

Assessment of
New York City
Administration for
Children's
Services Safety
Practice and
Initiatives

Key Findings and
Recommendations

MAY 2017

**SAFE
STRONG
SUPPORTIVE**

safe children | strong families | supportive communities

Authors and Acknowledgments

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Introduction

As part of its ongoing efforts to identify strengths and gaps and make necessary changes to improve child safety, the New York City Administration for Children's Services (ACS) asked Casey Family Programs in 2016 to complete an independent, multidimensional assessment of systemic issues related to child safety with a primary focus on child protective investigations. In March 2017, ACS Commissioner David Hansell, upon his appointment, requested that Casey continue this assessment and provide feedback as part of his comprehensive "top to bottom" review of ACS.

Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Founded in 1966, we work in all 50 states, the District of Columbia and two territories and with more than a dozen tribal nations to influence long-lasting improvements to the safety and success of children, families and the communities where they live. Casey Family Programs has partnered with New York City and New York State over the past decade to support various efforts aimed at improving child welfare outcomes.

New York City experienced a number of critical incidents in the months preceding and subsequent to this review, resulting in public scrutiny of system functioning as it relates to child safety. As a result of these incidents, several oversight entities have conducted reviews of ACS, including the New York City Department of Investigation, the New York City and New York State comptrollers' offices and the State Office of Children and Family Services (OCFS). These reviews were either based on an analysis of specific cases in which a child died or nearly died or were focused on compliance measures.

Everyone would agree that these cases warrant close review, and important lessons can be learned from examining critical incidents. However, it is not advisable to assess performance of and draw conclusions about a system based on retrospective fatality review. Thus, ACS acknowledged the need for a comprehensive review of its performance related to child safety in order to inform decisions about current and future strategic investments to improve outcomes for the tens of thousands of children and families touched by its child welfare system each year.

To that end, ACS asked Casey Family Programs to conduct an assessment of the full range of ACS initiatives, policies and quality of casework practice and decision-making, and to consider the findings in the context of the national landscape of child welfare policy and practice. Specifically, the purpose of the assessment is to highlight what is working well, identify areas for further improvement, and provide an independent perspective on whether the strategic initiatives currently under way have the system on the right path, drawing on what is known about effective child welfare practice across the country.

This report focuses on the following key questions:

- What do system-level data tell us about child safety in New York City?

- How effectively does the organizational infrastructure in place, including policy and practice guidance, services, supports and quality-improvement processes, promote the consistency of safety practice and decision-making?
- What practice challenges and strengths related to child safety exist within ACS?
- How is the array of initiatives under way and/or planned at ACS addressing identified safety practice challenges?

Casey Family Programs staff directly conducted several components of this assessment, including an analysis of system data, a policy review and an analysis of ACS safety practices and initiatives in the context of national practice. Casey Family Programs contracted with Eckerd Kids to conduct a case practice file review and to gather key stakeholder feedback through interviews and focus groups. Eckerd Kids is one of the nation's largest nonprofit child and family service organizations experienced in assessing child safety practice. The assessment also was informed by the technical assistance work currently being provided to ACS by Chapin Hall at the University of Chicago through its partnership with Casey Family Programs. Chapin Hall is a research and policy center focused on improving the well-being of children, youth, families and communities.

Assessment components include cross-cutting analysis of:

- Available system-level data
- Safety-related policy and practice guidance
- A sample of investigation case files
- Key stakeholder feedback
- Current and planned initiatives and efforts focused on safety practice

Although the assessment focuses primarily on investigations conducted by ACS's Division of Child Protection, it also includes a subset of cases that were opened for ongoing services, either preventive services or foster care.

The key findings and recommendations presented in this report are intended to point out opportunities for systemic improvement and steps to help achieve better outcomes for children and their families. It is our hope that this report will support efforts to build on the system's existing strengths in order to further improve the child welfare system in New York City.

Analysis of System Data

As part of this review, Casey Family Programs completed an analysis of New York City's system-level child maltreatment data. The team also explored the relationship between the City's investment in preventive services and system outcomes.

In general, reviewers found that New York City serves as a national model for the collection and use of child welfare data to improve the match between families' needs and services. ACS's

level of detailed data collection is exemplary, and a strong effort is made to track the impact of various types of in-home services.

This section of the report will provide context by comparing New York City to other jurisdictions across demographic and front-end child welfare measures, as well as tracking performance on key child welfare outcomes in New York City over time.

METHODOLOGY

New York City child welfare data for this review were obtained directly from ACS or from the National Data Archive on Child Abuse and Neglect. Comparative data on city outcomes were sourced from the U.S. Census Bureau; other measures come from public sources as listed.

Per capita rates are provided per 1,000 children (under 18) in the general population, unless otherwise noted. Depending on the data source, data may be provided by either calendar year (CY) or federal fiscal year (FFY), which runs from October to September. Data are provided for the most recent year available; this time frame varies by data source and geographic level of comparison. Care should be taken in extrapolating comparisons across charts or text comments, as data were drawn from different periods, based on availability.

FINDINGS AND OBSERVATIONS

How New York City Compares to Other Large Cities

Given the unique funding, policy and practice environment of each jurisdiction's child welfare system, comparisons across jurisdictions can be challenging. Still, urban areas across the country face similar difficulties in terms of managing responsibility for keeping children safe in the context of deep social and community challenges. New York City is distinctive in its sheer size, being the largest U.S. city by a wide margin, with a child population that is twice as large as the next largest U.S. city.¹

In general, New York City's social and economic challenges are similar to those of other large cities, despite being the largest in population (Table 1). With a child poverty rate of 29.5 percent, New York City's measure exceeds both the national average and New York State as a whole, which has a child poverty rate of 22 percent. The unemployment rate in New York City is near the average for large cities, while the City's SNAP receipt (food assistance) is relatively high, exceeded only by Philadelphia.²

In many states, including California, New York and Pennsylvania, child welfare agencies are administered at the county level. However, in New York City, one social service agency comprises five counties (referred to as boroughs), due to the structure of local government.

The counties that encompass large U.S. cities show a slightly different population pattern than seen at the city level, with Los Angeles County having the largest population by a wide margin.³ New York City, however, is still larger than any other U.S. county except Los Angeles. To account for these differences, many of the child welfare outcomes presented hereafter will use per capita rates or proportions.

Table 1. Child Poverty, SNAP Receipt and Unemployment, 2015 (by city, least to greatest)

Percentage of Children Living in Poverty	Percentage of Families Receiving Food Stamps/SNAP	Percent Unemployed
San Jose: 13.4%	San Diego: 6.4%	Dallas: 7.8%
San Diego: 20.3%	San Jose: 7.0%	San Antonio: 7.9%
San Antonio: 28.8%	Los Angeles: 9.4%	Houston: 8.1%
New York City: 29.5%	Houston: 15.2%	San Jose: 8.5%
Los Angeles: 32.2%	San Antonio: 16.5%	San Diego: 8.5%
Chicago: 33.2%	Dallas: 16.6%	Phoenix: 8.8%
Phoenix: 33.6%	Phoenix: 16.7%	New York City: 9.5%
Houston: 35.1%	Chicago: 19.9%	Los Angeles: 10.3%
Dallas: 37.2%	New York City: 20.6%	Chicago: 12.1%
Philadelphia: 37.2%	Philadelphia: 25.2%	Philadelphia: 13.9%
National average: 21.7%	National average: 13.2%	National average: 8.3%

Data source: U.S. Census Bureau

Front-End Child Welfare Trends

Reports of Child Maltreatment

In calendar year 2016, ACS received 64,851 reports from the Statewide Central Register (SCR), involving 74,519 children. These reports were consolidated into 57,160 investigations performed by ACS. In a given year, ACS child welfare and juvenile justice services touch the lives of more than 100,000 children and their families. More than one in five children in New York City (21.7 percent) has been involved with ACS child welfare services during the last five years, through an investigation, preventive services and/or foster care.⁴ About 31,000 children are enrolled in contracted EarlyLearn child care programs at any given time during the year. An additional 67,000 use child care vouchers.

In New York State, screened-in reports are defined as calls to the SCR that meet legislative and policy standards requiring a child protective response. Once a screened-in report of suspected maltreatment is received, state policy requires that all cases receive an investigative or alternative response. Following population patterns, New York City has the second-highest number of screened-in reports of the 10 largest urban areas in the United States, with a rate of children involved in screened-in reports approximately at the median of large urban jurisdictions. The screen-in rate for FFY 2014 in New York City was 38.0 per 1,000, compared to 44.5 per 1,000 in New York State as a whole and 43.7 per 1,000 children nationally.⁵

Victims of Maltreatment

It is difficult to compare maltreatment rates meaningfully across jurisdictions because definitions of maltreatment and standards of evidence vary considerably from state to state. New York State has a broad definition of maltreatment, especially compared to the particularly narrow definitions used in other large jurisdictions. In addition, the state sets a relatively low bar to substantiate a report (“some credible evidence of maltreatment”), contributing to higher rates of substantiation (also known as the maltreatment rate or victimization rate). In contrast, some states require higher standards of evidence for substantiation, such as “a preponderance of the credible evidence” (e.g., Alabama) or “substantial evidence” (e.g., Pennsylvania).⁶

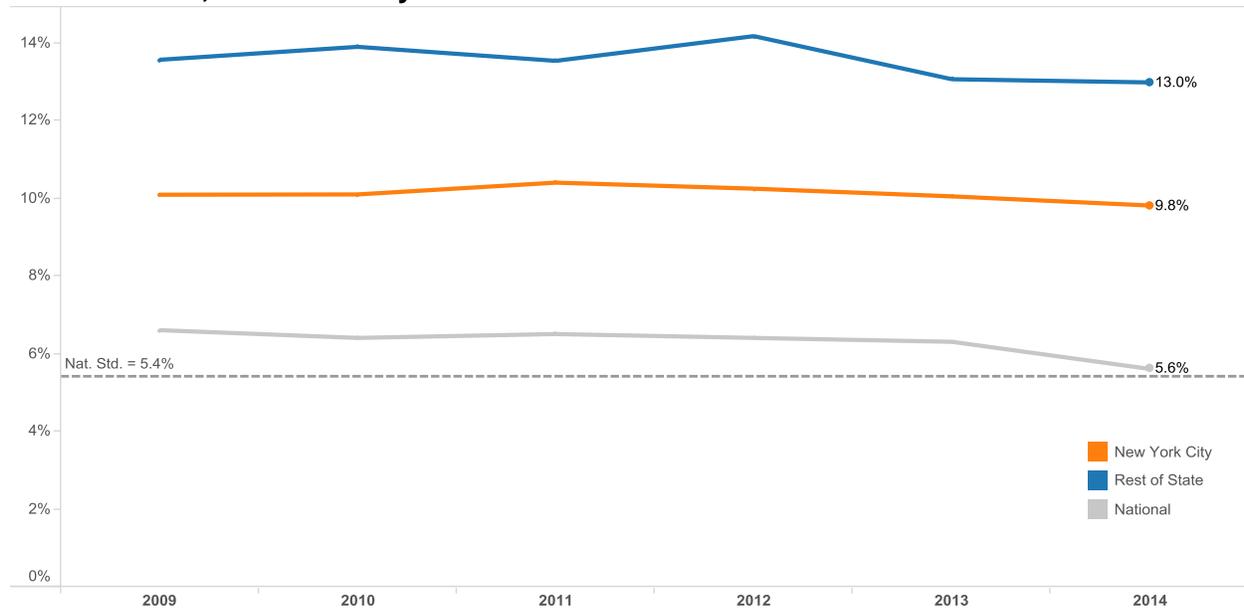
With these significant caveats in mind, it is best to compare the child maltreatment rate for each jurisdiction over time, rather than to rates in other states or nationally. In New York City, approximately 38 percent of the 57,160 consolidated reports screened-in for an investigation in CY 2016 were found to have some credible evidence of maltreatment.⁷ **There is little variance in the maltreatment rate for New York City compared to the rest of the state, both for the most recent period available and over the past seven years.** In FFY 2014, the maltreatment rate was 15.6 per 1,000 for New York City and 15.7 per 1,000 in the balance of the state during the same period. For reference, the national maltreatment rate was 9.1 per 1,000 in FFY 2014.⁸ Due to delays at the federal level, publicly available data on the maltreatment rate in NYC compared to the rest of the state are only available through FFY 2014. Internal ACS data on this measure (calculated by calendar year) are available through 2015 and show a continued decrease (from 14.8 per 1,000 in CY 2014 to 14.4 per 1,000 in CY 2015).

