

Child Welfare 20/21

Community Advisory Committee Kick Off Event

July 11th 2018
Commissioner's Conference Room
150 William Street, 18th Floor
New York City, NY 10032

Kick Off Event Agenda

- **Introductions** – *Molly Armstrong*
- **Welcome** – *Commissioner David Hansell*
- **Overview and Ground Rules** – *Molly Armstrong*
- **Review Procurement Timeline/Rules** – *Rachel Miller*
- **What are our Goals and Values** – *Molly Armstrong*
- **Present Findings from Research and Planning** – *Kailey Burger, DPS and Loren Ganoë, FPS*
- **Questions, Feedback and Wrap Up** – *Molly Armstrong*

CW 20/21

Project Overview & Advisory Committee Role

1. A majority of ACS' foster care and prevention service contracts are scheduled to expire in June 2020. The CW 20/21 project is a cross-divisional effort at ACS to plan for the future of child welfare in advance of this procurement.
2. Our vision for this Committee is grounded in information sharing to ensure transparency between our service providers and the community that we all serve.
3. The Advisory Committee will assist us in engaging other stakeholders and soliciting feedback about our entire continuum.
4. ACS has already started to engaged providers in this process through our Provider Engagement Survey and Listening Tours.

Ground Rules

- Cell Phones should be on silent.
- Meetings will start on time.
- Participants will contribute, encourage exchange of ideas and practice active listening.
- Our values and goals will inform our process.
- Participants are invited to ask questions.
- Participants are ambassadors to the larger community and are encouraged to share whatever is discussed with colleagues and stakeholders.

Procurement Process and Timeline

- Planning Process
- Procurement team integral part of program planning process
- Timeline
- Current contracts terminate on June 30, 2020
- RFP to result in new contracts beginning July 1, 2020
- Concept paper to be published in late 2018
- RFP to follow by mid-2019

Procurement: Engagement

- Recognizing your expertise, we seek your input as we plan for re-competition
- Collaborative communication strongly promoted by Mayor's Office and Nonprofit Resiliency Committee*
- All discussions within parameters of Procurement Policy Board (PPB) rules

*A Guide to Collaborative Communication with Human Services Providers, prepared by the NYC Mayor's Office of Contract Services, the Mayor's Office for Economic Opportunity and the Nonprofit Resiliency Committee:

https://www1.nyc.gov/assets/nonprofits/downloads/pdf/20180101_Guide_to_Collaborative_Communication_FINAL.pdf (Jan. 2018)

Procurement:

Public process with representation

- Participation in Provider Advisory Committee does not confer any advantage in RFP process
- Advisory Committee members as ambassadors of provider community – current and potential contractors
- Members expected to represent others deliberately and publicly
- Committee materials will be posted on ACS website

Our Goals and Values

1. Delivering high-quality foster care and prevention services that are effective in achieving our goals of safety, permanency and well-being for children and families;
2. Addressing gaps in our prevention and foster care service array;
3. Incorporating family, youth and community perspective in the planning and designing of child welfare services;
4. Improving the alignment of financial and contract structures of the system.

Our Goals and Values

- What are our principles as Community Leaders?
- What would we like to do for our community and families?
- Do we have goals for the next level of services we would like to offer our families?
- How can we accomplish any of these goals as a Committee?

Presentation of Research Findings

Please use the worksheet provided in your packet to take notes on the Prevention and Foster Care analyses. The top of the document looks like this:

CW 20/21 | Advisory Committee Kick Off – Research Presentation Notes

Foster Care Presentation

Strengths Presented	Needs more Focus

The Upshot

Prevention Research and Analysis

June 2018

NYC Administration for Children's Services
Division of Prevention | Community Based Strategies
Deputy Commissioner Dr. Jacqueline Martin
Assistant Commissioner Kailey Burger



The History

Contracts:

