ASSEMBLY STANDING COMMITTEE ON CHILDREN AND FAMILIES

Monday, December 1, 2014

Preventive Services

Testimony of the
New York City Administration for Children’s Services
Good afternoon Chair Lupardo and members of the Children and Families Committee.
Thank you for the opportunity to contribute to the discussion regarding the
effectiveness and availability of preventive services. We are grateful for the Assembly’s attention to the issues
discussed in two roundtable discussions earlier this fall concerning the State Central Register and
the means of reporting child maltreatment allegations, as well as the work undertaken by Child
Protective Specialists who investigation these allegations. We are pleased to be able to continue
the dialog about services intended to strengthen families and prevent the need for foster care
placement. Below please find an overview of the preventive programs and services that New
York City offers to at-risk families, as well as ideas for how we might enhance and expand the
services that have been shown to be effective.

Overview

New York City’s child welfare agency, the Administration for Children’s Services,
provides preventive services through a network of social service agencies with whom we
contract. Preventive services are offered for several reasons: to strengthen struggling families, to
address concerns that could lead to child maltreatment, to prevent the need to remove children
from their families, and to support families when children return from foster care. Preventive
services can include family or individual mental health counseling, parenting classes, substance
abuse treatment, domestic violence interventions, home care, support for pregnant and parenting
teens and other services.

ACS’ Division of Preventive Services, situated within our Child Welfare Programs
umbrella, oversees 59 organizations that offer nearly 12,000 preventive services slots with the
capacity to serve over 25,000 children and families citywide each year. Our providers are located
throughout the city and many are fixtures in the very communities they serve. For the past year,
New York City’s preventive programs have been operating at above 90% utilization rate. Our
contracted providers offer several different types of supportive programs and services.
The bulk of preventive slots offered are General Preventive services, which our providers offer to lower-risk families with children between the ages of birth to 18 years, as well as to young people between 18-21 years, who were formerly in foster care. General Preventive services include individual and family counseling, support groups for parents and youth, help in meeting children’s developmental needs, referrals and help accessing benefits, education, prenatal care, substance abuse, mental health, and domestic violence counseling, as well as vocational services, and early care and education services.

Another way that New York City seeks to prevent child welfare involvement is by offering programs that are conducive to healthy development and socialization to at-risk families. The Beacon Preventive Program is a mostly school-based community program (funded by ACS and administered the NYC’s Department of Youth and Community Development) serving families and children ages 0 to 18, as well as adults in locations throughout the five boroughs. All families receiving services through ACS’ Beacon General Preventive program have access to the same services as those captured by the Beacon DYCD programs that serve lower-risk families and operate afternoons, evening, weekends, during school holidays and vacation periods, including the summer.

ACS also contracts with providers who offer preventive Family Treatment and Rehabilitation services (FT/R), which are designed for higher-risk families. FT/R programs offer a clinical diagnostic team composed of licensed therapists, Credentialed Alcohol Substance Abuse Counselor (CASAC), case planners, psychologist consultants, psychiatric consultants and other providers to work with the family to develop the treatment plan. The diagnostic team works to engage the family, set goals, monitor safety and risk factors, and where appropriate, monitor toxicology and medication compliance. After FT/R clients have achieved a baseline of stability, treatment facilitators focus on gaining a deeper understanding of the family dynamics that led to ACS involvement.

In addition to General Preventive and Family Treatment Rehabilitative services, ACS contracts with providers who offer Special Medical preventive programs – specialized services for families whose members suffer medical conditions and/or developmental disabilities. These services are tailored to families who have come to the attention of the child welfare system and either the child or an adult member of the family suffers from a chronic or terminal condition
such as HIV, visual or hearing impairments and other severe disabilities. Over 450 slots are allocated for families with medical disabilities throughout the city.

Within the last few years, ACS has expanded its continuum of preventive services to include the use of 11 Evidence-Based models, services that have been shown to work through documented, rigorous, scientific study to be effective in preventing foster care placements; expediting reunification; expediting adoptions for those transitioning out of care; and preventing the return of youth into care. Evidence-Based Models (EBMs) require staff to participate in intensive training, and contain a quality of assurance system to ensure that staffers are delivering the model properly.

Three examples of these evidence-based programs and services include:

- **Child-Parent Psychotherapy (CPP)** is an intervention model for children under five years of age who have experienced a traumatic event, such as exposure to domestic violence or the death of a family member and are experiencing mental health, attachment, or behavioral problems. CPP examines how the trauma histories impact the parent-child relationship and the child’s development. CPP seeks to support and strengthen the caregiver-child relationship in order to restore the child's sense of safety, attachment, and improve the child’s functioning. Cultural, socioeconomic, and immigration-related stressors are addressed. Treatment focuses on safety and stabilization and incorporates case management.

- **SafeCare**, is a structured home-based parent training program for low-risk families with children under five years of age. This model is geared towards parents who need core parenting skills, and has a health and home safety focus. Parents learn to improve home safety, to recognize and respond to symptoms of illness and injury, and to interact in a positive manner with children. SafeCare providers, called “Home Visitors,” come to the family home on a weekly basis and train parents by first explaining and modeling the skills, then having the parent practice and provide feedback.