Child Safety and Protection from Maltreatment

The common federal measure for child safety is recurrence of maltreatment, which is the percentage of cases in which a substantiated finding of maltreatment is followed by another substantiated finding within six months.⁹ Rates of maltreatment recurrence vary across jurisdictions for many of the same reasons that rates of maltreatment vary. However, looking at trends in a jurisdiction's rate of maltreatment recurrence over time can help to determine whether a child welfare system is effectively identifying risk factors and providing the most appropriate services. High rates of maltreatment recurrence may indicate unsuccessful efforts to protect vulnerable children.

Figure 1 shows trends in repeat maltreatment within 6 months for New York City and the rest of the state, along with the national figure and national standard for reference. Although New York State has a substantially higher level of repeat maltreatment than the national standard of 5.4 percent (due in part to the definitional issues described earlier), **New York City has a substantially lower rate of repeat maltreatment within 6 months compared to the rest of the state** (9.8 percent compared to 13.0 percent).

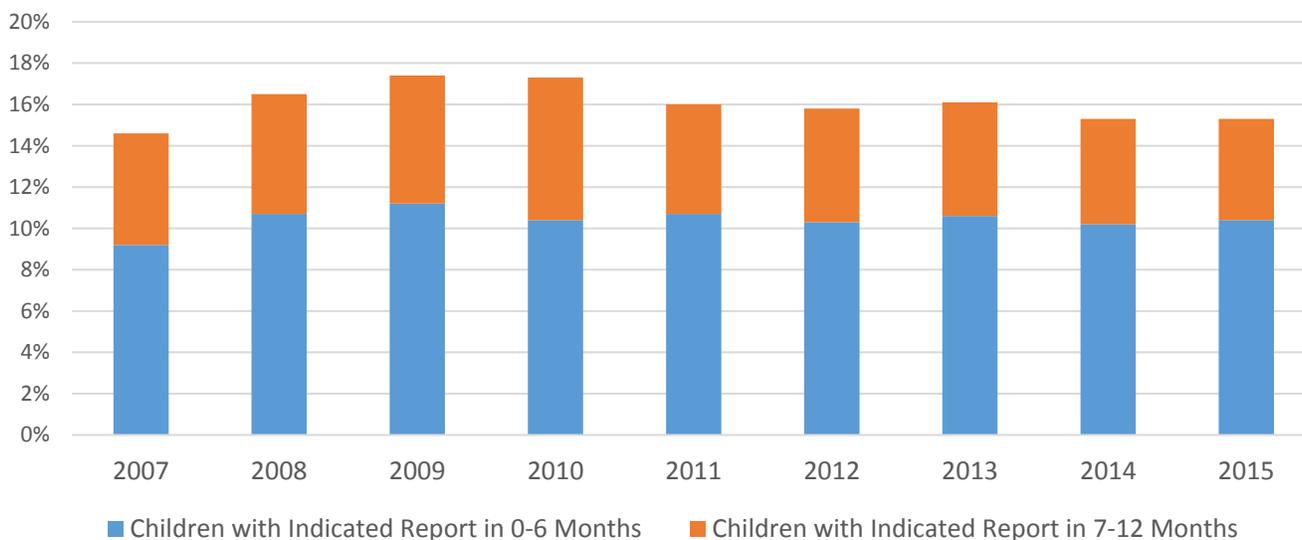
Figure 1. Percentage of Children Who Experience Repeat Maltreatment Within 6 Months, FY 2009–2014, New York City and Rest of State



Data source: national NCANDS files from NDACAN
Produced by Data Advocacy, Casey Family Programs

An additional measure of maltreatment recurrence is a substantiated finding of maltreatment within 12 months following the initial finding. Within ACS, the rate of maltreatment recurrence has been relatively stable over time, with the majority of recurrence occurring within 6 months of case opening (Figure 2). Although it is difficult to determine the long-term effects of ACS involvement with families based on the data alone, the 12-month maltreatment recurrence data suggest that **ACS's response to allegations of maltreatment decreases the risk of a recurrence over time.**

Figure 2. Trends in Maltreatment Recurrence at 6 and 12 Months After Initial Indicated Report, New York City 2007–2015



Data source: NYC Administration for Children's Services.

Child Fatalities

Due to the variations across the country, it is not possible to accurately compare the rate of child fatalities across jurisdictions. The final report of the federal Commission to Eliminate Child Abuse and Neglect Fatalities noted, "There is no national standard, mandated reporting system for child abuse or neglect deaths in this country. Definitions, investigative procedures and reporting requirements vary from state to state. Attributing a child's death to abuse rather than to an accident or natural cause is often extremely difficult. The death of a toddler who drowns in a bathtub, for example, may be classified as an accident in one jurisdiction and as a child neglect death in another."¹⁰

Given these challenges, **it is also not possible to draw conclusions about the strengths or weaknesses of a child welfare system based on the number of child fatalities. For example, a jurisdiction with high capacity to identify and track fatalities might have higher rates than a jurisdiction that does not have such capacity.** However, every death of a child is a tragedy, and it is critical to review fatalities to learn from them and work to prevent them.

It is also important to note that not all child maltreatment-related deaths involve children or families with prior child welfare system involvement. Of the approximately 700 to 1,000 child deaths in New York City each year, less than 15 percent are reported to the SCR for suspected abuse or neglect. Further, of those that are reported to the SCR, approximately half involve a family that fits the definition of "known to ACS," referred to as a "panel" case; the remaining deaths reported to the SCR are designated as "non-panel" fatalities.¹¹ ACS reviews child deaths that are reported to the SCR and that involved "children in families known to ACS." ACS uses a

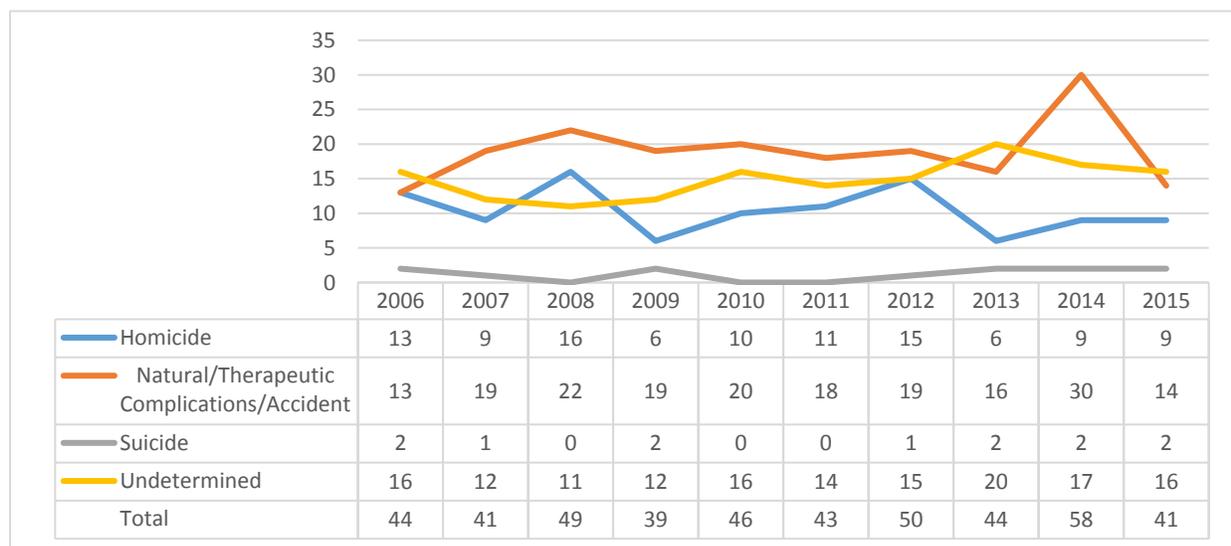
comparatively broad set of parameters to track child maltreatment fatalities in New York City. A family is considered known to ACS if it meets any of the following criteria:

- An adult in the family had been the subject of an allegation of child maltreatment to the SCR *within 10 years preceding the fatality*.
- When the fatality occurred, ACS was investigating an allegation against an adult in the family.
- When the fatality occurred, a family member was receiving ACS services such as foster care or preventive services.

This expansive, longitudinal definition of child abuse and neglect fatalities with previous history makes it difficult to make valid comparisons to data collected across New York State or in other states. As such, this section of the report presents data for New York City over time.

Figure 3 represents the NYC Office of the Chief Medical Examiner's determinations on panel fatalities for 10 years through 2015. It is too early to provide 2016 figures, as medical examiner determinations are still pending.

Figure 3. Panel Fatalities by Medical Examiner Determination, 2006-2015



Data source: NYC Administration for Children's Services.

Notes:

1. The medical examiner has yet to provide the completed autopsy or determine the manner and cause of death for two cases in 2015; these two fatalities are not reflected in the total for 2015.
2. "Panel Fatality" means an adult or child in the family was known to ACS within 10 years prior to the fatality.
3. "Undetermined" means there is not a sufficient degree of medical certainty to determine cause of death. Many of these deaths are believed to be related to unsafe sleep, but this category can also include other fatalities, such as a fatality in which multiple infections were found at autopsy and the medical examiner cannot conclude which caused the fatality.

As shown in Figure 3, the numbers of child fatalities in families known to ACS fluctuate yearly within a relatively narrow range, with a low of 39 and a high of 58, and the data do not suggest a pattern. In addition, homicides in families known to ACS are very rare, constituting 0.6 to 1.7 percent of all child deaths in the last decade.

