

**A Renewed Plan of Action
for the Administration for
Children's Services**

July 2001



Rudolph W. Giuliani
Mayor

Nicholas Scoppetta
Commissioner

A RENEWED PLAN OF ACTION FOR THE ADMINISTRATION FOR CHILDREN’S SERVICES
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INTRODUCTION

PURPOSE

In 1996, Mayor Rudolph W. Giuliani created the Administration for Children's Services (ACS), the first free-standing agency in New York City's history to serve children, and appointed Nicholas Scoppetta its first Commissioner. ACS was conceived out of a crisis of confidence in the City's ability to adequately protect children. Since its creation, ACS has made great strides towards reform. Significant policy initiatives have been undertaken and the Mayor has made considerable funding available to reform what was a substantially underresourced agency. For the past five years, ACS has built a management infrastructure and developed collaborative processes with which to aggressively pursue reform.

ACS's first priority was to strengthen child safety investigations. This has been followed by strategies to achieve faster permanency for children, build a neighborhood based service delivery system, ensure affordable, quality child care, provide ACS staff training and professional development, and ensure accountability and continuous quality improvement at ACS and the agencies with which we contract.

Now, five years later, we are at a critical point for children's services in New York City. ACS has completed or made substantial progress implementing the initiatives set forth in its original reform plan. For the first time in twelve years, the City's child welfare system is operating free of judicial oversight. Instead, it has been aided in implementing reform by extensive guidance from a panel of national experts. ACS has also finished a collaborative review process with the New York State Office of

Children and Family Services (OCFS) focusing on four areas – Child Protective Services (CPS), CPS training, preventive services, and foster care services. The Adoption and Safe Families Act (ASFA) of 1997, the most extensive changes in federal child welfare policy since 1980, inspires a new permanency-focused operational framework. Welfare reform policies have demanded a broader array of quality, affordable child care, and more aggressive financial support to children from non-custodial parents. These have been monumental undertakings within the child-serving system and have created a foundation of reform for children’s services to build upon. We must now commit to sustaining the reforms that have been undertaken, assessing our progress, and implementing new initiatives which will further improve the well-being of children and families.

ACS believes that we can best focus our priorities by combining these many initiatives into one visionary plan. To build on our commitment to reform from within ACS and within the larger child-serving community, we believe it is essential to strengthen our partnerships and to develop a shared leadership responsibility for achieving the highest quality services.

Parents, youth, foster parents, caseworkers, supervisors and managers, lawyers and judges, elected officials, advocates, and administrators all have a role in this process; participation in ongoing reform is both a right and a responsibility. We must all work together to ensure progress continues. This plan, which includes the best thinking from every aspect of children’s services which ACS has been able to reach, is intended as a guide for that course.

MISSION AND VALUES

ACS's mission, articulated in the 1996 Reform Plan, is to ensure the safety, permanency, and well-being of all the children of New York. ACS serves this mission through:

- an extensive array of community based preventive and child care services;
- investigation of reports of abuse and neglect;
- foster and congregate care services for children who cannot be served safely at home;
- services to families while their children are in foster care so that children can return home;
- adoption and independent living services to children who cannot return home; and,
- financial support to children from non-custodial parents.

To guide efforts to deliver the best possible services for children and families, ACS developed clearly articulated statements of the agency's goals and standards. The first of these, which provide the cornerstone for those which have followed, are ACS's Permanency and Placement Principles. ACS developed these principles together with members of New York City's child welfare system. These included children in care, parents, foster parents, ACS staff, contract agency staff, court staff, and child and parent advocates. These principles embody our predominant philosophy as we serve children and families. They help direct policy, formulate practice guidelines, and provide a framework for professional development.

Permanency Principles

- All children deserve safe, nurturing, permanent families who can provide an unconditional, lasting commitment to them.
- All children and families deserve services that meet their specific needs and respect their unique strengths.
- Every person involved with a child's care must act with urgency to assure a permanent family for each child as quickly as possible.
- Every person involved with a child's care – the child, parents, extended family, foster family, agency staff, and law guardian – must work as partners to ensure positive outcomes for children and families.

Placement Principles

- All children deserve safe, stable foster care placements.
- All families deserve to be involved in their children's placement in foster care, when it is appropriate to do so.
- All children deserve to know why they are entering foster care.
- All children deserve to be placed with their siblings.
- Children deserve to be placed with a foster family within their community.
- Children deserve to be placed with their kin.
- All families deserve to have their children's individual needs, as well as the family's group needs, met.

Following these, ACS has developed guiding principles for working with parents, visiting practices, adolescent services, handling cases of domestic violence, substance abuse, child care, and continuous quality improvement.¹ Each of these are used to guide system practice and performance in these areas. ACS has

committed to pursuing reforms that will provide services that more closely reflect the vision these principles express.

