



**The New York City Council,  
Committee on General Welfare  
December 14, 2016**

***“Oversight- Preventive Services at the Administration for Children’s Services”***

**Testimony by  
New York City Administration for Children’s Services  
Dr. Jacqueline Martin, Deputy Commissioner  
Division of Preventive Services**

Good afternoon, Chair Levin and members of the General Welfare Committee. I am Dr. Jacqueline Martin, Deputy Commissioner of the Division of Preventive Services (DPS) at the New York City Administration for Children's Services (ACS). With me today are Dr. Jacqueline McKnight, Executive Deputy Commissioner for Child Welfare Programs, and Jill Krauss, Deputy Commissioner of Communications and Community Affairs. Thank you for the opportunity to discuss preventive services in New York City and the legislation before the committee today.

New York City is one of the few jurisdictions in the country where families have access to a comprehensive, holistic, and fully-funded continuum of services and supports to strengthen families and prevent entry into foster care. ACS funds over 200 programs, delivered by 57 contracted providers that support families throughout the City. These services range from case management to high intensity evidence-based interventions for families with significant mental health or other challenges.

Although providing families supportive services has always been a priority for ACS, the agency continues to increase investments in preventive services in order to better serve children and families.

In my 30 years working in preventive services, I have seen firsthand how quality services can change the trajectory of a family in crisis. Since the start of my career as a case planner to overseeing the Division of Prevention Services at ACS, I have had the opportunity to serve families at different levels. From my experience, I have learned about the challenges of meeting the often complex needs of families. Our role in prevention is to help keep children safe by partnering with families. I have found that most families want the best for their children. I have also found that while compassion

and dedication are critical to this work, they are not enough. We also have to hold ourselves and our agencies accountable for delivering services that are high quality and have real impact.

This is not easy work. Our frontline ACS and provider staff work to support children and families in some of the most challenging situations, during what is often a very tumultuous time in a family's life. At every stage, preventive staff must constantly evaluate the safety and well-being of children and identify interventions that aim to stabilize and strengthen families, and reduce the risks of further child welfare involvement.

I would like to take this opportunity to share with you some of the work the Division of Prevention Services is doing in order to improve the range and quality of services being offered to children and families to better address their complex and evolving needs.

### **ACS Continuum of Preventive Services**

The goal of preventive services is to help at-risk families develop skills to manage crises, maintain safety and stability within the home, and strengthen their ability to thrive within the community. Through our network of providers, ACS delivers preventive services that are child centered and family-focused, community-based, and culturally competent. This means that services must address the individual needs of the child and the needs of the family members residing with the child, while recognizing the socio-economic realities which impact their daily lives. Preventive services provided in

such a manner protect children and reduce the need for foster care placement by creating a community of care.

Each year, ACS investigates more than 55,000 reports of alleged child abuse or maltreatment from the State Central Register (SCR), approximately 36% of which are found to have some credible evidence of maltreatment. In cases where there is no imminent danger to the child that would warrant removal, but the family is in need of support, ACS may refer the family to preventive services to help the family address the concerns which led to the investigation and maintain the child's safety in the home.

Because we recognize that families are almost always the best resources children have in their lives, we are committed to supporting the whole family by providing services and supports that strengthen safety and stability of children within their homes. ACS' network of 57 community-based organizations across New York City offer some 13,000 child welfare preventive services slots that serve over 20,000 families citywide each year. Our contracted providers are located throughout the five boroughs and are fixtures in the communities they serve. These interventions that are designed to strengthen struggling families, address concerns that may lead to child maltreatment, prevent the need to remove children from their families, and support families when children return from foster care.

ACS' continuum of services include three main categories of preventive services:

1. prevention and treatment (which include general preventive, family treatment/rehabilitation (FT/R) services and Special Medical preventive services)
2. Evidence-Based Preventive services, and
3. Primary prevention, an area in which we are very excited top primary preventive

## **Funding for Preventive Services**

The de Blasio administration has made substantial investments in child welfare, which also supports ACS's preventive services. ACS's budget for preventive services has increased substantially. In fiscal year 2013, our preventive budget was \$222 million dollars per year. When the City's recent investments are fully funded in Fiscal Year 2019, our preventive services budget will be \$279m, an increase of 25%. These funds allow ACS to undertake a significant expansion of our preventive services continuum. The overall number of preventive services slots that the City funds has increased from 12,458 in Fiscal Year 2013 to a projected 15,949 in Fiscal Year 2019, which, as we testified last spring, includes funding for 580 slots for trial discharge that can serve up to 1,000 families a year.