2010: RFP for General Prevention & FT-R

2011: GP & FT-R Contracts Start

2011: Specialized Prevention

2012: EOI Conversion to Evidence Based

2013: EOI Contracts start

2013: Specialized Teen RFP & contract start

2017: Model Budget Process

2018: Model Budget Implementation

200 Programs

54 Providers

93 Contracts

187 Program Sites

45 Bronx Programs

60 Brooklyn Programs

33 Manhattan Programs

45 Queens Programs

17 Staten Island Programs

Research and Analysis Findings

1. Current service array does not provide all prevention services in every neighborhood.
2. Despite this, outcomes and matching for prevention have been largely successful — care is required to ensure we advance our work and continue to provide support families need.
3. Funding and organizational health are important factors that enable long term high quality service delivery — need to build on lessons learned from model budget.
4. Most of the continuum will require adjustment or evaluation to comply with Families First.
5. Family and community focus are essential — research shows family choice and satisfaction are critical elements of continued participation which we know is fundamental to program outcomes.

Place Matters.

Citywide Analysis

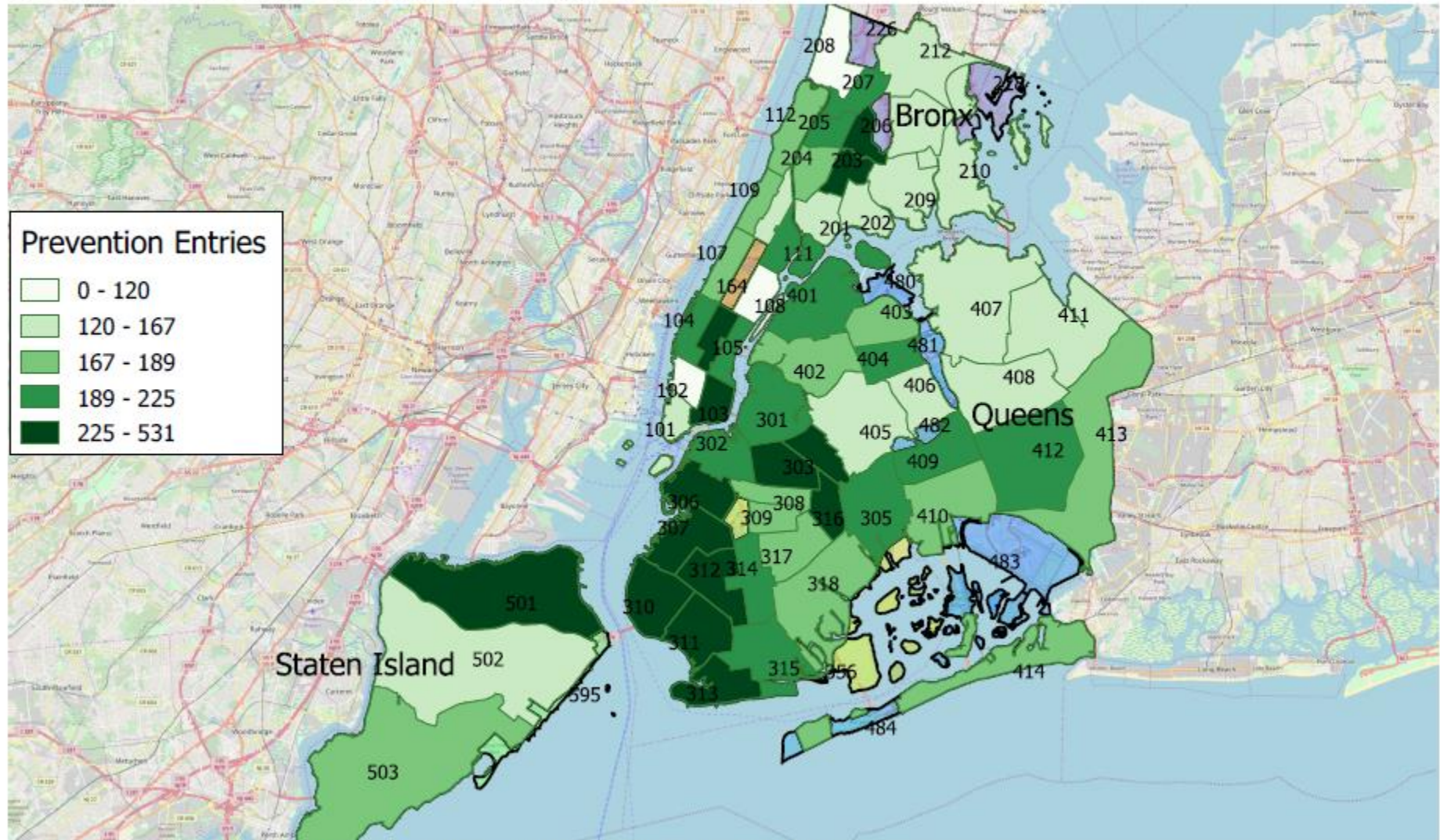
Where do families in prevention live?