ORGANIZATIONAL HISTORY AND PROGRESS

On January 10, 1996, ACS was created by a Mayoral executive order as a free-standing children's services agency reporting directly to the Mayor. ACS is the first agency in New York City's history solely devoted to serving children.² In December 1996, the agency published its first Reform Plan, *Protecting the Children of New York*, which articulated the agency's plan of action.

"[The first ACS Reform Plan offers a] thoughtful, coherent, broad and appropriately ambitious vision... consistent with the most informed current thinking about urban child welfare reform across the country."

- First of five reports issued by the Special Child Welfare Advisory Panel
February 12, 1999

The plan was informed by interviews with hundreds of individuals in and out of ACS, visits to other jurisdictions, and a review of dozens of prior reports and local policy discussions which, among many other initiatives, repeatedly recommended the realignment of services to the neighborhood level, and the streamlining of case management to enhance accountability. The plan was also shaped by a vision of family engagement articulated by the Annie E. Casey Foundation's Family-to-Family approach, demonstrated in other jurisdictions such as Cleveland and Los Angeles. It was also influenced by an employee opinion survey which demonstrated the commitment of a cadre of staff who had long operated under difficult conditions with inadequate resources to support them in their work. The 1996 plan addressed many of these issues and ACS has achieved substantial progress in implementing these initiatives. *Child Protection*. To improve the safety of children, ACS has:

¹ The full text of all these is contained at the end of this plan.

² As of this printing, the City Council has not acted on a bill proposed by the Guiliani Administration that would give ACS permanent status as a charter agency.

- realigned Child Protective Services (CPS) staff along community district lines;
- developed and implemented CPS quality case practice standards;
- hired over 1,500 new caseworkers and expanded their training program from four weeks to ten months;
- doubled the number of field managers, cutting their span of supervision in half;
- reduced the average child protective specialist's caseload from 27 cases in June 1996 to 12 cases in March 2001;
- improved the on-time completion of 60-day protective investigation reports from 50% in 1998 to 95% in 2001;
- created Instant Response Teams with the New York Police Department and the five District Attorneys that provide an instant, coordinated response to all cases of severe child abuse and child fatalities; and,
- implemented child safety conferences to ensure that all parties involved with a child who has entered foster care meet with ACS casework staff within 72 hours to begin development of a plan for the child and family.

“For the first time in two decades, it is safe to say that the child welfare agency is making major progress...Sound administration and compassionate leadership have replaced the chaos that existed before ACS was separated from the city's vast Human Resources Administration in 1996 and placed in Scopetta's able hands.”

- *Daily News* editorial “Saving the Children”
December 8, 1999

Permanency. Great progress in permanency work has been made, but much remains to be done. To date, ACS has:

- reduced the foster care population from 43,000 in 1997 to 30,600 in 2001, the lowest level since 1989;
- completed over 20,000 adoptions in the last five years, an increase of 63% over the previous five-year period;
- improved Service Plan Reviews (SPRs) for children through increased case management teamwork and enhanced parent participation in permanency decision-making;

“Recent reforms by the Administration for Children’s Services have helped to reduce the median length of a child’s stay in foster care... Adoptions have increased in the past three years. Equally significant is the drop in the new admissions to foster care in the past year, suggesting that caseworkers are making better assessments about the need to remove a child from a troubled family.”

- *New York Times*
December 7, 1999

- developed practice protocols for Service Plan Reviews and two new discharge conferences – reunification discharge conferences and independent living discharge conferences;
- established the first joint training combining case management and contract agency case planning staff at ACS’s James Satterwhite Academy;
- engaged nationally known experts on permanency planning in a three-year cycle of training on family-to-family practice and permanency for adolescents;
- instituted the Safe and Timely Adoption and Reunification (STAR) program which allows agencies to reinvest the savings they achieve – through faster reunifications and adoptions – in other agency programs;
- implemented a training program, Model Approach to Partnerships in Parenting (MAPP), to train foster parents to mentor parents whose children are in care;
- implemented a system of family team conferences which occur throughout a child’s stay in foster care;
- created the Independent Living (IL) Works Program to help youth in foster care gain job skills;
- created the College Counselor Program to guide teens in foster care through the college admissions process and provide support to them while they are in school;
- together with New Yorkers for Children, a not-for-profit corporation, created the College Assistance Program to provide computers and financial assistance in college to adolescents in foster care; and,
- partnered with the Family Court in the Court’s development of specialized court parts.

Staff Qualifications, Training, and Compensation. To develop more professional, better trained, and more effective staff, ACS has:

- increased educational and other requirements for caseworkers and supervisors;
- increased salaries for caseworkers and supervisors, and instituted merit-based raises to reward superior professional achievement;
- begun implementation of a congregate care restructuring plan requiring higher educational and professional requirements for group home staff and launched an \$8 million capital construction project to renovate city-owned group homes;
- created an annual \$3 million Masters of Social Work scholarship program for 200 ACS employees each year with full tuition paid by ACS; and,
- introduced the first ever agency-wide supervisory training program.