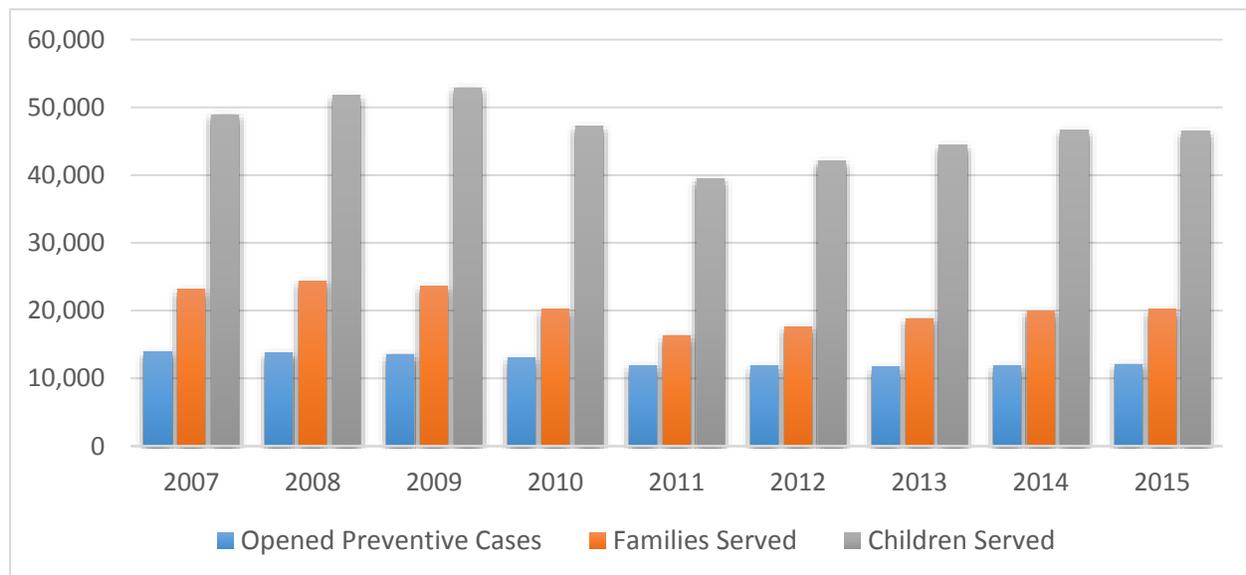
Trends in Use of Preventive Services and Foster Care

Preventive Services and Evidence-Based Models

When there is no imminent danger that warrants the child's removal from the home, ACS may refer the family to preventive services.¹² New York City is a national leader in investing in the continuum of preventive services and supports, providing nearly 13,000 service slots and serving more than 22,000 families citywide each year. ACS funds more than 200 such programs, delivered by 56 contracted providers throughout the City. These services range from case management to high-intensity interventions for families with significant mental health or other challenges. The goal of preventive services is to help at-risk families develop skills to manage crises, maintain child safety and stability within the home, and strengthen their ability to thrive within the community.

The use of extensive preventive services is not new to ACS. The number of children referred for these services has been consistently high, except for a low point in 2011, when the number of children served dipped below 40,000 (Figure 4).

Figure 4. Use of Preventive Services, New York City 2007–2015



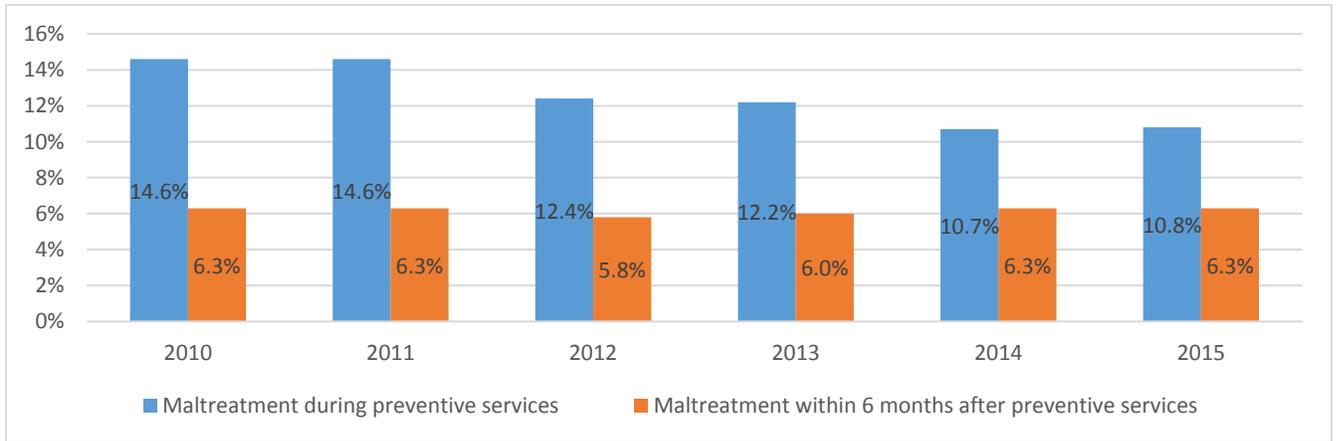
Data source: NYC Administration for Children's Services.

ACS also has made significant investments in evidence-based prevention models. Currently, 25 percent of ACS-funded preventive services are delivered through 11 evidence-based models (EBMs), which require intensive staff training and clinical and case practice to adhere to strict fidelity standards. Recent efforts have altered the mix of in-home services provided to families, with an increased reliance on EBMs over traditional prevention services. Although the number of preventive slots has been relatively stable since 2013, there was a pronounced (and sustained) shift that year toward the use of EBMs, from less than 5 percent to 25 percent of the total preventive services provided.¹³

Maltreatment Recurrence and Out-of-Home Placement for Children Receiving Preventive Services

ACS tracks maltreatment recurrence for families receiving preventive services both during services and for 6 months after completion of services (Figure 5). Overall, **maltreatment recurrence decreases after families' preventive service involvement is completed.** However, the rates of maltreatment recurrence for families receiving preventive services are approximately twice as high during services compared to the 6 months after case closure. This suggests that high rates of repeat maltreatment may result from a combination of factors, including increased monitoring by service providers (identified by researchers as the "surveillance effect") and/or difficulties in engagement of families in needed services by the providers (as highlighted in other sections of this report). Whether certain kinds of preventive services are more effective or certain agencies are more effective in delivering preventive services is an area for further study. **Overall, however, the trend data show a decrease in repeat maltreatment during preventive services over the past several years, from a high of 14.6 percent in 2010 to 10.8 percent in 2015.**

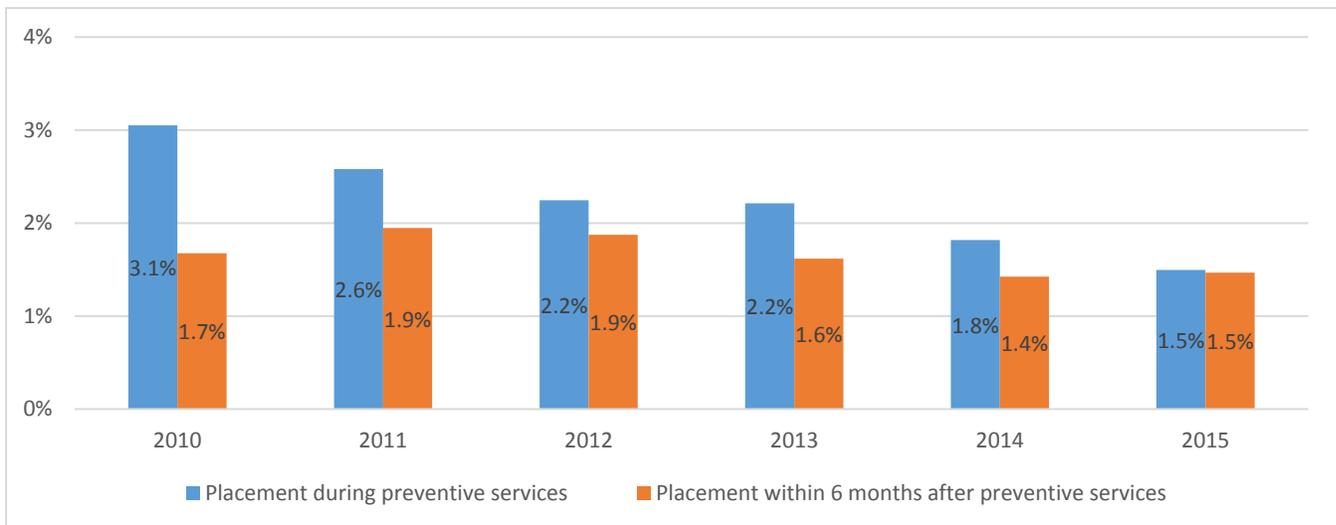
Figure 5. Maltreatment Recurrence for all Preventive Service Cases, by Year of Case Closure, 2010–2015



Data source: NYC Administration for Children's Services.

Figure 6 presents data on out-of-home placement for children receiving preventive services. In 2015, only 1.5 percent of children were placed in out-of-home care during and in the 6 months following completion of preventive services. In 2010, the percentage of children placed in out-of-home care during preventive services was almost double the proportion of children placed after case closure. This difference has decreased steadily, to the point where there was no difference in placement during and after preventive services in 2015. One interpretation of this trend is that **children are increasingly being maintained safely at home with the support of preventive services.**

Figure 6. Out-of-Home Placements During and Within 6 Months After Preventive Services



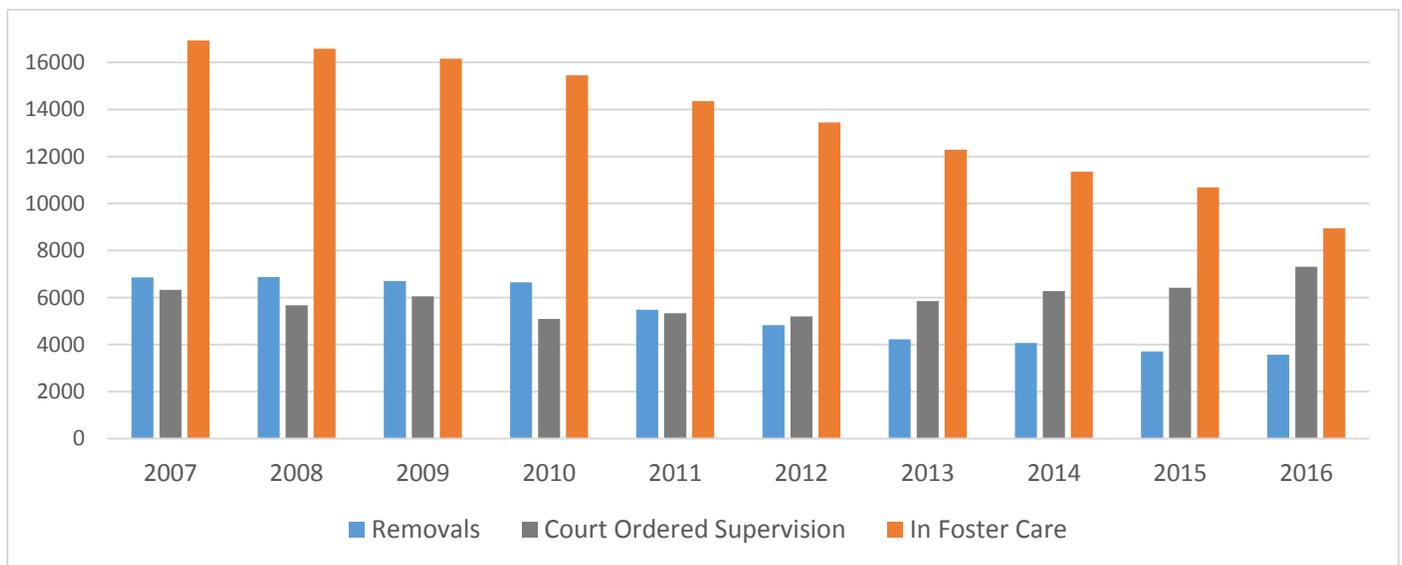
Data source: NYC Administration for Children's Services.