- Many families enter DPS from areas with high child welfare activity generally
- Adjusting for the number of investigations changes our understanding:
 - Twelve of the top 16 CDs with the highest rate of prevention entries per 1,000 investigations are in Brooklyn
 - Bronx has four of the bottom six CDs
 - The areas with high rates of prevention are not the same as those with high rates of foster care entry
 - Even after adjusting for investigations, areas of high child welfare activity have high rates of foster care entry

Prevention 2016 Entries Per 1,000 Investigations

Source: Action Research analysis of PROMIS and ACS data published on NYC.gov

N Prevention Entries=10,687; N Investigations=53,227

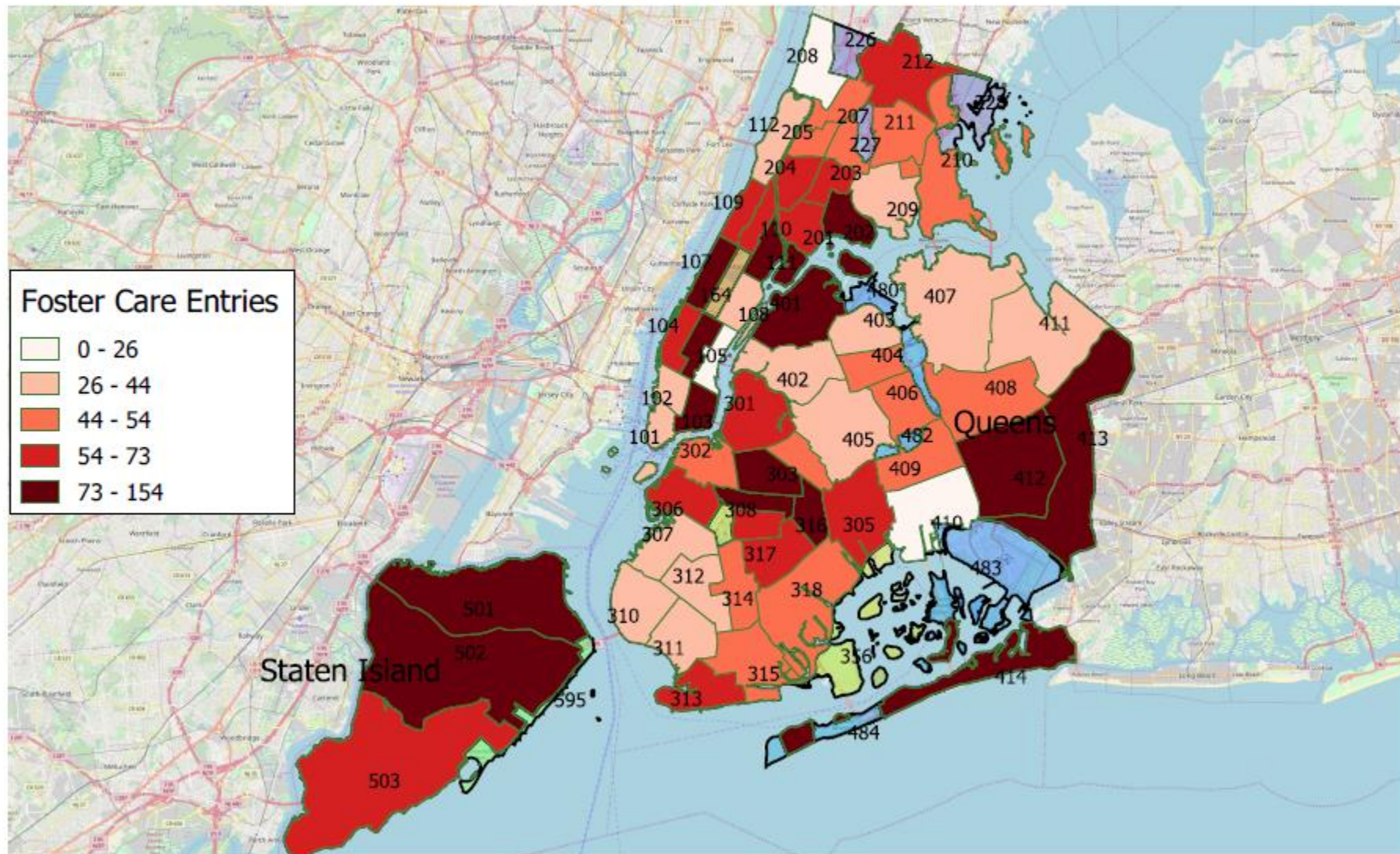


**Note: the unit of analysis for prevention entries is families*

Foster Care 2016 Entries Per 1,000 Investigations

Source: Action Research analysis PROMIS and ACS data published on NYC.gov

N Foster Care Entries=3,365; N Investigations=53,227



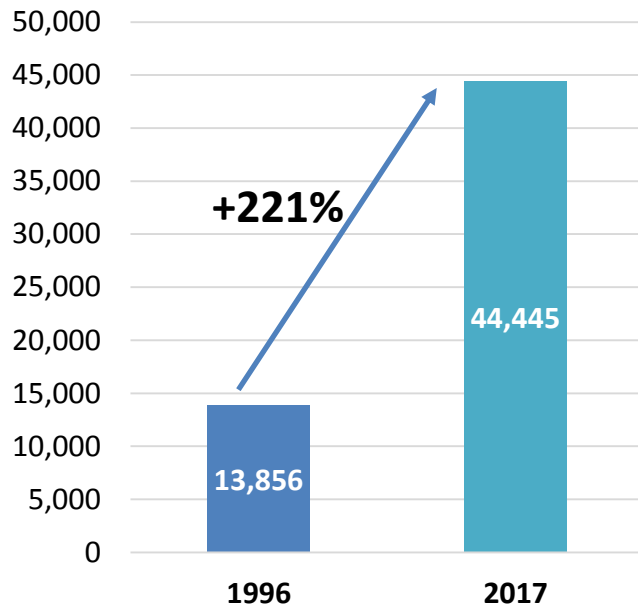
**Note: the unit of analysis for foster care entries is children*

Prevention in NYC at a Glance

44,445 children received prevention services across NYC in CY17.¹

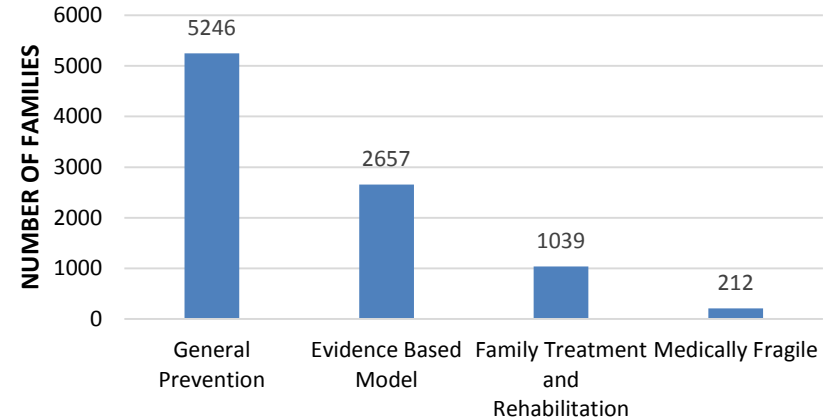
10 agencies accepted **53%** of all new prevention families in CY17.²