Continuous Quality Improvement and Enhanced Accountability.

The cornerstone of ACS's early success was improvements in the timeliness and completeness of required tasks. ACS has built on this to improve knowledge of the quality of work and of outcomes, and enhanced systems to address areas in need of further improvement. ACS has:

- dramatically improved compliance in the timeliness and completeness of required activities, including timely completion of uniform case records (UCRs), timely filings required to maintain legal authority over children in care, and compliance with procedures to annually recertify foster homes;
- upgraded ACS facilities and support services;

- purchased 8,000 computers and implemented computer tracking and communication systems throughout ACS to replace handwritten files;
- built a Data Warehouse which allows for review and evaluation of past and present placement activity by providing access and distribution of weekly data from CONNECTIONS, the Welfare Management System (WMS), the Child Care Review Service (CCRS), the Placement Tracking System (PTS), and the Placement Support System (PSS);
- implemented a rigorous three-part evaluation and quality improvement protocol (EQUIP) designed to measure and evaluate the quality of services provided by each foster care agency;
- introduced capacity management, a system for managing the number of children served by contract agencies, to ensure that children are served by the most qualified agencies;
- built Quality Leadership Teams (QLTs) within ACS to engage front-line staff in quality improvement initiatives throughout the agency;
- created the Accountability Review Panel to investigate casework practice in all cases of child fatalities in families with whom ACS has had any prior contact, and certain cases of severe child abuse;
- increased child support collections from \$216.6 million in 1995 to \$403.6 million in 2000; and,
- ensured that unemployed non-custodial parents pay child support by providing job training, employment counseling, and classes in parental responsibility.

Neighborhood Based Services. This initiative, which had been recommended in numerous studies and reports but never implemented, has been mandated by ACS. After three years of planning and preparation, ACS has:

- awarded over \$800 million in competitively bid contracts for preventive, foster care, and homemaking services requiring these services to be neighborhood based;
- restructured the placement process to ensure neighborhood placement of children when appropriate;
- expanded child care and Head Start programs by \$60 million in 2000 and instituted a daycare fee schedule that lowered fees and included more families;
- assigned ACS staff to function along community lines so that ACS services, including child protective investigations, are neighborhood based; and,
- begun a local planning process in the majority of communities to ensure services meet local needs.

These remarkable accomplishments are the result of productive partnerships among ACS, contract agencies, OCFS, the Family Court, and other state and local agencies, parents, and other stakeholders. This is only a partial list of accomplishments from five years of unrelenting work. These are listed to give our staff and our partners some sense of what has been accomplished and to recognize their efforts. By no means, however, does ACS consider this work done. In fact, some of the most significant and important initiatives are yet to be accomplished. There is much more to be done to be able to achieve the desired quality of services children and families receive.

“An independent blue-ribbon panel is calling the Guiliani administration’s effort to combat child abuse and neglect ‘remarkable.’ After two years of study, the panel released a comprehensive good news report....The results are clear: Real change is possible at city agencies. Congratulations to all concerned. Your hard work has paid off.”

- *New York Post* editorial “Credit Where Credit’s Due”
December 13, 2000

FRAMEWORK FOR FUTURE WORK

Four Key Themes

- Neighborhood Based Services
- Permanency and Family Engagement
- Continuous Quality Improvement and Data Utilization
- Affordable, Quality Child Care

ACS believes the work in the upcoming period must continue to press forward on four key themes – building effective Neighborhood Based Services networks, acting with greater urgency around permanency and family engagement, ensuring systems of continuous quality improvement and data utilization, and providing affordable, quality child care.

ACS believes strengths exist in every neighborhood, and children and families need supportive communities. Quality child care and consistent child support are critical tools in supporting families. Providing these services will strengthen families and can help avoid and reduce family stress. ACS envisions building upon existing community partnerships and networks to serve families in need – before, during, and after formal service interventions.

A comprehensive neighborhood service delivery infrastructure must ensure that families are engaged with and supported by the community and, in times of crises, are able to receive responsive, culturally sensitive services. To achieve this, ACS believes families must be meaningfully involved in the articulation of their needs and the delivery of services. All children’s services must ensure that permanency is achieved in a time frame that makes sense from the standpoint of a child’s sense of time, expedited through Neighborhood Based Services and early family engagement. These goals will be successfully realized when all levels of ACS and contract agency staff are themselves engaged in identifying system improvements and increasing accountability. ACS believes that an inclusive service delivery system respects families in need and the staff working in partnership with them.

CURRENT SYSTEM FUNCTIONING

Building on our progress, we must address areas in need of further improvement. Several mechanisms have provided opportunities for ACS to evaluate and assess its performance and progress.