## **General Preventive and Treatment Programs**

General Preventive, our largest service model, serves families with children between the ages of birth to 18 years, as well as young people between 18-21 years who were formerly in foster care. General Preventive services last a full year, and include case management, 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. Across the city, ACS funds 7,048 general preventive slots.

Family Treatment and Rehabilitation services (FT/R) are designed for higher-risk families and include treatment for substance abuse and mental illness. FT/R programs

offer clinical diagnostic teams comprised of licensed therapists, Credentialed Alcohol Substance Abuse Counselors (CASAC), case planners, psychologist consultants, psychiatric consultants and other providers who work with families to develop treatment plans.

ACS' Special Medical Prevention Program provides 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

### **Evidence Based Models**

ACS has recently expanded its continuum of preventive services to include eleven Evidence-Based models, services that have been proven effective through documented rigorous scientific study. Evidence-Based Models (EBMs) require intensive staff training and they require clinical and case practice to adhere to strict fidelity standards. Three examples of these evidence-based programs and services include the following:

- **Child-Parent Psychotherapy (CPP)** is an attachment-focused clinical intervention for parents and children under five years of age who have experienced a traumatic event. During therapy, CPP clinicians focus on how the trauma histories impact the parent-child relationship and the child's development. CPP seeks to support and strengthen that relationship in order to restore the

child's sense of safety, attachment, and improve the child's functioning. As adapted for the child-welfare context, this clinical model also includes case management, with a focus on child safety and family stability.

- **SafeCare** is a structured home-based parent training program for lower-risk families with children under five years of age. Parents learn to improve home safety, to recognize and respond to symptoms of illness and injury, and to engage with their children in a positive, responsive way. SafeCare providers, called "Home Visitors," come to the family home on a weekly basis and train parents by first explaining and modeling the skills, and then having the parent practice and provide feedback.
- **Functional Family Therapy (FFT)** is an intervention for families with teenage children who are acting out at school, engaging in destructive behaviors or involved in the juvenile justice system. FFT is a home based intervention focused on both the factors leading to the youth's behavior.

### **Community and Primary Prevention**

Using a public health approach for preventing child maltreatment, this year's budget allows us to expand our continuum of preventive services to include community and primary prevention services. The goal of these programs is to reach families before they come to the attention of the child welfare system.

### Beacon Prevention Program

The Beacon Prevention Program is a school-based community program in locations throughout the five boroughs that is funded by ACS and administered by the NYC Department of Youth and Community Development (DYCD). There are currently 15 ACS Beacon sites across the city. The program serves families and children ages up to 18, as well as adults, and aims to prevent child welfare involvement through programming that is conducive to healthy development and socialization for at-risk families. All families receiving services through ACS' Beacon Prevention program have access to the same services as those offered through DYCD's Beacon programs, which serve lower-risk families.

### Family Enrichment Centers Primary Prevention Demonstration Project

In Spring 2017, ACS will launch ACS' first primary preventive strategy, the Family Enrichment Centers (FEC), as a three-site demonstration project. The centers will provide a welcoming, supportive environment where parents and children can help develop and participate in free, accessible programming, classes, coaching and other activities designed to strengthen protective factors and promote family stability without having an open ACS case. Parents will play an active role in leadership and program design within the centers, with the goal of building capacity for neighbors to help neighbors, promoting communities' resilience and wellbeing over time. Proposals for the three sites were due on December 12<sup>th</sup>, and we are currently in the process of selecting providers. The centers are scheduled to open in Spring 2017 and will each serve approximately 1,000 families per year.

