to plan for natural attrition in recruitment as every year foster families exit for a range of reasons including adoption, “retirement,” and other life circumstances. Need to replace those homes – or the system shrinks. The system currently has a foster home deficit – but the goal is to have a surplus of foster homes so that we can move towards a One Family One Home model and ensure we have the choices we need to match children to families and to handle any upticks in entries, if those occur.

- i) Currently, providers are not appropriately staffed to do all the work necessary to recruit and certify new homes – as well as re-certify existing homes.
- j) A member asked about the impact of the lack of housing – leading to doubling up in existing homes, particularly as a concern for placing larger sibling groups. The data shows that the biggest need is not for homes for large sibling groups. but rather homes for single children – and there does seem to be enough capacity in the community for those children. In fact, ACS and its providers have done a good job of recruiting large capacity homes, enough for the number of large sibling groups. But the overall lack of system capacity means those homes are not always available when needed. If we expand the foster home pool, we expand our ability to match.
- k) Results to date from the Home Away from Home initiative show a 27% increase in the number of new homes recruited compared to this same period last year. Flexibility and changes are needed in our approach to foster parents.
- l) More foster parents are working and they aren't available to transport children to visits and to services.
- m) Some new foster parents are expecting a higher level of customer service but agencies aren't staffed to meet that level of need.
- n) Is there data on how many families and children are homeless – and in the Prevention or Foster Care system? Members stressed that they were seeing a lot of overlap, particularly in their programs in Queens.
- o) 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 of 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.
- p) Members also noted they needed more information with breakdowns by program type. What is the purpose of each program type? How does residential care fit into the discussion?
- q) A member noted the need for investments in technology, data systems and analytic staffing.
- r) A member suggested the need to integrate children's medical information into records with the transition to managed care.
- s) 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. Concern was expressed regarding existing prevention performance-based contracting.
- t) Members re-iterated the importance of retaining and recruiting staff.