United States Department of Health and Human Services Performance Outcome Measures

For the first time in the history of child welfare, the federal government has compiled outcome data comparing state results and setting national benchmarks of performance. These data were taken into consideration in a federal review. They show that, despite our progress, New York City remains well behind national performance in critical areas of permanency for children.³

Table 1

	National Standard	New York State	New York City
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³ The national standards for the length of stay measure utilize discharge cohorts which are not consistent with the research field's preferred methodology of utilizing entry cohorts. Entry cohort analysis of children entering care in 1998 in New York City show that the median length of stay to reunification is 8.3 months.

		Performance	Performance
Children Reunified Within 12 Months ⁴	76.2%	54%	51%
Children Adopted Within 24 Months ⁵	32%	3%	1%
Children Reentering Care Within 12 Months of Reunification	8.6%	11%	9%
Children With Stable Placements While in Care	86.7%	N/A ⁶	N/A
Incidence of Abuse or Neglect While in Foster Care	0.57%	1.1%	1.4%
Recurrence of Maltreatment Within 6 Months ⁷	6.1%	13.5%	11%

Data sources: Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS)

The data reflect the cumulative results of our state system, including public and private agency functioning, and Family Court operations. To improve these results, a determined and collective effort must be made by all participants to act with greater urgency in safety and permanency interventions.

*New York State Office of Children and Family Services (OCFS)
Case Reviews*

⁴ This data uses the experience of children discharged from care during the Federal Fiscal Year 1999 (October 1, 1998 to September 30, 1999). The data represents the percentage of reunified children who return home in 12 months.

⁵ This data uses the experience of children discharged from care during the Federal Fiscal Year 1999. The data represents the percentage of adopted children who are adopted within 24 months.

⁶ N/A: Data not available under federal definitions.

⁷ The data for New York State and New York City uses a stricter definition than the national standard and the comparable percentage may be lower.

A detailed evaluation of the quality of local practice was recently completed in a series of case reviews issued by the State in December 2000.

Child Protective Services (CPS) Investigations Case Review. The first case review report on 375 CPS investigations evaluated the extent to which ACS's investigations of reports of suspected child abuse and maltreatment met the legal requirements and standards of good case practice for CPS investigations. Key findings of this case review found that in several key areas of investigations of suspected child abuse and maltreatment, performance by ACS has significantly improved since the last review in 1996/97, including:

- dramatic improvements made by ACS in conducting investigations, from making initial contacts with the source of an abuse or neglect complaint within 24 hours, completing 7-day safety assessments, judging the danger to the child or children, and providing appropriate safety interventions;
- dramatic improvements in contacting the source of reports and interviewing all the children in the home;
- placements into foster care were made by ACS in 99% of the cases in which the reviewer judged that a child needed to be placed in foster care for protective reasons; conversely, for children placed by ACS, in 99% of the cases the reviewer judged the placement to be necessary; and,
- supervisory directives and oversight of CPS investigations were evident in 97% of the familial CPS cases and in 99% of the Office of Confidential Investigations (OCI) cases, where children are already in foster care.

In the interviews that OCFS reviewers conducted with ACS staff, managers, supervisors, and caseworkers repeatedly stated their

belief that standards are higher, staff are held more accountable, and that there is a growing sense of ownership and pride in the work. At the same time, ACS has identified needed improvement in the gathering of sufficient information during the first 24 hours of an investigation and the process for making important decisions regarding child safety and risk assessment. ACS is committed to ensuring investigation activities are fully completed, and that all children we come into contact with receive a timely medical exam. ACS also recognizes the need for continuous quality improvement in supervising investigations.

Foster Care Case Review. The State reviewed 401 foster care cases to evaluate the extent to which the delivery of foster care services in New York City met the legal requirements and standards of good practice.

The review showed that services to children had improved in all but one category. Developmental services, behavioral/psychological services, and medical services were provided to children who needed them in over 90% of the cases. Ninety-nine percent of all children were placed into the least restrictive foster care setting possible, given their needs and requirements. Ninety-six percent of discharge decisions were considered appropriate, and 95% of assessments of the need for preventive services at discharge were completely consistent with case circumstances. ACS services to parents had improved in every measured category, including the provision of housing subsidies, preventive services, psychiatric/mental health services, domestic violence services, and alcohol treatment.

There were, however, several areas of great concern to ACS that must be addressed to achieve ACS's vision of permanency-focused practice. ACS is committed to sustaining and building on continuous quality improvement efforts to achieve permanency in the following areas:

- reducing the movements of children while in care;
- increasing visiting between children and parents, which now occurs too infrequently under conditions not conducive to strengthening family ties;
- meeting all personal, face-to-face casework contact requirements; and,
- appropriately planning for the child's permanency and making timely adjustments to service plans and service delivery to address progress or lack of progress.

Preventive Case Review. The third series of case reviews examined 361 preventive service cases to evaluate the adequacy of services provided to children and families. The State review reported 24 separate areas of ACS casework practice where performance was at or above 90%, including appropriate planning, successful service engagement in clinical intervention, education, training, medical and dental care, and timely and complete visits to the family's home.

