



The New York City Council, Committee on General Welfare

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“Oversight: Overview of ACS Preventive Services”

Testimony by

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Good afternoon Chair Palma and members of the General Welfare Committee. I am Ronald E. Richter, Commissioner of the Administration for Children's Services. With me today are Dawn Saffayeh, Deputy Commissioner for Policy, Planning and Measurement, and Charles Barrios, Deputy Commissioner for Family Support Services. We would like to take this opportunity to update you on our preventive programs, the shift toward evidence-based and evidence-informed services, and our recent Request for Proposals seeking these services for teenagers and their families in New York City. Our goal in these efforts is to prevent deeper child welfare involvement for families that come to our attention through our child protective system.

Before I get started, I would like to take this opportunity to share some exciting news regarding leadership within the Family Support Services Division. Charles Barrios is transitioning from his role as the Deputy Commissioner to become the Senior Advisor for Juvenile Justice Clinical Services within the Division of Youth and Family Justice. I am deeply appreciative of Charles' contribution in the Division of Family Support, and am excited about Charles' applying his considerable clinical skills in shaping Clinical Services in the Division for Youth and Family Justice. I am also pleased to announce that Jacqueline McKnight has been selected as the new Deputy Commissioner for Family Support Services. Jacqueline has been a leader in child welfare for over 19 years with extensive clinical and academic experience in foster care, adoption, and mental health services. Jacqueline joined ACS close to six years ago, serving most recently as Borough Commissioner for the Brooklyn Division of Child Protection and has worked closely with our provider community. Because today is Jacqueline's last day in the Brooklyn Borough office, she could not be here but we look forward to her joining the Family Support Services Division on Monday.

Preventive Overview

Many of you have long supported our City's preventive services that are designed to ensure that children remain safe in their homes, and to prevent them from entering foster care. When the Administration for Children's Services receives a report alleging child abuse or maltreatment from the State, we investigate to determine whether there is some credible evidence to warrant our intervention. In about 40% of our investigations, we "indicate" the

report. The caseworker interviews the child, his or her siblings, parents and other members of the household as well as teachers, neighbors, clergy, and other significant people involved in the child's life.

If the caseworker determines that the child or children are safe enough to stay in the home, but that the family needs help and support for the children to remain safe, ACS may refer the family to preventive services that can address the concerns which led to the investigation. These services include family or individual counseling, parenting classes, substance abuse counseling, anger management programming, domestic violence services such as Batterer's Intervention and Prevention Programs, home care, and support for pregnant and parenting teens.

Currently, ACS contracts with 62 providers that run 194 preventive services programs serving over 10,000 families and 25,000 children per year throughout New York City. The majority of preventive services are offered through General Preventive programs, which include ACS-supported Beacon General Preventive programs; these provide a wide range of case management and support services to families to maintain children safely in their homes. ACS also contracts with providers to offer "Family Treatment and Rehabilitation" services, which are geared toward families where substance misuse and/or mental health disability creates a safety concern that places the child at risk of removal. In addition, ACS has a "Special Medical and Developmental Preventive Services Program" that serves families with children who require special medical needs, including hearing impairments, developmental disabilities, or children in need of early permanency planning due to a parent's illness. This program links families to long-term supports and services that can be sustained once participation in the specialized, preventive program has ended. Finally, ACS is about to review and score proposals for preventive services specifically designed to help teenagers, which will serve approximately 3,000 families per year when it is implemented in the spring.

The preventive system currently in place is the result of an extensive Request for Proposals (RFP) for foster care and preventive services that ACS released in May 2009. After the proposals had been scored, award recommendations were made in September 2010.

Between September 2010 and the July 2011 start date, the Administration (with Council support) baselined an additional \$11.7 million in city funds, which allowed the City to purchase approximately \$30 million in preventive services with the added federal and state

match. As a result of this baselined funding, ACS increased the availability of preventive services throughout the City, specifically targeting the availability of services for families caring for children with special medical needs. This funding also supported the creation of specialized programs for teenagers involved in the child welfare system that address a critical gap in our services continuum.

