

# AGENDA

## Provider Agency Advisory Committee Session 5

### **CW 20/21 Meeting**

**September 27, 2018**

**2:00pm – 4:00pm**

**ACS, 150 William Street, 19<sup>th</sup> Fl, Brooklyn Room**

Welcome <i>(Molly Armstrong, Consultant)</i>	2:00pm-2:15pm
Provider feedback on Stakeholder process <i>(Everyone)</i>	2:15pm-2:30pm
PowerPoint Presentation-Prevention <i>(Kailey Burger, DPS)</i>	2:30pm-2:55pm
PowerPoint Presentation-Foster Care <i>(Loren Ganoë, DFPS)</i>	2:55pm-3:20pm
Where Are We Going? <i>(Jaime Madden, DPPM)</i>	3:20pm-3:30pm
Commissioner's Remarks <i>(David Hansell, Commissioner)</i>	3:30pm-3:45pm
Deputy Commissioners' Remarks <i>(Julie Farber, DFPS; Jackie Martin, DPS; Andrew White, DPPM)</i>	3:45pm-4:00pm

# CHILD WELFARE 20/21

Notes from Advisory Board Session 5:

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**Attendees Committee Members:** Bill Baccaglini, Karen Dixon, Sister Paulette LoMonaco, Jess Dannhauser, Ronald Richter, David Mandel, Sophine Charles, Jackie Sherman and Aimee Abusch, Lisa Gitelson, Georgia Boothe, Molly Armstrong, Tim Ross and Sarah Chiles.

**ACS Attendees:** Jackie Martin (DPS), Kailey Burger (DPS), Markus Kessler (DPS), Judy Berger (Finance), Jose Mercado (Finance), Jane Steinberg (Finance), Julie Farber (FPS), Loren Ganoe (FPS), Andrew White (PPM), Jaime Madden (PPM), Regina Davis (PPM), Monique Cumberbatch (PPM), Priscilla Porras (PPM), (FPS), Michele Moseley-Jones (BLU).

**A. Agenda, Ground Rules, Expectations and Goals and Values.**

**(Facilitated by Molly Armstrong, Public Catalyst) See Power-Point, slides 3-5.**

- I. The Ground Rules, Expectations, and Goals and Values were reviewed.

**B. Prevention Stakeholder Engagement. (Presented by Kailey Burger) See Power-Point slide 7-18.**

- I. The facilitator elicited feedback from the providers on their assessment of the stakeholder engagement sessions. There was positive feedback that staff and families appreciated having their voices heard. It was recommended by the advisory committee that ACS should reconnect with stakeholders to update them on overall findings of stakeholder engagement and its outcome on the RFP process.
- II. The facilitator reviewed the themes that had surfaced in the provider engagement sessions. DPS participated in four parent support groups and two family/community events (Family Voice). In addition to conducting ten Focus groups with twenty-three prevention agencies (Provider Voice).
- III. Feedback from this process was that people have been forced to develop their own resources and network around housing, furniture needs, free resources, etc. Shelter clients need a place during the day and for themselves and their children. Families feel isolated and parents often need time for themselves and don't have child care resources to facilitate that. Stakeholders feel that ACS need to connect and work hand in hand with Department of Youth and Community Development (DYCD), Department of Homeless Services (DHS) to help families.
- IV. The Family Voice resulted in three buckets: Community Strengths, Community Needs and Opportunities for ACS and touched on key insights with respect to each of the three themes.
- V. The Provider Voice resulted in six buckets: Evidence Based Models (EBMs), Redefining Community, Communication and Collaboration with The Division of Child Protection (DCP), Staff Retention, Emerging Family Trends and Additional Family Supports. Provider Voice also touched on

- key insights with respect to Family Needs and Characteristics and Programmatic Needs and Challenges.
- VI. Providers suggested offering parents work skills such as child caring so that they can learn marketable skills. There is evidence-based data that we can refer to inform the process.
  - VII. It was noted that ACS has a resource book with day camps, but families don't have the financial resources to afford the camps. It was suggested that ACS/Providers have allocated money for this resource.
  - VIII. Lack of transportation and transience make it hard for parents to access DYCD programs.
  - IX. It was suggested that respite care be offered among foster parents who work with youth eligible for services with The Office for People with Developmental Disabilities (OPWDD).