Data for Figures 5 and 6 are aggregated across all preventive service types (e.g., EBMs, general preventive, special medical). Each of these programs serves families with differing risk levels and involve varying lengths of service (from 6 months to almost 2 years). Thus, the repeat maltreatment outcomes presented in Figures 5 and 6 are not comparable to measures of repeat maltreatment discussed elsewhere in this report.

Dynamics of Prevention Efforts and Foster Care Trends

While ACS has continued to invest in preventive services and to make other child protection improvements, the number of children removed from their homes and placed in foster care in New York City has reached historic lows. There are currently fewer than 10,000 children in out-of-home care, down from 45,000 in the mid-1990s. The number of removals has decreased by almost half since 2006, while the total number of children in foster care has declined by 40 percent, as measured by a point-in-time count. At the same time, the number of children with court-ordered supervision (a service that allows a child to remain at home while the family is monitored by ACS) ordered at the initial hearing by the court has increased steadily since 2010 (Figure 7). **Maltreatment recurrence and placement data on the court-ordered supervision cases were not tracked separately in the system and therefore could not be assessed.**

Figure 7. Child Removals and Children in Foster Care, New York City 2007–2016



Data source: NYC Administration for Children’s Services.

Overall, data received from ACS show that, during the past several years, investigations and the indication rate have held fairly steady, with a recent uptick in 2016. The number of new preventive cases and the total number of families served all year in various types of preventive services **with a greater focus on EBMs** has remained high. Concurrently, the number of entries into foster care and the total number of children served in foster care have steadily



declined. **These trends point to a system that continues to strengthen and improve outcomes for New York City's children and families.**

Case Practice File Review and Stakeholder Engagement Findings

The case review assessed the relative quality of actual casework and judgments made by ACS and provider staff across a wide sample of recently closed cases. This review is different from many case reviews that emphasize compliance with internal procedures, such as case timelines or referral for a specific service when certain conditions are met. Instead, the intent of this review was to evaluate critical thinking. In this context, reviewers found many areas of strength, including overall assessment of child safety. It should be noted that the case documentation completed by front-line workers was consistently strong, allowing a clear picture of each case that facilitated these review findings.

This section describes areas of strength and offers several priority areas for improvement. Findings from interviews and focus groups with stakeholders further illuminate key themes.

METHODOLOGY

Due to their expertise in conducting child safety reviews, Eckerd Kids was engaged by Casey Family Programs to conduct the case practice file review and stakeholder engagement portions of this assessment. All four case reviewers have extensive experience completing case reviews. They average more than 10 years of child welfare experience, and each has a mix of front-line and continuous quality improvement (CQI) experience. The Eckerd Kids project leads have a combined 50+ years of experience working with 12 states and with national child welfare organizations.

A focused tool that reinforced critical thinking concepts was created specifically for this review, based on tools developed for Eckerd Rapid Safety Feedback® (ERSF®), an approach to improving the quality of casework related to safety that is currently in use in six states and in development in three others. ERSF®-based questions examine the sufficiency of information-gathering, assessment and the use of safety interventions within the overall case context.

It is important to keep in mind that the case review tool used for this analysis reflects high expectations for performance. ACS is a generally strong system with core safety practices in place. This clustering of review areas was determined based on Eckerd's experience of performance in other jurisdictions, to provide a rubric for ACS to prioritize reforms and to place performance into context.

ACS received 51,656 reports for investigation in 2015. A sample of 164 investigations was reviewed to achieve an 80 percent confidence level with a +/- 5 percent confidence interval citywide. This sample was supplemented by an additional 20 reviews of open provider cases reflecting a mix of in-home and out-of-home provider casework. The team reviewed investigations completed during the 6-month period from January to June 2016 to ensure all

investigations were completed prior to case review. Because these cases were closed prior to the child fatalities in the fall of 2016, the team was not able to use case practice file review findings to assess the impact of these additional stressors on case practice.

Stakeholder engagement activities, in the form of focus groups and interviews, were conducted to validate and provide context for case review findings. This section summarizes focus group and interview findings on particular themes where they are relevant.

FINDINGS AND OBSERVATIONS

Areas of Strength

The case review tool used for this analysis sets a high bar for performance on all domains related to the safety of children who come to the attention of the child welfare system. This high threshold for safety was reached in the substantial majority of cases in the following areas:

- **Assessment of family functioning and home environments, and addressing home environment dangers.** These three related case review areas require child protective caseworkers to assess children's vulnerability, well-being and needs; determine the parents' or caregivers' ability to recognize and provide for children's needs; assess the safety of the home environment; and respond with urgency to any unsafe conditions.
- **Service referral and linkage.** Many jurisdictions fail to track service linkage altogether, relying on reporting referrals given to families rather than tracking whether families actually engage in the services offered. This is not the case with ACS, where in the majority of cases reviewed, workers identified conditions or behaviors needing to be addressed, identified services targeted to address specific risk elements, and made diligent efforts to engage the family in services. The availability of preventive services, including community resources such as Family Justice Centers, enables CPS staff to link families with services.
- **Overall child safety assessment.** Reviewers found evidence that ACS child protection staff regularly assessed safety for all children in the home; identified specific parent/caretaker behaviors that resulted in threats to child safety; considered the effects of substance use disorder, mental health and domestic violence; and provided action in response to each event or circumstance that required it. Reviewers noted that ACS has subject matter experts (clinical consultants) in substance abuse, mental health and domestic violence who can consult on cases with a relevant family history; however, this resource was not used in all cases. Had this occurred, the score could have moved even higher. In the focus groups, there was agreement that there was a mismatch between the availability of the subject matter experts and the volume of cases that needed consultation. It was reported that long-term vacancies among the clinical consultant staff in some offices had contributed to the delay.

Areas of Relative Strength

Two of the four remaining practice areas are considered to be areas of relative strength. Reviewers found reason to commend ACS for its level of practice in these two areas, particularly in the context of the difficult challenges associated with these measures:

- **Face-to-face contacts.** For this question, reviewers were seeking to verify that initial and ongoing face-to-face contacts with the family were conducted with sufficient urgency and frequency to assess safety and identify case events or circumstances requiring action. ACS performed well in making concerted efforts to contact all people relevant to the case and in appropriate monitoring of families. Caseworkers were more challenged to meet standards regarding making contact with all relevant case participants and the frequency of family contact.
- **Sufficiency of collateral and provider contacts.** This is a particularly challenging area of practice, because it often requires significant legwork from the case investigator to reach frequently uncooperative sources. Overwhelmingly, where collateral and provider contacts were insufficient, our findings indicated ACS staff's inability to contact key individual(s) rather than a disregard for the need to do so.

Priority Areas for Improvement

Four areas, based on the review findings, are recommended to be prioritized as areas to focus improvement:

- **Use of appropriate safety interventions.** Among cases that required a safety intervention, a limited number did not get the appropriate intervention, did not receive it in a timely manner (in the opinion of the review team) or were not fully documented. In the small number of cases where it was unclear whether a critical safety action had occurred, the review team worked with ACS leadership and provided a safety alert to ensure follow-up. Some examples of case actions required through safety alerts include rectifying a missing or inadequate safety plan or running background checks on adults in the home for whom no such assessment was documented. ACS followed up immediately to review each situation, and in two cases additional action was required, including the opening of a preventive service case and obtaining mental health treatment for a child.
- **Consideration of prior reports and historical behavior patterns.** In this area, reviewers were looking to ensure that background information was considered for all household members and others with access to the children, and that case decision-making sufficiently incorporated themes and patterns from the family's history and prior reports. Consideration of prior history was not consistent across all cases. Not including case history impacts decision-making and ability to address underlying concerns, such as untreated mental health or substance abuse problems, that can lead to subsequent maltreatment even if current allegations are unprovable.
- **Accountability to supervisory and managerial guidance.** The review team was looking for ACS to pass a two-pronged test related to case supervision and managerial

reviews: Supervisors and managers must both identify needed case activities and ensure accountability to identified follow-up actions. Although the guidance provided was found to be sufficient in the majority of cases reviewed, timely follow-up was found less often and is therefore cited as an area for further improvement. The focus groups and interviews confirmed that ACS has no automated mechanism for supervisory task monitoring, such as alerts, emails or a report with required action items and due dates.

Analysis of Policy and Practice Guidance

Casey Family Programs' policy team conducted a review of the ways in which child welfare policy is structured and communicated within ACS and to private provider agencies.

Child welfare staff need a centralized, well-organized and up-to-date reference where they can find all of the current policy information they require to do their jobs efficiently, effectively and in a way that is consistent with agency standards and values. As policy changes are made — in response to new information about effective practice or other changes in the agency's approach or culture — these changes must be communicated clearly to the workforce. When policy and practice guidance available to workers is overlapping, conflicting or outdated, workers may not have easy or clear access to current policies. Concerns about compliance may overshadow attention to other critical elements of practice, such as meaningful engagement with families, critical thinking and good judgment.

In recognition of this need, ACS is currently undertaking its own internal review of both the content and procedures for development of agency policy, demonstrating an awareness of the importance of providing guidance that is clear, current and easily accessible to all staff. Casey reviewers found this effort to be advisable and urge agency leadership to continue to provide the resources needed to complete it.

This section offers specific areas and questions to consider to further streamline and enhance the effectiveness of agency policy.

METHODOLOGY

Casey Family Programs proposed an assessment focused on how ACS policies align with national practice related to safety. In the process of starting their review, Casey staff learned that ACS is already in the midst of a comprehensive effort to review, streamline, update and retire policy. It was considered ill-timed to conduct an independent assessment of policy while this internal process was under way. The Casey team therefore decided to limit its assessment to issues regarding the structure and communication of policy.

It is important to note that there are many other critical factors related to child welfare policy — including supervisory support, training and proper implementation — that were not considered within the scope of this review. However, these factors must be considered together with the development of a well-coordinated and communicated policy framework.