Teens and Evidence-Based Models

Teenagers come to the attention of the Administration for Children's Services with complicated behavioral, mental health, substance abuse and educational issues. In fiscal year 2012, over one-third of all abuse and maltreatment investigations conducted by the Division of Child Protection involved young people between the ages of 12 and 17. Notwithstanding the efforts to identify alternatives, these investigations resulted in foster care placements for over 1,030 of the 12,000 teens with indicated investigations. We believe that we can do better by diversifying our Preventive services portfolio, using program models that have proven to address teen-specific behavior issues. Because positive outcomes for teenagers in foster care are difficult to achieve, ACS is focused on serving these children and families in non-foster care settings whenever possible to safely do so.

In the past several years, ACS has had meaningful success diverting eligible young people from the juvenile justice system by using intensive, evidence-based services. As many of you know, "evidence-based" refers to models of delivering services that, through extensive research, have been shown to produce outcomes that the intervention is intended to produce. The research compares the model being studied to existing models that serve the same population. In the juvenile justice context, the positive outcomes we seek are safe communities, intact families, a reduction in the need for juvenile justice placement, and a reduction in recidivism rates. In the child welfare context, positive outcomes mean that children stay safe, families remain intact, the need for foster care placement is reduced, and families do not have repeat contact with the child welfare system.

While there are different models of evidence-based, child welfare practices, almost all share some common characteristics, including intensive, home-based (as opposed to office or clinic-based) therapy that engages families and teenagers using a holistic approach in which a single therapist at the kitchen table engages with and handles the needs of the entire family,

with few or no outside referrals. Evidence-based models also offer a concrete, tested model of family engagement with clear expectations for therapists. Finally, quality assurance is built into the model. After the therapists are trained to deliver the model, their adherence to the model is monitored. Critically, providers typically receive ongoing, regular, clinical assistance from model developer consultants. These models are the current “state of the art” in juvenile justice and child welfare, and our City’s children, youth and families deserve the benefit of the research and outcomes connected to these clinically proven models.

In 2007, ACS launched the “Juvenile Justice Initiative,” which was our agency’s first major foray into using evidence-based models with New York City families. The Juvenile Justice Initiative provides intensive, evidence-based services for youth involved in the juvenile justice system. JJI’s goals are to improve individual and family functioning and thereby reduce the number of delinquent youth in residential facilities, and safely shorten lengths of stay for those youth that are placed in residential care. Our investment in JJI has paid enormous dividends: in 2005, over 1,467 youth were placed by the Court in residential juvenile justice facilities. In 2011, fewer than 550 youth were placed. At the same time, juvenile crime has decreased. Between 2009 and 2011, the number of youth whose probation was revoked decreased by 26%; the number of youth who were re-arrested for felonies while on probation decreased by 10% during that same period. Overall, juvenile arrests for major felonies have decreased by 22% since 2006. We attribute much of that success to the intensive, evidence-based services that youth receive through JJI. Communities are strengthened when our young people and their families remain together while grappling with challenges. This is a cornerstone of home-based practice.

Based on what we learned through JJI, in 2011 ACS launched a new continuum of evidenced-based services through the agency’s Family Assessment Program (FAP). This program serves families who are seeking to file a Person in Need of Supervision, or “PINS,” petition in Family Court. To serve families from the PINS system, FAP connects parents and youth to an array of evidenced-based services, similar to those offered through JJI. Our data shows that FAP aided in reducing the number of PINS placements from 357 in 2010 to 257 in 2011, or a reduction of approximately 28% in the course of less than a year since we introduced the evidenced-based modalities for this population.

Specialized Teen Preventive Services RFP

Building upon these successes in juvenile justice and with PINS cases, ACS was persuaded to expand preventive services to meet the critical needs of teens at risk of foster care placement as the result of child abuse and maltreatment. In December of 2011, we launched a pilot initiative to provide intensive, home-based, therapeutic services to teens and their families in Manhattan, as well as in the University Heights and Highbridge neighborhoods in the Bronx. ACS worked with two providers experienced in evidence-based services – New York Foundling and Children’s Village. At the conclusion of the pilot program, our borough offices reported that families were more open to assistance when they were offered services within 24-48 hours of referral. They also reported that engagement was significantly more successful when the intervention occurred in the home. Our data supports these anecdotal accounts of the efficacy of evidence-based interventions. During the pilot period from January to June 2012, the number of Manhattan teens placed in foster care following a Child Safety Conference decreased by 10% when compared to the same period in 2011. That number is even higher in the two Bronx neighborhoods where we conducted the pilot. There, 30% fewer teens were placed in foster care in 2012 than in 2011.