C. **Foster Care Stakeholder Engagement (Presented by Loren Ganoë (FPS))**

See Power-Point, slides 19-27.

- I. Key engagement sessions were conducted with Parents, Parent Advocates, Foundations, Legal Advocates, and contract agency staff (case planners, managers and supervisors, non-advisory members. The facilitator shared that these were initial findings and additional engagement sessions are scheduled to take place.
- II. Findings were that families have immigration fears that affect whether they access what they perceive as government services.
- III. Large family groups are often split up amount various family member which makes home visiting and providing services a challenge to providers.
- IV. When providing culturally-based services, Evidence Based Models are not always culturally sensitive to family needs or appropriately address risk
- V. The Facilitator reviewed the themes that had surfaced in the provide engagement sessions, in addition to recommendations from COFFCA, RISE (Parent Advocates) and the 2018 Youth Experience Survey. COFFCA Steering Committee recommendations listed. See Power-Point, slide 27.
- VI. Parents reported they want more transparency once their child(ren) are removed from their home and Parent Advocates want more emphasis on reunification practice. Credible messengers are important to this process.
- VII. Some of the feedback from stakeholders were as follows:
  - Standardized Preparing Youth for Adulthood (PYA) curriculum is necessary for youth.
  - Strengthen Parent to Parent (Birth Parent/Foster Parent) practice.
  - Improve the quality of service providers we refer children in families to for service provision.
  - Ensure feedback from Family Court Legal Services (FCLS) and feedback from other stakeholders in the family court.
  - ACS should host engagement groups at the Children's Center with the young adults at the Children's Center and the staff. Providers accept referrals and then the young person rejects the referral—and this costs the providers financially.
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D. **Where Are We Going from Here? Jaime Madden (PPM)**: See Power Point slide 28

**I. Families should have access to the services that they need**

- Geographical needs vs. Community Districts
- Provider feedback
  - Suggested realistic conversations, priorities
  - Determine optimum time for Providers and others to reach out to politicians for financial support
  - Close the loop with the people that participated in the groups.
  - Thinking about the unknown at the federal level. A lot of our work in prevention is accessing entitlement services. There is a whole group of people who will need local support as the feds withdraw. We need to think about how we do that. A lot of the prevention models came about one at a time. All of those services are not equal—ROI, quality. How do we begin to evaluate what will be needed for the next array?
  - Providers have a low risk GP program in a high-risk category. It requires hiring MSW staff which a GP budget does not support but are tied to the same metrics.
  - Looking at the continuum of care for Foster Care as a youth moves from Therapeutic Family Foster Care (TFFC) to Family Foster Care (FFC) and vice-versa. That opens the door to having the funding follow the child instead of the current structure.

**II. Planning for residential services**

- Residential contracts end March 2020; There will be a separate RFP for Residential care. ACS will exercise one-year renewal. We will engage a vendor to look at our residential programs. It will include focus groups and feedback from providers. Timeframe not determined yet.
- Analysis to be conducted to identify gaps in services.
- Provider feedback
  - Discussions about challenges with housing and education which are very different from the last RFP of eleven years ago. Some things cannot wait 2 ½ years.

**III. Consistency in budgeting**

- Line item budget being considered for Foster Care. To do this we will need to explore shared risk. We must go to PBC with plausible, transparent metrics.
- Funding to follow the youth not the program.

**IV. Aligning performance – based measures to outcomes**

- This will include shared risk and metrics are needed.
- Provider feedback
  - The needs of a 17-year-old is different from a 6-month-old. ACS response: Funding to follow the child rather than the model. Will bring in a consultant for Residential; mini-bid went out today.

- Some of the preventive services came into being due to point in time need. How to evaluate what is needed in the next array of services? What was the ACS response?
- Cost of serving low-risk and high-risk families. Our GP program is supposed to service low-risk families but serving high-risk families without additional funding. We want to serve hire clinical staff (MSW) to work with families, but it's not in the budget.
- There is a wide range of GP Providers; FSU cases are referred to GP because families respond much better to GP programs rather than the intensive programs, which is what the data shows.