As with foster care, however, several areas must continue to be the focus of continuous quality improvement efforts:

- there is some confusion in the use of the New York State Safety and Risk Assessment model which must be addressed;
- improving the timeliness of required casework contacts; and,

- improving documentation of case progress to ensure appropriate actions are being taken.

CPS Training Review. A review of the training program for Child Protective Services (CPS) caseworkers and supervisors concluded that ACS's current training meets State standards. Since 1998, ACS has been working with the State on reviewing the New York State Common Core training curriculum. The State endorses ACS's strategy to utilize the Common Core as the best, appropriate direction to further improve child welfare training. ACS has been reviewing the curriculum and training structure for both ACS and contract agency staff. The agency is committed to delivering well-integrated outcomes-based training, including in-service training, based on best practice and sound decision-making for ACS and contract agency staff.

Special Child Welfare Advisory Panel Reports

Historically, ACS and its predecessors have operated under court orders or mandates. Since the early 1970s, no fewer than twenty class-action lawsuits in State and Federal Court have been filed against New York City's child welfare agency. Two of the most prominent lawsuits were *Wilder v. Bernstein*, filed in 1973 regarding equal access to foster care, and *Marisol v. Giuliani*, an action brought against the City and the State in 1995 in which the plaintiffs sought to have a court-appointed receiver run the child welfare system. When ACS was created, it committed to seeking resolution of all lawsuits pending against it to allow the agency to determine its own funding, staffing, and policy priorities, and to pursue reform in accordance with ACS's 1996 Reform Plan, rather than by court orders and stipulations.

In March 1999, a settlement agreement was approved by the Federal Court that called for the dismissal of the federal class action lawsuits *Wilder v. Bernstein* and *Marisol v. Guiliani*. By the settlement agreement, a Special Child Welfare Advisory Panel was created. It was comprised of a team of national child welfare experts to assess ACS's progress in reforming child welfare in the City and to offer advice on how ACS could further reform. The expiration of the Marisol agreement in December 2000 marks the first time in twelve years that the City's child welfare system is operating free of judicial oversight. Following the expiration of the settlement agreement in Marisol, ACS voluntarily requested that the Advisory Panel continue its work with ACS for at least one more year. The Panel and the Annie E. Casey Foundation, which funds the Panel's work, agreed to do so.

The Special Child Welfare Advisory Panel issued four reports. The Panel articulated recommendations in each of its reports to further ACS's reform of improving the child welfare system. ACS's progress on achieving those recommendations was assessed in the Panel's three Periodic Reports and its Final Report of December 7, 2000.⁸

In its Final Report, the Panel stated that ACS "has engaged over the past several years in a sustained, intelligent effort to change a complicated and difficult system" well before the Panel came onto the scene. The Panel also wrote that "the scope and pace of ACS's

⁸ The Panel's reports are available at the Annie E. Casey Foundation website, <http://www.aecf.org>, or by contacting the Special Child Welfare Advisory Panel at 80 Broad Street, Suite 2410; New York, NY 10004; or, at 212-509-2718.

“We believe that ACS has engaged over the past several years in a sustained, intelligent effort to change a complicated and difficult system.”

- Final Report of the Special Child Welfare Advisory Panel
December 8, 2000

“Over the past four years, ACS has had a series of remarkable achievements...[Some changes] go beyond what we have seen leaders able to accomplish in virtually any other child welfare system.”

- Special Child Welfare Advisory Panel quoted in *Daily News*
March 21, 2000

reform effort compare favorably to similar efforts we have seen elsewhere in the country, addressing such widely different challenges as civil service reform, training, improved management controls, evaluation of contract providers, neighborhood based services, family case conferencing, reimbursement systems, and the addition of substantial new resources. The record of accomplishment already compiled should be the public’s best evidence that it can demand further change with confidence that it can be accomplished.”

The Panel recognized these advances and the progress made, and stated that the reforms already achieved allowed for further improvements, so that full reform may be realized. The Panel presented a “series of observations about the challenges to be met... to facilitate further progress, not as an indictment.” The report noted that “these problems are present, in greater or lesser form – very often greater – in virtually every child welfare system we know. Because of the reforms of the past five years, New York City is better positioned than most to take them on.” The areas still in need of improved performance are matters of front-line practice in permanency and parent engagement. Seven new benchmarks were articulated in the areas of:

- worker participation in case conferences to enhance the quality of conferences and fully realize their potential to change the way the child welfare system works with families;
- flexible funding to facilitate more timely service provision;
- placement changes to improve the experience of children entering foster care;
- training to ensure ACS and contract agency staff learn and practice skills of good casework practice;

- personal contacts during case transfers to ensure case information is transferred thoroughly and promptly;
- adolescent services to improve the services to adolescents and their families; and,
- a court order information system to track the volume and type of court orders issued and the level of compliance with orders.