FINDINGS AND OBSERVATIONS

Area of Opportunity: ACS Policy Review and Communication

At present, policy is communicated to ACS and provider staff in a variety of formats. In addition to formal policy and procedure documents, other issuances include memos, emails, child safety alerts, standards and the Division of Child Protection (DCP) *Casework Practice Manual*. ACS's current review and revision of the ACS policy framework includes the processes by which policies are created and communicated, as well as their content. As part of this process, the ACS team is developing a standard procedure for creating policy, obtaining proper review, retiring outdated policies, reducing overlapping and contradictory policy, and increasing consistency across policy formats. Many of these issues are a result of longstanding procedures and policies and reflect longstanding concerns.

A common, coordinated and efficient method is needed for communicating new or updated policy to all staff — including both ACS and provider agency staff. In particular, Casey found that:

- **Protective and provider staff experience communication of policy differently, with varying satisfaction.** Policy communication approaches to consider include providing an opportunity for real-time dialogue and questions and answers with staff through meetings and online webinars, drafting frequently asked questions (FAQ) documents and instituting a pilot or draft phase prior to policy finalization.
- **An improved central repository for policy documents for provider and protective staff is needed. The current online system is poorly indexed, is not user friendly, and would benefit from review to ensure that only the most updated versions of policy are available.** ACS is aware of this concern and is creating a new online policy library in which only current policy will be posted, including an internal SharePoint site for ACS staff and providers and a publicly available searchable policy database on the ACS website. (These sites went live in December 2016.).
- **The DCP manual is a central document providing guidance for ACS safety practice in child protection. Although electronic links to policy embedded in the manual appear to be updated regularly, comprehensive review is needed of how effectively the structure and contents of this document as a whole are serving their intended purpose.** The manual should be reviewed and updated annually.

Area of Opportunity: Policy Responses to Critical Incidents

Experts in safety science caution against what they view as a tendency by many systems to respond to critical incidents, such as a fatality in child welfare, by placing blame on staff for not following agency policies/procedures, and in some instances terminating the implicated workers, supervisors or administrators. Even when a failure to follow procedure contributes to such an incident, experts argue, ending the search for a cause with a finding of human error fails to acknowledge larger, systemic factors that have contributed to the outcome. These factors, left unaddressed, will likely continue to undermine effective decision-making by even the most competent and well-trained workers.¹⁴ A culture of blame could also result in a general

reluctance to report “near misses” that could otherwise provide learning opportunities and aid in the prevention of future tragedies. High-reliability systems balance organizational and individual accountability and proactively learn from individual errors as well as system failures.

A blame-based approach often leads to attempts to exert further control and regulation over staff behavior in the form of increased emphasis on compliance with policy and procedures. Experts warn that these additional procedures may have the unintended consequence of further reducing workers’ ability to exercise professional judgment and to develop critical expertise, including relationship skills, emotional wisdom, cognitive skills and critical reasoning. As often is observed, reactive and punitive action following high-profile tragedies contributes to fear-based decisions and an increased number of children removed and placed in foster care. In addition, it overloads the system and the staff, leading to poor staff morale and high turnover rates.

It is important for ACS to carefully consider the implementation of new policies, particularly in response to tragedies. The apparent need for new policy and procedures revealed by these events must be weighed against their potential impact on overall workload, system capacity and workers’ ability to complete other case requirements in a timely manner, as well as how they may contribute to or detract from a culture of safety.

A recent example is the service termination conferences, which are the newest addition to the ACS conference continuum, launched in October 2016 as one of a series of policies instituted in response to a high-profile child fatality. It is important to look closely at how these conferences are being implemented and any unintended consequences that may result from adding this new layer of accountability. At the time of this assessment, the limited capacity of ACS staff was preventing many of these conferences from happening in a timely way. As a result, preventive service agencies were unable to close cases as quickly — retaining families in service slots that would otherwise be available to new cases, and resulting in a larger wait list for preventive services than usual. If struggling families are having to wait for critical services, improved child safety may not be the net outcome.

Analysis of Safety Practices and Initiatives

This portion of the report seeks to assess whether the safety-related practices and initiatives undertaken by ACS, both longstanding and more recent, have the system on the right path for improving child safety.

METHODOLOGY

The scope of this assessment is not to evaluate the implementation or outcomes of these initiatives; rather, the question it seeks to address is whether the initiatives described, *if implemented effectively*, represent a positive direction for the New York City child welfare system, and what changes or improvements should be considered to further enhance child safety.

The analysis presented here is based on information provided to Casey Family Programs by designated ACS staff and managers, and gathered from publicly available sources and

documents. Casey also drew on its familiarity with these initiatives through Casey's strategic consultation engagement with ACS, as well as from technical assistance provided by the Chapin Hall Center for Children at the University of Chicago. This section points out areas of strength and suggests areas where additional assessment may be needed to further improve casework practice and safety outcomes.

FINDINGS

Safety and Risk Assessment Model and Tools

Area of Opportunity: Safety and Risk and Tools

Assessments of safety and risk are foundational elements of any child welfare agency's practice. Safety and risk assessment tools direct child protective investigators to consider key factors related to safety or risk, can help to ensure that critical points are not overlooked, and assist in structuring investigations into a consistent and rational process. Used well, these tools can help to improve decision-making, but they are not a substitute for competent professional judgment.¹⁵ Other key systemic factors, including knowledgeable and well-trained staff, manageable workloads, critical thinking skills and access to expert consultation in safety-related areas, directly affect the timeliness and accuracy of decision-making in child welfare.

ACS practice follows the Safety Assessment and Risk Assessment modules of the Family Assessment and Service Plan (FASP) guide published by the New York State Office of Children and Family Services (OCFS).¹⁶ The tools and guide are comparable to safety and risk assessment tools used by other states. However, both New York City and New York State recognize that the safety and risk-assessment model and tools have been in place for more than 25 years, and they need to take advantage of advancement in this area. ACS and OCFS have been exploring and seeking to adopt a cutting-edge safety and risk practice framework to provide a consistent approach and promote a common understanding across the system for agency staff and contracted providers.

Once a model is selected, Casey Family Programs strongly recommends that ACS use the tools and methods of implementation science to offer the greatest likelihood that the new model will achieve the intended improvement in safety outcomes for children. Implementation science can be effective in closing the gap between research and practice outcomes when implementing evidence-based service models.

Preventive Services

New York State and New York City have made significant and sustained investments in preventive services over the past two decades. These investments in prevention, along with other system improvements, have contributed to an increase in the number of children served in their homes and significant reductions in the number of children in foster care.

Strength: Service Array and Evidence-Based Models

ACS has shown a strong commitment to offering a broad array of services that align with the various levels of severity of need of the families they serve. ACS leads the nation's child welfare

agencies in implementation of preventive evidence-based models (EBMs). Beginning in 2011, ACS introduced 11 evidence-based and evidence-informed practice models into its continuum of preventive services. EBMs were selected to improve family functioning and child well-being, reduce repeat maltreatment and prevent placement in foster care for a range of high-, moderate- and low-risk families.

ACS also developed a preventive service model, Family Treatment and Rehabilitation (FT/R), for the highest-risk families that present with caregiver substance abuse or mental illness. For the youngest, most vulnerable children, ages 0 to 3 years, who are at greatest risk for poor outcomes such as repeat maltreatment, reentry into foster care following family reunification, and fatality and serious injury, ACS will be implementing another new prevention initiative providing trauma-informed services, called Group Attachment-Based Intervention (GABI).

In addition, ACS has worked with the National Implementation Research Network (NIRN) to implement its evidence-based models using implementation science, an approach that has been shown to increase the likelihood of successful outcomes. By 2015, almost 5,000 families were served annually through an EBM, representing one in every four families served by the ACS preventive system. Casey Family Programs recently co-authored a report about the extent and implementation of evidence-based practice in New York City with NIRN: *Evidence-Based Child Welfare: From Theory to Practice — the New York City Experience*.

The investment in preventive services has been one of the major factors in the City's ability to keep more children safely at home. Preliminary results indicate that preventive EBMs are having a positive impact.

Area of Opportunity: Capacity of Contracted Service Providers

ACS and preventive providers need to consider critical issues of capacity and implementation to maximize the intended outcomes of preventive services. Both the maltreatment recurrence data on open preventive cases and focus group feedback from this assessment point to challenges in coordination between preventive service providers and Child Protective Services (CPS), especially when families do not engage in services. In some situations, preventive service providers, due to difficulties in engaging families in services, seek to prolong or trigger CPS involvement. This is an issue that may affect the surveillance impact on re-referral rates, as discussed in the "Analysis of System Data" section of this report.

These challenges continue despite the various processes, such as elevated risk conferences and joint home visits, that have been instituted to improve the handoffs between preventive and protective staff. An examination of strategies, tools and supports may be needed to help providers connect with CPS before situations escalate to the point of triggering another maltreatment report and investigation. In addition to re-examining the effectiveness of these processes, ACS needs to consider the capacity of contracted preventive providers — including staff training, workload and turnover rates — to ensure that these providers are well equipped to engage families and implement their programs with fidelity.

Existing levers to address implementation concerns include the provider quality assurance and CQI processes (discussed later in this section) and the Office of Preventive Technical

Assistance (OPTA). OPTA serves numerous important functions within ACS related to the safety of children who are referred to contracted providers for preventive services. The current level of staffing, technology and infrastructure support may not be sufficient to support the increasing demands on this office. OPTA needs to be fully supported in its role and provided with the necessary capacity — in both personnel and technology — to serve its assigned functions effectively. ACS has identified this need and is currently examining this function.

Court-Ordered Supervision

ACS routinely files petitions seeking court-ordered supervision (COS) in family court when there are risks that require continued ACS involvement, mandated services and/or court oversight. In an increasing number of cases, ACS has filed court petitions seeking COS or the court has chosen to exercise this option. Approximately 65 percent of ACS court cases, or about 5,500 new cases per year, involve COS. Currently, only about 35 percent of these families are receiving preventive services from contracted providers, despite the fact that ACS recognizes that many participating families have needs for services beyond the monitoring that the program had originally been designed to provide.

Area of Opportunity: Preventive Services for Families Receiving COS

Recently, ACS received new funding to expand preventive services targeted to COS families, beginning with an initial investment of \$7 million this year and ramping up over the next two years to be fully funded at \$31.2 million per year by 2019. Key objectives for this effort are increased use of contracted preventive services during COS, early engagement of families in services, decreased use of COS overall through early diversion to contracted preventive services, greater collaboration and role definition between ACS Family Service Unit staff and preventive case planners, and more effective communication among individuals involved in each case.

This direction is critically important to strengthening the effectiveness of COS as a strategy for maintaining children safely in their own homes and communities. Given the increasing reliance on COS, this investment in and attention to this program are warranted.

Family Engagement

When families are engaged effectively, workers are able to learn more about the family and better assess the family's level of functioning. In turn, this leads to better decisions about children's safety.