- **Functional Family Therapy (FFT)** is appropriate for high-risk families dealing with teenagers who are justice-involved, acting out at school or displaying violent
or destructive behaviors. FFT is a home based intervention focused on both the intra-familial (e.g. conduct disorders) and extra-familial (e.g. school) factors.

ACS also offers Specialized Teen Preventive Services, which provides evidence-based family therapy to troubled teenagers who are at risk of being removed from their homes because of abuse or neglect by their parents. Services delivered to these very high risk families include therapists providing treatment in the home, parent training, safety planning, substance abuse treatment, PTSD treatment for youth and adults, anger management, marital therapy, and family therapy. These therapists maintain very small caseloads to allow for intensive involvement with a family.

In addition, ACS contracts with a provider who serves young people who have been victims or are at risk of victimization through commercial sexual exploitation. The program serves female, male and transgender youth, ages 12 to 17, and works to keep sexually exploited youth safe in their homes by providing intensive therapy to the youth and her or his family. The program is designed to help the youth heal from their trauma and reduce their vulnerability to exploitation in the future.

**Areas of Need in New York City**

In the wake of several recent critical incidents in New York City involving young children, ACS has identified key areas where we must focus preventive efforts. The most urgent is an expansion of our resources for intervening with and strengthening families with very young children, particularly those residing in city homeless shelter units, public housing and in the surrounding communities. It is critical that ACS and our provider partners be able to assist more parents who are experiencing the stress and trauma of extreme poverty, homelessness, depression, and, substance abuse or violence.

Children at the highest risk of severe neglect or injury are those where the caretaker is isolated, struggling with poverty, addiction, and or mental health challenges and is often in unstable housing. ACS proposes three primary ways that the state legislature can help us better support these high-risk families.

First, the New York State Social Services Law specifies that, where a lack of adequate housing is the primary factor preventing the discharge of a child from foster care, preventive
services shall include a rental subsidy in the amount of three hundred dollars per month. SSL 409-a(5)(c). While this amount may have constituted a reasonable sum when the law was enacted in the 1990s, this subsidy is woefully inadequate means of achieving the housing stability that is often necessary for family reunification. A family’s inability to secure affordable housing should never be, in and of itself, the sole reason that children cannot be returned home. To address this concern, Assemblymember Camara has introduced legislation (A-9806) that would double the monthly subsidy to $600 and increasing total available funding to $21,600 per family. New York City supports A-9806 as a step toward making the rental subsidy a more effective intervention to assist with reunification efforts.

Of the several state agencies serving vulnerable populations, the New State Office of Children and Family Services is the only one that does not have funds set aside specifically for vulnerable families. Without a dedicated funding stream, it is increasingly difficult for localities to secure housing resources that are targeted to child welfare involved families. Other families with special needs or challenges take priorities. As a result, the housing subsidy stipulated in SLL 409-a(5)(c) becomes critically important to child welfare involved families.

The state legislature can also aid New York City’s ongoing efforts to improve the efficacy and expand the availability of preventive services by working to restore the state’s statutory reimbursement for preventive and protective services. New York State child welfare funding is often referred to as “65/35,” which reflects the statutory requirement that the state reimburse 65% and the local district support 35% percent of the costs that the local social service district spends these services. However, over the years, the state budget allocation has shifted increasing responsibility on the localities, such that local counties now assume approximately 38% of the financial obligation and the state reimburses 62% of the dollars spent on child welfare services.

Restoring the state reimbursement to the statutory level of 65% could assist New York City’s efforts expand resources for strengthening families with very young children, particularly those residing in city homeless shelter units and public housing. We need to direct preventive dollars to services that can both address underlying socioeconomic concerns and simultaneously strengthen the caretaker’s bond with the child and support healthy parenting. ACS currently contracts with providers who offer a continuum of eleven different evidence-based or promising preventive service models. Currently, ACS has about 300 slots of evidence-based, preventive
family intervention services that target families with children under the age of six, strengthening parent-child attachment and protecting the safety of vulnerable young children. The evidence-based models discussed above, Child-Parent Psychotherapy (CPP) and SafeCare™, are home visitation-based and focus on children ages birth to five and have shown promising results. ACS is working to develop a preventive early childhood family intervention plan to increase these services, targeting key neighborhoods, including shelters and public housing where the need is greatest. Greater state reimbursement might also allow for the City to expand the types of services that we offer to include programs such as Healthy Families, a community-based comprehensive prevention program that focuses on child safety while supporting families.

Finally, New York City is advocating for the legislature to increase funding for Community Optional Preventive Services (COPS). Since 2002, COPS funding has allowed the City – and other local social services districts throughout the state – to flexibly fund programs offering preventive services. New York City has used COPS funding to support the Nurse-Family Partnership, in which registered nurses visit low-income, first-time moms to provide care and support for healthy pregnancies, and early childhood support. This evidence-based community health program is an example of the type of preventive service that is proven to lead to long-term family improvements in health, education, and economic self-sufficiency. However, both the amount of COPS funding, and the programs which are eligible recipients of that funding, have been frozen. At current levels, the funding does not meet the need for services. Uncapping this funding and allowing for new programs to become eligible recipients will allow local districts the ability to further invest in evidence based services for vulnerable families.

**Closing**

We sincerely appreciate the opportunity to contribute to the discussion about effectiveness and availability of preventive services and look forward to further cultivating our partnership with the New York State Legislature in carrying out this critical work.