The Panel also described a series of remaining challenges around:

- the roles of parent and their respectful, meaningful engagement through culturally and linguistically competent services;
- opportunities for effective service planning;
- parent representation in Family Court;
- services to adolescents and their families; and,
- adequate resources for contract providers.

The Panel conducted an informal survey among New Yorkers involved in the child welfare system, including ACS personnel, contract agency representatives, and members of legal and advocacy organizations. “Most of the people who answered our questionnaire believe that New York City’s child welfare system is better now than it was three years ago, and most also believe that it will be better two years from now than it is today,” the report noted.

Recruitment and Retention of Qualified Staff

While ACS has improved working conditions and ensured that direct care staff meet enhanced qualifications through the creation of new civil service positions, merit pay, and improved training and resources, similar advances have not been made within the agencies with which ACS contracts. Recent surveys demonstrate

contract agencies experience staff attrition as high as 40% annually, consistently have a high number of vacant positions, and have turned to less qualified, less experienced recruits to fill casework positions.

A survey of agencies conducted by the Special Child Welfare Advisory Panel showed staff salaries on average were significantly lower than those paid for similar positions at ACS.⁹ An ACS survey of agencies demonstrated that workers newly hired by contract agencies rarely received initial training to prepare them for child welfare practice. The ability to participate in new-hire training has diminished as high vacancy rates in agencies have increased the pressure on managers to require new workers to assume a caseload immediately upon being hired. The urgency for implementation of the many initiatives presented here will be compromised unless contract agencies are assisted in recruiting, retaining, and training qualified staff.

2000 Staff Opinion Survey

The ACS Continuous Quality Improvement Principles state “every employee has a significant role in achieving positive outcomes for children and families served by ACS and contract agencies.” ACS conducted a staff opinion survey in late 2000 to garner staff’s assessment of the current performance of the agency and the role they play in it. These survey results have helped to shape this new

⁹ As reported in the Panel report which utilized 1999 data, the median salary for contract agency caseworkers was \$25,004 compared to \$29,266 at ACS; the median salary for contract agency supervisors was \$37,424 compared to \$41,276 at ACS. As of March 2001, an ACS Child Protective Specialist (CPS) earns \$37,017 after six months of service, while an ACS Child Welfare Specialist (CWS) earns \$34,919 after six months of service. An ACS CPS Supervisor I and CWS Supervisor I have a starting salary of \$45,255 and a CPS Supervisor II starts at \$57,816; a CWS Supervisor II starts at \$54,479.

plan. In the survey, staff indicated that ACS's mission was clear to them, that the focus on neighborhood based services and permanency would help children and families, and that their unit's goals were consistent with the agency's mission. Staff also believed that their responsibilities were clearly defined and that their supervisors encouraged them to do a good job. As technological advances have improved staff's ability to perform their jobs, staff seek advancements in the following areas to enhance their performance:

- more information and better communication throughout the agency;
- focus on career development and increased advancement opportunities;
- expansion of work incentives and increased salaries;
- identification and provision of training that develops skills for changing client needs; and,
- continuing improvement of the work environment.

Children's services in New York City is now at a critical stage. Within the last five years, significant successes have been achieved. However, ACS believes that the work is far from done and that much more needs to be accomplished. The reviews and data discussed in this introduction show practice areas and system issues that must be addressed and have influenced the initiatives contained in this plan. ACS is committed to meeting these challenges in partnership with children's services stakeholders. ACS's focus has rightfully shifted from planning and building a management infrastructure to achieving quality front-line practice and positive outcomes. ACS believes that this will be accomplished through strengthened partnerships and shared

leadership with contract agencies, communities, and other stakeholders. These priorities are articulated in this management plan, influenced not by many external competing demands, but through sustained and meaningful dialogue among all stakeholders.

PREPARATION OF THIS PLAN

In the context of the experience we have gained and the initiatives achieved and begun, ACS began a planning process in November 2000 to develop this Renewed Plan of Action.

ACS compiled a chart of all of the initiatives to which ACS has committed as a result of our own reform initiatives, as well as the reviews done by the Special Child Welfare Advisory Panel, the New York State Office of Children and Family Services, and new federal and state legislative mandates. This list contained over 380 separate reform activities that ACS has committed to undertaking!

These 382 activities were reviewed and prioritized so that critical undertakings upon which other initiatives depend will be addressed first. This process identified the highest priority activities presented in this plan.

Simultaneously, ACS identified four themes shaping the next phase of the work which needs to be done. These four critical initiatives – neighborhood based services, permanency and family engagement, quality improvement, and child care – encompass the vast majority of the identified tasks, and serve as a framework upon which to build the next stage of reform.