Children in Families Receiving Prevention Services



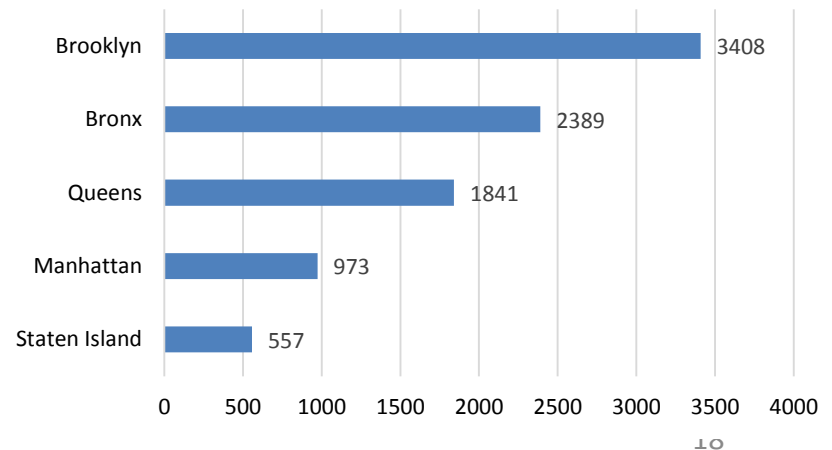
Prevention Entries by Program Type

CY2017



New ACS Prevention Cases Opened by Borough

CY2017



¹New York City Administration for Children's Services (2017). *Children Served in Child Welfare Prevention Services during CY2017, by Borough and CD of Residence*. <http://www1.nyc.gov/assets/acs/pdf/data-analysis/2017/PreventiveChildrenServedCDCY2017.pdf>

²Action Research analysis of PPM-geocoded file of families starting prevention services in 2017. N = 9,152.

Current State: Prevention Service Array by Borough

BROOKLYN MODEL	Spec. Med.	GP	Safe Care	FFT-CW (low & high risk)	SFT	BSFT	Family Connections	FFT	CPP	MST-SA	FT-R	TST	MST-CAN
Slots #	130	2601	145	193	153	70	40	65	145	40	580		24
Slots %	3%	62%	3%	4%	4%	2%	1%	2%	3%	1%	14%		1%

BRONX MODEL	Spec. Med.	GP	Safe Care	FFT-CW (low & high risk)	SFT	BSFT	Family Connections	FFT	CPP	MST-SA	FT-R	TST	MST-CAN
Slots #	180	1611	60	500		35	386	65	60	40	560	36	24
Slots %	5%	47%	2%	14%		1%	11%	2%	2%	1%	16%	1%	1%

QUEENS MODEL	Spec. Med.	GP	Safe Care	FFT-CW (low & high risk)	SFT	BSFT	Family Connections	FFT	CPP	MST-SA	FT-R	TST	MST-CAN
Slots #	60	1491		176		25		55		40	340		24
Slots %	2%	68%		8%		1%		2%		2%	16%		1%

MANHATTAN MODEL	Spec. Med.	GP	Safe Care	FFT-CW (low & high risk)	SFT	BSFT	Family Connections	FFT	CPP	MST-SA	FT-R	TST	MST-CAN
Slots #	60	1119		152		60	70	55	84	20	210		12
Slots %	3%	53%		7%		3%	3%	2%	4%	1%	10%		1%

STATEN ISLAND MODEL	Spec. Med.	GP	Safe Care	FFT-CW (low & high risk)	SFT	BSFT	Family Connections	FFT	CPP	MST-SA	FT-R	TST	MST-CAN
Slots #	20	312		144		25		45		20	110	20	12
Slots %	3%	45%		21%		4%		7%		3%	16%	3%	1%

*Citywide there are 60 slots for services for sexually exploited children and 70 slots for deaf services.