Strength: Family Team Conferences

Family team conferences are a key tool used by ACS to involve and empower families and engage provider agencies around critical decisions affecting the family (including safety planning and placement). These conferences bring together all parties who have a responsibility and interest in keeping a child safe — including ACS and provider agency staff, as well as parents, youth, advocates and any additional stakeholders whom the family defines as important to them (such as extended family, friends, clergy and other community members) —

to create a safety plan that is tailored to the individual needs and strengths of the child and family.

Based on feedback received from consultants, ACS has recently (October 2016) consolidated its conferencing procedures and staffing across the child protection, preventive services and foster care divisions. (In the past, conference facilitators reported to the child welfare program for which they exclusively worked.) This consolidation is an example of the kind of streamlining Casey is recommending as part of this assessment.

Area of Opportunity: Elevated Risk and Service Termination Conferences

It is necessary for ACS to re-examine the effectiveness of its elevated risk conferences and the newly implemented service termination conferences, to determine whether they are achieving their intended goals. These conferences can serve an important purpose, bringing ACS to the table to assist with critical safety decisions and facilitate additional services if needed, but as stated previously the unintended consequences on staff workload of adding new layers of accountability are resulting in a larger wait list for preventive services.

ACS is working on a process by which data analytics models can be used to more effectively identify high-risk families to prioritize which service termination conferences need to be attended by ACS. This is planned to be under way by summer and is a welcome approach to help ACS and preventive providers prioritize which families require this higher level of accountability.

Strength: Family Assessment Response

The Family Assessment Response model, or FAR, is New York State's version of what is often referred to as "differential response." FAR diverts low- to moderate-risk child protective cases meeting certain criteria from the traditional investigation track and creates an alternative assessment pathway for them. New York State has implemented FAR in 22 counties across the state, including New York City. ACS's commitment to FAR is a strength of the agency's front-end continuum, despite the fact that it has not yet been fully implemented in any borough.

FAR has been piloted in Queens since 2012 and was rolled out in Brooklyn in 2016. At present, only a small percentage of FAR-eligible families are receiving this pathway because its availability is very limited. Even in units where FAR is currently available, not every eligible family receives this service due to resource limitations.

Future plans for FAR include expansion to Emergency Children's Services and the other boroughs in 2017. Once staffing levels have stabilized, FAR can be implemented even more widely, both by fully staffing the pathway in units where it is currently available and by expanding implementation across all units and boroughs. The agency continues to develop a robust implementation plan and strategy for full implementation of FAR when resources become available. In the meantime, ACS has made considerable investments in ensuring the quality of this service, including consideration of what a comprehensive approach to CQI would look like for FAR.

Multidisciplinary Collaboration and Coordination

ACS is unique among public child welfare agencies in the scope of its investment in integrating multidisciplinary expertise from a number of related fields to support investigations by CPS staff. There are strong protocols in place for collaboration between ACS and other city agencies, as well as an impressive commitment to multidisciplinary support for investigations. This expertise strengthens the ability of CPS staff to access much-needed information, conduct more thorough assessments and link families to needed services.

Strength: Joint Response

Instant Response Teams (IRTs) are a protocol whereby ACS and law enforcement jointly respond to cases involving child sexual abuse or severe physical abuse, as well as all reports of child abuse and neglect fatalities. Approximately 4,800 IRTs are called each year. The IRT program has undergone improvements since its inception in 1998, including the establishment of ACS and New York Police Department (NYPD) dedicated hotlines to improve communication and coordination of joint investigations. Recently, the IRT coordinator positions were consolidated under the Office of the Senior Advisor for Investigations, which reports directly to the commissioner. This is a positive step. The goal of this reorganization will be to standardize the circumstances under which IRTs are screened-in across field offices and to bring IRTs into closer alignment with the work of investigative consultants (see below).

Children's Advocacy Centers (CACs) are child-friendly facilities designed to bring together co-located child protection, law enforcement, prosecution, victim advocacy, family court legal services, and medical and mental health professionals to collaboratively and efficiently investigate child abuse allegations in IRT cases, conduct joint case reviews and provide needed services to the child victim and family. The CAC model is a longstanding best practice in the country and has been operational in all New York City boroughs for a number of years. The Zymere Perkins fatality highlighted concerns related to the operation and capacity of the CACs. Several enhancements are under way to address these gaps:

- As of October 2016, each CAC has a dedicated Child Protective Manager and a Family Court Legal Services attorney onsite. These staff provide direct support to the CPS investigator involved on each case and ensure that teams are properly considering family safety issues in addition to assessing the case for potential criminal charges.
- A work group has been formed with CAC and NYPD staff to identify best practices across the CACs in all five boroughs. The work group is also considering what practices can be standardized across the City (for example, intake or IRT notification procedures).
- Additional actions have been taken or are being planned, including funding for hiring of additional staff and efforts to expand child abuse and neglect expertise among physicians and other medical staff across the City.

The efforts under way focus on providing needed additional resources and supports to these CACs, which serve the most severe cases of maltreatment. Following the full implementation of these improvements, it will be important for ACS to conduct periodic reviews of the operations of the CACs to proactively address issues and foster continued improvement efforts.

Strength: Multidisciplinary Expertise

Investigative consultants (ICs) are retired law enforcement detectives, each with more than 20 years of experience and relevant child abuse training, who support investigations at the request of CPS workers. Most of the 135 ICs are co-located in field offices with DCP; they use investigative databases to assist CPS investigators with criminal or domestic violence background checks or to properly identify or locate parents, caregivers and children. The teamwork between social workers and ICs is a valuable resource that helps ACS gain timely access to safety-related information from law enforcement and the criminal justice system, an area of difficulty for many jurisdictions.

Clinical consultants, including co-located experts in domestic violence, mental health and substance abuse, have been available to assist CPS investigators since 2002. In the past year, funding has been expanded to allow for additional expertise (medical, early education/child development and adolescent mental health) as well as to offer consultation to the ACS external provider network in addition to staff in the borough offices. As a result of the recent program expansion, the number of clinical consultation staff has grown from 40 to more than 100. Despite this expansion, ACS staff still report case delays related to limited resources for clinical consultation, due to recent increases in the volume of cases across the system. The agency is in the process of developing a triage protocol to determine which cases require an immediate clinical consultation and which can wait for a later date. In addition, it is important to be mindful of blanket policies requiring consultations for broad categories of cases, if the agency lacks resources to implement these requirements in a way that promotes timely, effective investigations.

Public Health Approach to Protecting Children

Experts recognize that a public health approach to child maltreatment is key to protecting children. A public health approach is one that promotes the healthy development and well-being of children. It starts with using data to understand the scope and prevalence of maltreatment; seeks to change public attitudes, beliefs and behaviors; and focuses on promoting primary prevention efforts in communities. Rather than just focusing on treating individuals or targeting interventions after harm is done, a public health model works on a population level to look at, and to shape, effective intervention patterns across the entire community. Such an approach provides a tighter safety net, enabling multiple systems and the community as a whole to build protective capacities, identify struggling families earlier, and intervene before families reach a crisis that would threaten child safety or result in the trauma of children being separated from their homes and communities. This approach has been applied to ameliorate other health and social conditions ranging from smoking to drunk driving and more.

Strength: Primary Prevention

Primary prevention services are key to a public health approach to child safety, providing supports to families long before they would ordinarily come to the attention of the child welfare system. Examples of primary prevention efforts include:

- **Safe Sleep Initiative.** New York City currently operates a multidisciplinary primary prevention initiative to promote safe sleep. So far the City has seen a slight drop in the

number of investigations related to unsafe sleep, which is currently responsible for about 50 deaths per year, but there is more work to do in this area. ACS and other city agencies partnering on this initiative are to be commended for their sustained efforts to eliminate these preventable deaths.

- **Family Enrichment Centers.** Three new Family Enrichment Centers (FECs) will expand the ACS continuum of preventive services by allowing selected service providers to engage families in programming to reduce the risk and occurrence of child trauma, strengthen families, and build community connections, capacity and resilience. Activities and services at each center will be free and open to any family. These centers demonstrate ACS's leadership in the areas of responsiveness to family and community needs and willingness to help build protective factors well before families come to the attention of the child welfare system.

Area of Opportunity: Multisystem and Community Engagement

Child protection is a cross-sector, multiagency, communitywide responsibility. Effectively protecting children — and in particular, eliminating child abuse and neglect fatalities — cannot be achieved by any single agency, acting alone. This is consistent with the 2016 findings from the federal Commission to Eliminate Child Abuse and Neglect Fatalities. Coordination among ACS, other city agencies and the community is critical to keeping children safe. This involves both public and private sectors working together, using data in real time to prioritize services and align and coordinate resources across disciplines such as child welfare, law enforcement, the courts, mental health, public health, education, the medical community, housing and employment supports, and other social services.

Families and children referred to child welfare agencies often have multiple underlying issues, including substance abuse, domestic violence and mental health conditions in addition to socioeconomic challenges. ACS has made significant efforts to work with other city agencies, including the Human Resources Administration, Department of Homeless Services, Department of Education, and the Department of Health and Mental Hygiene. These efforts will require sustained attention to strengthen coordination and partnership.

Early care and education provide important opportunities for prevention and early intervention efforts and to improve the safety of the City's youngest children. According to federal statistics, more than 42 percent of U.S. children who die from abuse are under the age of 1, and almost 82 percent are under the age of 4.¹⁷ A study in California found that, after adjusting for other risk factors at birth, a previous report to CPS (regardless of disposition) emerged as the strongest predictor of injury death during a child's first five years of life. A previous report to CPS was significantly associated with a child's risk of both unintentional and intentional injury death.¹⁸

Given the heightened risk factors for younger children, it is imperative for New York City to continue to strengthen the partnership among city agencies such as the Department of Health and Mental Hygiene, the health and public health systems overall, and ACS (including its own Division of Early Care and Education). Building on the safe sleep public health campaign and drawing on examples from other states, ways to continue to strengthen these efforts could include the following:

- Build on the ACS and Department of Health and Mental Hygiene efforts to further partner to improve child safety by establishing mechanisms for an automatic referral process of infants on CPS caseloads to home visiting programs, as is currently being implemented in Allegheny County, Pennsylvania.
- Explore linking CPS with public health nurses in responding to infants referred to CPS, a strategy also recommended by the Los Angeles Blue Ribbon Commission.¹⁹
- Consider implementing a comprehensive strategy for training, engaging and partnering with the medical community, including related guidelines to follow when a child presents at any clinical setting with a traumatic injury that may have been caused by abuse or neglect, as has been done in Connecticut and Ohio.²⁰
- Prioritize enrollment of young children who are involved with preventive or protective services in early care and education programs, an effort that is already under way but that has not yet been achieved on a system-wide basis. ACS has recently engaged a consultant to assist with streamlining the process and making it faster and easier for parents with preventive and protective cases (as well as foster parents) to access child care. ACS's goal is for the referrals to happen almost immediately. ACS also has an opportunity to use its data analytics capacity to identify eligible children and to automatically refer them to early care and education programs.