## **New Investments in Prevention**

### **Group Attachment Based Intervention (GABI)**

By next spring, ACS will also provide citywide access to trauma-informed, intensive attachment-focused therapy for the youngest children in our preventive system through Group Attachment Based Intervention (GABI) initiative. GABI will serve our hardest to reach families – parents and very young children (ages 0-3) who have experienced significant trauma, housing instability, mental illness, domestic violence, and other challenges. GABI will directly address the needs of these families by operating on a drop-in basis, and providing a group setting where parents can connect with others experiencing similar challenges. GABI seeks to improve children’s social, emotional, and cognitive development, decrease their exposure to trauma and maltreatment, reduce parental stress, and boost parental social support and mental health. GABI will serve up to 680 families that are currently enrolled in General Preventive and FT-R programs at 7 sites across the city.

### **Monitoring Preventive Providers**

ACS holds our contracted preventive providers to rigorous accountability standards through various review processes. Each month, ACS’ Division of Policy, Planning & Measurement (PPM) reviews safety-related data for each preventive program and performs a safety check with provider staff. ACS collects case data from providers to verify that all children and families receiving preventive services are being visited and seen regularly. For any case where it is determined that insufficient visits occurred during the previous month, provider staff are required to respond with

documentation of the actions they have since taken to see each child and confirm their safety. If the provider is struggling to engage or make contact with a family, the provider is referred to the ACS Office of Preventive Technical Assistance for case-specific support.

Twice per year, ACS' Provider Agency Monitoring System (PAMS) team performs a detailed and extensive review of a statistically meaningful sample of cases for each provider. The PAMS includes more than 100 questions to determine whether casework practice on each case meets ACS standards. If a review indicates a safety concern, the provider agency is required to take appropriate action immediately.

Each year, ACS produces a scorecard that rates and evaluates each provider agency and program on specific benchmarks. The Scorecard offers a comprehensive analysis of performance across key areas of practice: safety, assessment, engagement and service provision. The data focuses on the outcomes providers are expected to achieve, the key areas of practice that lead to those outcomes, as well as the timely achievement of preventive service goals.

Additionally, in 2015 ACS implemented the Collaborative Quality Improvement (CoQI) process, in which our monitoring team collaborates with every contracted provider to develop and implement an annual improvement plan, focusing on key areas of weakness that we identify with them through data analysis and case reviews.

## **Legislation**

The Council has proposed three bills related to preventive services:

**Intro 1062** seeks to require ACS to provide language classes for children who are removed from parents/guardians with limited English proficiency and who are in the custody of ACS for at least 6 months; the language classes must also be provided in the parents'/guardians' primary language.

ACS shares the Council's support in seeking to ensure that limited English proficient families have the same support in reunification that English-speaking families do and we would like to explore with the Council ways in which we can partner to address these concerns on a broader level.

**Intro 1374** seeks to require ACS to provide monthly reports on the utilization of preventive services and various metrics. ACS is committed to maintaining transparency in the work that we do, and we are happy to share information about available preventive services and how they are currently utilized. ACS currently provides information in our monthly Flash reports including new child welfare preventive cases, new child welfare preventive cases by program type, child welfare preventive cases opened and closed, and referrals to child welfare preventive services by source. The Mayor's Management Report includes annual reports of families entering child welfare preventive services, families entering child welfare specialized teen preventive services, the daily average of children receiving child welfare preventive services, and an annual total of children who received child welfare preventive services during the year. We are happy to discuss with the Council how our current reports can be used to provide the information you are seeking.

**Resolution 1322** calls on OCFS to develop a parents' bill of rights to be distributed at initial home visits in child protective investigations and made available

online. ACS currently provides A Parent's Guide to Child Protective Services in New York City. Child protective specialists are required to have copies with them when they are making visits. When they are meeting a parent for the first time while initiating SCR investigations, they provide the parent with a copy of the pamphlet. The pamphlet contains answers to various questions including: What is NYC Administration for Children's Service, Why has an ACS Child Protective Specialist Contacted me, and Who can I talk with to get more information? Each borough office has copies and the guide is available online on ACS' website in ten different languages.

### **Conclusion**

Thank you for the opportunity to discuss the continuum of preventive services offered by ACS and our contracted provider partners, and to comment on the proposed items of legislation. As always, we are happy to work with the Committee in our continuing efforts to improve the system and to better serve children and families. We look forward to further cultivating our partnership with the City Council in carrying out this critical work. We are happy to take your questions.