In preparing this plan, ACS recognized that the progress made to date was made possible by the hard work and commitment of many individuals and entities beyond ACS who are partners in the effort to improve delivery of services to children and families in New York City. The planning process, therefore, was structured to include all stakeholders so that this plan would reflect the opinions and priorities of everyone involved in the effort to improve children's services.

As part of this effort, ACS held a two day planning conference on March 26 and 27, 2001. Preparation for the conference over the months of January, February, and March involved extensive meetings between ACS and stakeholder groups, including parents, foster parents, contract agency staff, advocates, youth, specialists from other service systems, and state and federal agencies. These meetings were used to shape the conference agenda. The conference focused on twelve initiatives that were determined to be in most urgent need of focused, collaborative work and which would most benefit from the work at the conference. They are:

- *Parent Engagement/Family-to-Family* to operationalize partnerships among parents, foster parents, contract agencies, and ACS to enhance the role of parents throughout the children's services system and to expedite permanency;
- *Preventive Services* to continue the growth and development of effective service provision and to enhance preventive services utilization;
- *Family Court* to improve the family court system to expedite permanency for children;
- *Family Team Conferencing* to maximize the value of partnering with families, communities, and contract agencies

“ACS and children's services stakeholders will work on and act upon the suggestions that were made here today. All of the participants seem to be invested in improving the system as a whole. The challenge will be to maintain this effort over the next five-year period with the same dedication and sense of urgency.”

- *Realizing Reform* Conference
Participant
March 26, 2001

throughout the duration of service provision to children and families;

- *Adolescent Services* to improve the system's approach to and expand services for adolescents;
- *Child Care* to ensure the availability of quality, affordable child care;
- *Neighborhood Based Services (NBS) Networks* to provide a culturally sensitive, family-centered service delivery approach; identify and resolve direct case practice barriers; plan strategically for community needs; identify resource issues and needs; share and collect data; and, develop strategies for collaboration with non-child welfare services systems;
- *Placement* to minimize the trauma of the placement process;
- *Clinical Services* to ensure clinical considerations are integrated into case practice;
- *Data/Outcomes* to translate data into useful information for accountability and planning purposes;
- *Contractor Performance* to integrate administrative data with the quality improvement and planning process of contract agency management; and,
- *Training* to ensure a well-trained children's services staff and opportunity for collaboration between program areas.

The conference included over 500 representatives of all stakeholder groups, including more than 300 participants from outside ACS. Participants focused on how to best move these initiatives forward. A 161-page summary of the conference proceedings was published on April 30, 2001.¹⁰

Since the conference, this plan was prepared in draft form for comment from all stakeholders. It was distributed to conference participants, to ACS's contract agencies, to Family Court judges, ACS staff, and other stakeholders such as the Commissioner's Advisory Board and New Yorkers for Children. The draft plan was also discussed in numerous forums, including various ACS cross-divisional workgroups, a Commissioner's meeting with youth, and a meeting with parents.

This finalized plan includes valuable adjustments from this input that strengthen ACS's ability to meet the stated goals and objectives. Not every suggested initiative has been mentioned. Some because they were beyond the scope of activities that had already been determined as priorities. Additionally, a number of comments focused on greater specificity, often around implementation, that goes beyond the level of detail in this report.

This Renewed Plan of Action serves as a blueprint for 73 primary initiatives. They are a part of a larger list of 382 items which are being undertaken at ACS. All these items are being managed by ACS cross-divisional workgroups, through a process that facilitates continued input from stakeholders for implementation. These workgroups will develop detailed workplans and milestone timelines. Implementation status reports to the Commissioner are expected to begin in September, with quarterly updates thereafter.

This plan lays forth the most important activities that must occur over the next phase of the work for reforms to be sustained and

¹⁰ A copy may be obtained by contacting the Administration for Children's Services; Division of Management and Planning; 150 William Street, 18th Floor; New York, NY 10038; or, at 212-341-2976.

“I have a lot of confidence in this agency and its staff to affect change. All the things we have discussed are possible if we all work as partners for the benefit of the children we serve.”

- *Realizing Reform* Conference
Participant
March 26, 2001

benefits to be realized. When setting completion dates for these activities, ACS designated aggressive time frames. We recognize that these various initiatives will often involve the time and commitment of the same agencies, program areas, and staff members, but believe that these challenges can be met by the same dedication put forth these last five years. Similarly, benchmarks and targets for performance improvements have also been articulated; ACS will ensure processes are put in place that will see these goals realized as well. When fully implemented, this Renewed Plan of Action will bring us to a system of better-skilled workers, more relevant and accessible services, and more effective relationships with families, thus improving the safety, permanency, and well-being of children.

NEIGHBORHOOD BASED SERVICES

BACKGROUND AND PHILOSOPHY

ACS believes the strengths found in every community must serve as a foundation to best serve children and families in a more closely integrated, culturally-competent neighborhood based service system. Children and families are now receiving the services they need – child care, preventive, or foster care - in their own communities with greater frequency. ACS believes that we can collectively improve safety and permanency for children through neighborhood networks dedicated to supporting families, as well as preventing and detecting abuse and neglect. ACS believes that Neighborhood Based Services will result in higher quality services from providers as they engage in more effective partnerships with communities which are familiar with their particular team of ACS and contract agency staff – from child care, protective, preventive, foster care, and congregate care services.