Area of Opportunity: New York City Children's Cabinet

The safety of children is a critical outcome for which the entire city government is collectively responsible. It is important for the City to continue to build on the substantial groundwork already being laid by ACS and across city government through the work of the New York City Children's Cabinet. Beyond multiagency initiatives to promote better communication and coordination between city agencies and ACS, it is important to leverage the Children's Cabinet to focus on child safety as a public health issue — particularly focusing on the City's youngest, most vulnerable children to prevent maltreatment before any harm occurs — and preventing child fatalities, where there is considerable urgency.

Los Angeles County recently appointed a countywide authority to coordinate, plan and implement one unified child protection system that cuts across multiple agencies. New York City has a similar opportunity to break down silos and develop mechanisms to improve child safety and well-being citywide. It is important that each agency represented on the Children's Cabinet examine how its own policies and practices contribute to improving child safety and develop plans to strengthen its own efforts to this end. These plans would go beyond how each agency can partner with ACS in protecting children, although that is necessary, to focus on its own critical role and direct accountability for strengthening child safety. In addition, it is necessary for government agencies to engage in joint planning for services and consider resource allocation informed by analysis of the data to target preventive efforts effectively in high-need communities. Partnership with and input from community stakeholders is key.

Workforce Investments

One area of opportunity is a continued focus on a well-trained and supported workforce, including contracted provider agency staff.

Strength: Staff Training

ACS employs approximately 1,800 front-line caseworkers who, with consultation and support from supervisors, investigate reports of child abuse and neglect, assess child safety and risk for future harm, and make or recommend critical decisions regarding agency intervention on behalf of vulnerable children. CPS staff in New York City receive extensive training, beginning with six weeks at the Satterwhite Training Academy, followed by assignment to a training unit with a reduced workload of cases and close supervision for three months. Ongoing training is also available through the ACS Workforce Institute, a collaboration with the City University of New York (CUNY) School of Professional Studies. As of March 2017, ACS reported that more than 6,600 ACS and provider agency staff had participated in Workforce Institute trainings. The ACS curriculum recognizes that staff training alone is not a very effective method of knowledge transfer. Supervisory coaching skills are reinforced through foundational courses, skill refreshers and coaching collaboratives, as well as a one-day course for senior administrators. The extensive training available to ACS and provider agency staff is a strength of the New York City child welfare system that supports critical staff capacity.

Area of Opportunity: Caseloads and Workload

Caseloads and workload are important factors affecting front-line staff performance and the timeliness and accuracy of safety and risk determinations. They have been found to be linked to casework performance, turnover rates and outcomes for children and families^{21,22} ACS hires cohorts of CPS staff regularly, monthly or bimonthly, with the intention of maintaining reasonable caseloads. Whenever possible, the agency seeks to hire ahead of attrition rates, because its training process requires 5 to 6 months before a child protective specialist can be assigned a full caseload.

In recent years, the ACS system has reported some of the most favorable caseload levels among major child welfare jurisdictions,²³ reflecting New York City's significant investment in the agency's child welfare workforce. However, this assessment was conducted during a period of significant stress to the child welfare system in New York City, following a high-profile tragedy. A higher volume of cases resulted from an increase in reports requiring investigation. For example, in December 2016, the agency opened approximately 20 percent more investigations than in the previous December. The agency also has experienced a higher-than-typical attrition rate among newer CPS staff and those with more than 5 years of experience. These factors have placed considerable strain on the remaining workforce.

Many jurisdictions around the country struggle to identify and maintain casework levels that feel manageable to their CPS staff. This can become a particularly critical issue in the aftermath of a high-profile tragedy such as the one ACS experienced last fall, when morale is low, attrition increases and front-line child welfare positions appear less appealing to job candidates. During these challenging times, there can be pressure to find fault with individual staff, add layers of

accountability that further restrict staff judgment, and add new initiatives. When combined, these factors can overwhelm the staff and add pressure on the system.

In general, the child welfare field is finding that *workload* — meaning, the sum of all job-related duties, including direct contact with children and families, case documentation, court appearances, time required for supervisory and clinical consultations, and related factors — provides a more useful metric than caseload for assessing the human impact of staffing levels. This is not easy to measure, but some jurisdictions are approaching it in innovative and promising ways. Acknowledging that there are circumstances that require caseworkers to devote more time to some children and families than to others, a workload approach assigns points for certain case conditions. For example, Nebraska has been developing and testing a tool to assign cases based on various weighted characteristics such as travel, family size and risk level.

Focus groups conducted as part of this assessment revealed significant workload strain, resulting in part from increased caseloads and policy reactions to recent pressures. Resolution of growing caseloads and support to front-line staff are critical priorities. An assessment to determine the workload implications of the various initiatives that ACS continues to implement would be helpful.

Data Analytics Initiatives

ACS has invested in and laid significant groundwork for ongoing initiatives in an area it terms “data analytics,” referred to in other jurisdictions and nationally as “predictive analytics” or “predictive risk modeling.” These approaches use statistical models to assess the risk of undesirable outcomes. Similar approaches are used to improve safety in fields such as aviation and health care.

Strength: Analytic Models and Tools to Support Safety

Analytic modeling is an evolving area in the child welfare field and offers the potential to contribute to the development of tools that may help ACS and provider agencies better serve high-risk cases by improving safety and risk assessment, case decision-making and safety outcomes. ACS is developing four primary analytic models in partnership with academic collaborators, internal and external partners, and in-house ACS experts. These models address cases involving elevated risk for children who experience repeat reports of maltreatment, poor outcomes during or following preventive services, re-entry into foster care and intergenerational involvement.

In 2017, the agency plans to begin implementing its data analytics models in practice, together with a SafeMeasures® Dashboard. SafeMeasures® is a state-of-the-art reporting service that helps human services agencies improve client outcomes by transforming case management data into actionable information. ACS also intends to build the data analysis capacity of the agency through a new Data Leadership program.

Part of what the assessment team found encouraging about ACS's efforts in this domain is that the agency's thoughtful work in developing meaningful practice applications for these concepts

and approaches is well-grounded and appears to hold potential for helping to ensure that children and families receive the right level of intensity of service. ACS also has shown particular sensitivity to the ethical considerations involved with the use of administrative data for predictive purposes. ACS has established an infrastructure that engages both internal and external stakeholders to provide ongoing, thoughtful monitoring. This focus on ethical considerations is one reason ACS is at the forefront of the child welfare field in the area of data analytics.

Quality Assurance and Continuous Quality Improvement Initiatives

ACS utilizes an extensive and innovative set of quality assurance (QA) and continuous quality improvement (CQI) processes to review casework practice and decision-making within its own work units and at partner provider agencies. However, there is a need to strengthen and streamline a number of these elements.

Strength: Sustained Attention to QA/CQI

Monitoring of provider agencies includes a monthly safety check using case-contact data, a twice-per-year case review audit (PAMS), a quarterly assessment of each provider agency's performance on expected outcomes, individualized quarterly monitoring sessions with every provider to jointly assess a variety of analytics and other data, and an annual scorecard analysis and rating based on the agency's overall performance. Through the agency's Collaborative Quality Improvement (CoQI) process, each provider agency develops and implements an improvement plan each year, focusing on key areas of weakness identified through the data and case reviews.

The CQI model that New York City has in place for its private preventive services and foster care providers is robust. It combines practice, process and outcome measures to evaluate overall agency- and program-level effectiveness, comparing like programs citywide. The process is well documented, with clear descriptions of what is being measured and why. ACS collaborates with its stakeholders to improve the process and publishes the results in a transparent manner annually. This annual document is supplemented by more frequent data provision to providers to allow for course corrections and improvements as needed.

The scorecard process is innovative in several key ways. First, ACS reports having completed correlational analysis to identify the review items that are most relevant to child and family outcomes. PAMS reviews are completed using a comprehensive tool on a robust sample of cases for every program. Having completed this analysis, ACS emphasizes outcomes by using only those qualitative items in the scorecard process, separating the important from the critical in a thoughtful way. Second, ACS then assigns a weight to all items (slanted toward outcome items) that allows for a composite score that looks at all domains collectively.

ACS supplements their scorecard with other innovative practices. CoQI builds the data-analysis capacity of external providers by working on one key challenge at a time, using an accountable and structured process. This supplements standard/traditional contractual performance accountability. ACS also has demonstrated a commitment to shoring up the ability of their

contracted provider agencies to conduct their own CQI processes, including identifying areas where ACS can provide technical assistance to the agencies in conducting CQI work.

Internal ACS review processes include the following:

- **ChildStat**, which was instituted a decade ago in response to a child death. It was modeled after NYPD's CompStat and continues to evolve over time. Historically, the sessions took a wider view of zone outcomes and then randomly pulled up to two cases, exploring the cases for system barriers and issues for real-time resolution. The model is currently being revamped by ACS with support from NYPD.
- **Several internal DCP reviews**, including Child Protection Continuous Quality Improvement (CPCQI), Zone-Based Reviews (ZBRs) and reviews by Child Protective Managers.
- **Additional monitoring processes currently in development**, which seek to ensure that investigation units benefit from the same rigor employed for monitoring provider agencies. Intensive Safety Review will ensure that the highest-risk open investigations on the DCP caseload are receiving all appropriate safety assessments, critical collaterals, consultations and necessary safety interventions. This process will supplement, and not replace, routine supervisory and managerial oversight and review.

Area of Opportunity: Streamline QA/CQI Processes for the Division of Child Protection

The process of retaining and adding QA/CQI procedures has left ACS with a complicated system of overlapping reviews that are overwhelming staff capacity. For example:

- Oversight of cases by managers is good practice, but the cumulative effect of broadening the criteria for such reviews to include reviewing cases at random that may be low risk has resulted in managers reviewing 52 percent of cases. The increased volume of review by managers can only come from the finite resources of precious managerial time. It is necessary to focus CQI resources (including case reviews) on the highest-risk cases.
- Supervisors who participated in focus groups noted that the number and timing of required formal supervisory case reviews may inhibit work quality by adding to workload. Streamlining these reviews may enhance their impact.
- Continuing to add levels of review of CPS cases contributes to a culture of compliance, rather than a culture focused on critical analysis and quality improvement. Themes of compliance and accountability seem to predominate in the materials provided to the assessment team for review. Some experts have cautioned against allowing process measures — monitoring of which is the essence of a focus on compliance — to become primary metrics, when the actual work of an agency is best measured through actual human outcomes.²⁴ Retaining a clear focus on improving outcomes through the prevention of safety-related problems and practice errors is essential.
- ACS needs to ensure two-way communications with operations, including the front line. Currently, interaction between the ACS CQI unit and operational leadership is strong. However, direct interaction between CQI and front-line staff appears to be limited to

critical case alerts. At the case level, CQI staff may be seen as critics who provide only negative and retrospective feedback. As a result, front-line staff may be less likely to report issues that affect child safety, to avoid potential criticism.

It would be beneficial for ACS to integrate data analytics and real-time feedback into its quality improvement process. Using analytics can help flag cases for increased scrutiny when certain combinations of risk and safety factors are present. The information is then used to coach CPS supervisors and workers in real time to focus on child safety. This approach is in development in multiple states around the country.