Research Question:

**How might ACS provide
what families need?**

Family First Prevention Services Act of 2018

FFPSA Overview:

- Signed into law as part of the Bipartisan Budget Act
- Services available for federal reimbursement:
 - Mental Health
 - Substance Abuse Prevention and Treatment
 - In-home Parent Skill-based programs
- Service duration:
 - 12 months beginning at identification of prevention strategy
- Eligibility:
 - Children who are identified as candidates for foster care identified in a prevention plan as safe to remain safely at home or in a kinship placement with receipt of services or programs
 - Children in foster care who are pregnant or parenting,
 - The parents or kin caregivers where services are needed to prevent the child's entry into care.
- States must provide services that are:
 - Trauma-informed
 - Considered promising, supported, well-supported practices as modeled by the California Evidence-Based Clearinghouse for Child Welfare

Source: First Focus (2018) Family First Prevention n Services Act Section by Section <https://campaignforchildren.org/wp-content/uploads/sites/2/2016/06/FFCC-Section-by-Section-FFPSA.pdf>

Excerpt from FFPSA:

- (C) ONLY SERVICES AND PROGRAMS PROVIDED IN ACCORDANCE WITH PROMISING, SUPPORTED, OR WELL-SUPPORTED PRACTICES PERMITTED.—
 - (i) IN GENERAL.—Only State expenditures for services or programs specified in subparagraph (A) or (B) of paragraph (1) that are provided in accordance with practices that meet the requirements specified in clause (ii) of this subparagraph and that meet the requirements specified in clause (iii), (iv), or (v), respectively, for being a promising, supported, or well-supported practice, shall be eligible for a Federal matching payment under section 474(a)(6)(A).
 - (ii) GENERAL PRACTICE REQUIREMENTS.—The general practice requirements specified in this clause are the following:
 - (I) The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.
 - (II) There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.
 - (III) If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice.
 - (IV) Outcome measures are reliable and valid, and are administrated consistently and accurately across all those receiving the practice.
 - (V) There is no case data suggesting a risk of harm that was probably caused by the treatment and that was severe or frequent.

Source: <https://www.congress.gov/bill/115th-congress/house-bill/1892/text>

Current State: Prevention Continuum

Specialized Prevention	General Prevention	FT-R
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FFT-CW (Low risk)	Structural Family Therapy	BSFT	Family Connections	FFT	CPP	FFT-CW (High risk)	MST-SA*	Safe Care	TST	MST-CAN*
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KEY:

0	6	1	6	1
Well Supported (Level 1)	Supported (Level 2)	Promising (Level 3)	Not Included	Not Rated
0/0%	1,250/10%	496/4%	10,772/86%	20/<1%

Current State: Prevention Continuum

Phase 1 Research Completed
✓ Literature review of current evidence-based models
✓ Analysis of Family First Prevention Services Act
✓ Research on well-supported and supported models
✓ Preliminary research on possible enhancements for GP and FTR
✓ Preliminary research on engagement and retention

BSFT: Mixed impact on family functioning, significant impact on child behavior. No specific findings on child welfare outcomes

CPP: Significant improvement in parent-child interaction and attachment. No significant impact on caregiver mental health . Additional services may be needed.

Family Connections: Literature considers this a case work practice model. It was only studied as an intervention for neglect (low risk) with families who had no current CPS involvement. Significant improvements in psychological and physical care for children and significant decrease in parental stress. No significant changes in attitudes toward corporal punishment and no significant impact on physical abuse.

FFT: No findings on child welfare outcomes. Significant impact on youth delinquency

FFT-CW: Only one quasi-experimental study. Further study needed on high risk families.

MST-SA: MST-standard is a well-supported intervention but we use MST-SA, which is more focused on problematic youth behaviors.

MST-CAN: Adaptation of MST focused on child abuse and neglect. Significant improvement in parental functioning.

SafeCare: Designed to address child neglect. Significant impact on parent-child interaction, home safety. Mixed impact on child outcomes.

SFT: Considered a low risk model, not in CEBC. No specific findings on child welfare outcomes.

TST: Significant improvement in child functioning and behavior regulation. All studies conducted in foster care settings, not rated in CEBC.