Given our track record with evidence-based services and our confidence in how well they could work for our child welfare-involved teens and families, ACS issued a Request for Proposals on May 18, 2012 for additional, evidence-based services and other promising practices that have been implemented successfully for the teen population in child welfare systems. The goal of the Specialized Teen Preventive Services Program is to improve family functioning and outcomes for teens and families that come to the attention of ACS through the child welfare door, by reducing the number of teens placed in foster care. The RFP targets youth aged 12-18 years old, and their families that are identified by the ACS Division of Child Protection through a Child Safety Conference, to be at-risk of foster care placement, or youth who are exiting a foster care placement in order to be reunified with their family or adopted by a family.

In this RFP, ACS is targeting several specific, evidence-based models that have a proven track record of effectiveness with teenagers and their families and other promising

practices that can be proposed by providers. Those who are awarded contracts to implement the evidence-based models will be required to work with their identified model developer for training, implementation, and oversight to ensure fidelity to the model at all times. Costs associated with utilizing the model and the services of the model developers are included in the contract amount.

The Specialized Teen Preventive Services RFP seeks to urgently address the significant needs of teens that come into contact with the child welfare system. As I mentioned, ACS had procured evidence-based services in two prior Requests for Proposals -- one in the juvenile justice context and the other for youth coming through our PINS door. Given our experience with those procurement processes and their smooth execution, ACS was optimistic about procuring these services in the child welfare context. As it turned out, our provider partners had a substantial number of questions. Upon reflection, this is understandable since these services significantly alter the traditional child welfare preventive models that have been in place since we have been procuring preventive services. The volume of questions that providers asked led ACS to issue a number of clarifying addenda. At the request of the proposers, we granted several deadline extensions over the summer to give providers ample time to incorporate the clarifications into their proposals, as necessary.

ACS also ran into an unforeseeable challenge with one evidence-based model: Functional Family Therapy. Because we had procured this model in the juvenile justice context, we included it in the Teen Preventive RFP. However, another developer of a comparable model came forward to be included among the approved models listed in the RFP. Rather than risk a delay or disruption to the entire Specialized Teen Preventive Services RFP, we decided to move forward but to remove the Functional Family Therapy slots, as well as the slots of a model based on it called Functional Family Therapy Through Child Welfare, from the RFP. Combined, these slots accounted for just over one-third of the funding in the RFP. As we stated in the Addendum that announced the removal of these slots, we are committed to making the full-range of services available to teens and their families in 2013. As such, we have issued a separate solicitation for Intensive Family Preventive Services that will include elements of best practice in this area, gleaned from evidence-based models implemented across the country.

ACS has effectively issued two separate RFPs for programs that will serve teens in the child welfare system: the Specialized Teen Preventive Services RFP, which was due on October 23, 2012, and the Intensive Family Preventive Services RFP, which was issued this week and will be due on December 7, 2012. When these two RFPs are implemented in the spring of 2013, ACS and our provider partners will offer an array of services that are evidence-based, evidence-informed, and promising practices, to meet the various needs of approximately 3,000 teenagers and their families. Based on the pilot program, we anticipate a 30-40% reduction of the number of teenagers entering foster care as a result of our use of these services.

Before I close, I would like to address performance-based funding. Historically, preventive providers were able to draw down 100% of their budgeted allocation regardless of the number of families that they actually served. In order to ensure that we serve as many families as possible, the contracts that were awarded in 2010 changed the funding structure for our general preventive and FTR providers. When performance based funding fully takes effect, ACS will automatically reimburse programs for up to 90% of their annual budget value. The remaining 10% will be divided up and paid each quarter based on the provider's ability to cumulatively fill 25% of their annual slots every quarter. Again, the idea is to encourage providers to ensure that we are able to deliver services to as many families as possible. Please note, however, that given the proposals we are soliciting in both the Specialized Teen and Intensive Family Preventive Service RFPs, which already have intensive and short service times built into their models, and in which the model developers will provide expert advice to the providers regarding maximizing utilization, these contracts will *not* be paid based solely on the number of families served.

Conclusion

ACS is committed to preventing placement of teens where therapeutic services will enable them to remain safely at home in their communities. ACS anticipates that by providing intensive, specialized, home-based services when a family needs them most, we will be able to continue a promising trend of reducing foster care placements, improving family functioning, reducing truancy and keeping families together in their communities.

Thank you for your ongoing interest in our preventive continuum, and for your support. I am happy to answer questions as always.