Area of Opportunity: Adopt Safety Science Principles for Child Protection

Experts in safety science advocate attention to how systems respond to high-profile crises and external pressures, as well as the degree to which they look beyond individual accountability to consider systemic factors that contribute to safety decision-making. Employing principles of safety science supports creation of a safety culture, in which individual and system accountability are balanced and a high value is placed on open communication and continuous improvement.²⁵ Such a culture provides a nonpunitive environment for employees to report errors and “near misses,” which in turn increases the likelihood that errors will be detected and addressed before resulting in a catastrophic outcome.²⁶

Lessons learned from other safety-critical industries such as aviation, nuclear energy and health care could inform efforts to prevent child maltreatment-related deaths. For example, many in these fields have recognized the importance of developing systems to allow staff to report practice errors or other safety concerns without being penalized, as part of an effort to balance organizational and individual accountability.²⁷ (See, for example, the Institute for Healthcare Improvement's *Framework for Safe, Reliable, and Effective Care*, which includes “psychological safety” for employees as one of its key components.²⁸) Tennessee is one example of a jurisdiction that is incorporating elements of safety science used in other industries to create a safety culture within child welfare. The state passed legislation to allow staff to report many types of practice errors without penalty. Using this approach, ACS has an opportunity to strengthen its efforts to proactively gather information about potential safety issues and to help prevent critical incidents.

Overall, it is critical for ACS to reduce the number of internal reviews and ensure they correlate to better outcomes; allow for more frequent debriefs; streamline managerial reviews; increase analysis of the relationship between workload, outcomes and qualitative data; and focus on the most critical child and family outcomes. The number and type of quality improvement reviews currently may foster a culture of compliance, rather than critical analysis. Development of a true safety culture, with consistent, nonpunitive, two-way communication between front-line staff and leadership about safety issues using real-time data and coaching of the front line, has been shown to support better outcomes in safety-critical fields such as child welfare.

Conclusion and Recommendations

It is imperative that child welfare agencies be accountable to the public and the community — not only because they spend local, state and federal dollars, but also, most critically, because they are charged with protecting vulnerable children from abuse and neglect.²⁹ Our assessment found that New York City has a strong and well-supported child welfare system with a vast number of safety-related practices and initiatives in place. In comparison to other systems around the country, ACS has significant strengths; still there are areas that need to be strengthened and streamlined. The request for this assessment was generated by ACS's acknowledgement of the need for an examination of its child safety performance, and to build on what is working and make changes to what is not. Our assessment offers this feedback, and the recommendations that follow identify priority areas for improving the ability of ACS and the City as a whole to protect and safeguard children.

The City experienced a number of child deaths in the months preceding and subsequent to this review, resulting in public scrutiny of system functioning as it relates to child safety. ACS plays a critical public safety response for children who come to its attention; however, protecting children — and in particular, eliminating child abuse and neglect fatalities — **cannot be achieved by any single agency, acting alone.** Ultimately, child protection is a cross-sector, multiagency, communitywide responsibility. While media stories frequently focus on child protection agencies following a child abuse or neglect fatality, families and children who come to the attention of child protection are touched by many systems. These families are impacted by substance abuse, mental illnesses, domestic violence and previous criminal histories, and these issues contribute to maltreatment. Many such families face inconsistent employment, a lack of financial resources, housing instability, and social isolation. A disproportionate number of the parents are young, and some of them may have had prior experience with foster care or juvenile justice systems.³⁰ The literature on toxic stress informs us that when stressors compound, caregiving capacity can be diminished and the risk of a fatality increases.³¹ Child maltreatment is a public health problem that requires a public health response similar to any other epidemic.

With causes so complex and diverse, it is clear that the child protection agency, working alone, cannot be expected to possess the expertise and resources required to effectively keep children safe from harm. Responsibility for protecting children must be shared among many sectors of the community, including medical professionals, early education providers, law enforcement, family and criminal courts, and other social service agencies, as well as community- and faith-based organizations — all working together toward a common goal. Strong CPS agencies are central to this strategy, but their interventions are limited, and preventing fatalities must become something that all sectors of the community work toward every day.³²

Paramount Recommendation: Marshal a Cross-Agency All-Out Effort to Improve Child Safety

With this in mind, we believe that the most important action is for the mayor to develop an all-out cross-agency effort to improve child safety. It is essential for the City to continue to build on the substantial groundwork already being laid by ACS and through current multiagency initiatives, such as the New York City Children's Cabinet, to promote better communication, coordination and partnership across city agencies. The City must continue to galvanize its efforts to address child safety as a public health issue — particularly focusing on the City's youngest, most

vulnerable children to prevent maltreatment before any harm occurs, and preventing child fatalities, where there is considerable urgency.

New York City should leverage this opportunity to break down silos and develop mechanisms to improve child safety citywide. It is important that each city agency that touches the lives of children examine how its own policies and practices contribute to improving child safety and develop plans to strengthen its own efforts to this end. These plans would go beyond how each agency can partner with ACS in protecting children, although that is necessary, to focus on its own critical role and direct accountability for strengthening child safety. Toward this end, we single out this **overarching critical recommendation for urgent implementation**:

Recommendation 1. Develop a mayoral multisystem citywide response to child safety in partnership with the community. Leverage existing interagency structures through mayoral direction to develop a full-scale cross-agency strategy to improve child safety specifically focusing on the youngest children who are at highest risk for child fatalities. Examples of prevention efforts include linking child protective staff with public health nurses in responding to infants referred to CPS, automatically referring infants and young children to home visiting or early care and education programs and building the capacity of the medical/health provider community to recognize potential child safety and risk concerns and to link families to services.

Further Recommendations: Improving ACS Safety Performance

Although there are areas that need to be strengthened and streamlined, in comparison to other systems around the country, this agency has significant strengths. In the past 20 years since the agency's creation, ACS has implemented many approaches and strategies aimed at improving the system. These improvements include workforce investments, training and supports, partnerships with law enforcement and other city agencies, family engagement strategies, embedding multidisciplinary clinical and law enforcement expertise within CPS, competent use of data and quality improvement processes, as well as a continuum of preventive evidence-based practices that serve as a national model.

ACS needs the support of policymakers and the public to continue on the path of innovation while examining whether it has the right mix of safety practices and initiatives in place and is implementing them in the most effective and coordinated way to achieve desired outcomes. Retaining and building on efforts from administration to administration has contributed to significant improvements and has resulted in a sophisticated and complex child welfare system. However, we caution against continuing to add layers of accountability and new policies in reaction to tragedies. These measures may have the unintended consequence of overburdening the system and undermining its ability to keep children safe.

Below we highlight specific recommendations primarily aimed at strengthening and streamlining safety practice within ACS. We recognize that some of these recommendations involve efforts that are already under way.

The most **immediate critical recommendations** for ACS include:

Recommendation 2. Strengthen consideration of prior maltreatment reports and family members' historical behavior patterns in current safety decision-making.

Critical background information must be considered for all household members. Examine the supervisory review process and content to identify impediments to addressing background checks and emphasizing prior history and its relationship to the current case. Identify systemic barriers, and evaluate the effectiveness of existing coaching and training on the importance of assessing the current allegations within the historical family context.

Recommendation 3. Strengthen front-line practice in the area of use of appropriate safety interventions. Evaluate the effectiveness of existing safety planning model and tools, as well as coaching and training on safety planning. Emphasize elements such as safety monitoring by a non-household member, non-case participant, as well as extended family.

Recommendation 4. Strengthen and streamline the agency's approach to quality improvement. Better connect the components to each other and refocus efforts on the most critical safety outcomes. Refine ChildStat in a way that draws connections between outcomes, case practice and identification of system barriers, while focusing on leadership accountability. Streamline supervisory/managerial review timing, scope and frequency, and engage staff in the change process. Focus quality improvement efforts on real-time feedback and coaching, rather than compliance with policy and procedure.

Recommendation 5. Complete the process currently under way to update and streamline agency policy to ensure greater clarity and consistency. Allocate the necessary resources and staff time to accomplish this task. Consider the cumulative impact of the magnitude of existing and recently instituted policy on the ability of staff to maintain manageable workloads, exercise professional judgment, engage meaningfully with families, and use critical thinking skills. Maintain an updated, comprehensive and centralized policy documentation system, and communicate policy changes in a single, consistent way. Undertake a comprehensive review of the DCP practice manual and update annually.

Although the following recommendations may require a longer-term effort to accomplish, planning for implementation should begin in the very near term (3 to 6 months):

Recommendation 6. Adopt a state-of-the-art safety and risk assessment model and tools, in collaboration with New York State OCFS. We support efforts by ACS and OCFS to explore alternative models and tools for safety and risk assessment and encourage both agencies to continue working closely together to this end. Once a model is selected, Casey strongly recommends that ACS use the tools and methods of implementation science to ensure the greatest likelihood that the new model achieves the intended improvement in safety outcomes for children. We acknowledge that ACS is pursuing data and technology innovations and data analytics initiatives that would support a new safety and risk model.

Recommendation 7. Launch an effort to adopt safety science principles in child protection. Promote a culture similar to that of other public safety fields that rely on safety science principles. Consider implementing a process to allow safe reporting similar to aviation or health care (i.e., without fear of negative consequences) by ACS staff of safety-

related problems and practice errors, in order to improve the organization's ability to learn from "close calls" and "near misses" that would otherwise go unreported.

Recommendation 8. Closely examine the interaction between CPS and preventive providers, and strengthen the support for and capacity of contracted preventive service providers to effectively engage families and implement preventive services — including staff hiring qualifications, compensation, training, workload, supervision and turnover rates — as well as OPTA to serve its critical support function. Key issues to examine include the initial referral process from child protection to preventive provider agency, re-reports during in-home services, and processes such as elevated risk conferences and termination conferences.

Recommendation 9. Assess workload, not caseload, as the most relevant measure of staffing levels. Evaluate and address administrative tasks and recent workload increases, which may burden line staff and supervisors and detract from their capacity to carry out primary case-related duties, including the completion of thorough and accurate assessments of safety and risk. Consider innovative ways to measure workload, as well as conducting an external anonymous survey to further validate and expand on focus group results.

The following recommendations relate to current efforts to strengthen the ACS preventive continuum and require sustained attention to achieve full implementation:

Recommendation 10. Continue efforts to redesign court-ordered supervision services, and address the limitations around tracking trend data for families served, especially in order to determine maltreatment recurrence during and after services, as well as subsequent foster care placement.

Recommendation 11. Continue implementation of Family Assessment Response (FAR) to fully roll out this approach citywide and develop the capacity to serve all families that meet the established criteria for FAR.

Recommendation 12. Continue the current investment in and potentially expand evidence-based preventive services. Evidence-based models have shown strong results, both in supporting the reduction of foster care and reducing re-referrals. Continue using data to explore the most effective types of in-home services for individual family needs, and continue to refine the process for matching needs with services. Consider even greater shifts to EBMs for in-home services, which may decrease maltreatment recurrence during and after the service period.

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