To support families in need, providing preventive services within the family home is preferred. If placement into care occurs, foster care must be used, whenever possible, to strengthen the healthy functioning of families. By supporting children and families in their communities, foster care can maintain contact between families, as community supports are developed that will continue when a child returns home. Building supportive services and working in partnership with other agencies in communities is critical to Neighborhood Based Services. Working in partnership with communities to support children and families is necessary to sustain these efforts over time.

GOALS

- *Realign* ACS staff
- *Implement* a neighborhood service planning process and provide network development support
- *Assist* in integrating child welfare services with other service systems at the neighborhood level
- *Place* children in neighborhood foster homes
- *Recruit* qualified foster parents to meet neighborhood placement needs
- *Realign* foster parents
- *Assess* progress in moving toward Neighborhood Based Services

ACS has revised its contracts with all preventive, foster care, congregate care, and homemaking providers to assign agencies to serve specific boroughs or community districts, effective July 2000. Significant preventive resources were added to communities in need throughout the City, based on a community needs assessment that brought dramatic increases to areas in the South Bronx and Central Brooklyn in particular. Additionally, since July 1999 when the Neighborhood Based Services system was put in place in the Bronx, neighborhood based placements in the Bronx increased from 3.2% for all of Fiscal Year 1999 to 9.2% for Fiscal Year 2000.¹¹ ACS began making neighborhood based placements in the remainder of the city in July 2000. In the year prior to implementation, Fiscal Year 2000, the neighborhood based placement rate for the four other boroughs was 6.4%. This translates into a citywide rate of 7.7% for FY 2000. This rate has increased steadily since full implementation. The citywide rate was approximately 17.7% for the month of April 2001.

GOALS

The past several years' work has built an infrastructure to achieve Neighborhood Based Services. The changes to date have been structural foundations. As we look to the future, the emphasis of the work must be to ensure the creation of vibrant service networks and the full implementation of Neighborhood Based Services at the local level throughout the city.

Realign ACS staff

¹¹ The placement rate includes only placements from home into non-kin foster

When ACS was created, it committed to realigning its own staff to serve neighborhoods. During the initial phase of ACS realignment, Child Protective Services and its 3,000 field office staff were realigned by zones and specific community districts within those zones. Complementary to the assignment of contract agencies to boroughs and CDs, ACS has realigned its own casework staff to:

- better protect children;
- facilitate internal collaborations and operations;
- communicate better with contract agencies;
- increase familiarization of neighborhoods; and,
- collaborate with community partners.

The challenge now is to redefine the ACS and contract agency staff function as a neighborhood service provider where staff partner together and access resources directly in the communities.

By September 30, 2001, ACS's direct service units will develop practice expectations and requirements to ensure each staff person understands what is expected of them with the implementation of neighborhood based services within their operations, and will develop systems to evaluate progress in achieving that practice transformation.

By October 31, 2001, the Neighborhood Based Services Units will assist contract agencies, through neighborhood networks, to develop similar practice expectations and requirements for contract agency staff.

boarding homes.

Implement a neighborhood service planning process and provide network development support

Aligning agencies and ACS staff to serve children and families in their own communities is only a first step in implementing Neighborhood Based Services. ACS envisions a system where effective and efficient neighborhood networks function in collaboration to support children and family needs. These would work in partnership with other service providers and community members to assess, plan for, and respond to emerging community child welfare needs.

To support this development, ACS has articulated a broad and comprehensive vision of full network functioning and evaluation. ACS will help facilitate the local planning process.

By July 31, 2002, the Neighborhood Based Units will support a planning process in each CD or cluster of CDs identified as a neighborhood network. This planning has been completed in all twelve CDs in the Bronx and in seven Service Planning Areas (SPA) covering eighteen CDs in the remaining four boroughs of the city. Twenty-nine CDs must still complete the planning process.

Assist in integrating child welfare services with other service systems at the neighborhood level

ACS recognizes that physical and mental health issues, domestic violence, substance abuse, and inadequate housing are pervasive social problems that are closely linked to child welfare. These issues have a profoundly negative effect on the children and

families we serve. Linkages with other service systems are critical for successful outcomes for children and families.

As part of the network development, ACS and its contract agencies will establish partnerships with other neighborhood based providers, including linkages with other service systems that deal with substance abuse, mental health, medical and developmental issues, domestic violence, child care, and education. ACS believes that these partnerships will improve:

- access to services for clients;
- communication between child welfare staff and other service systems staff;
- coordination of service delivery; and,
- joint planning.

These partnerships are considered a necessary component of network functioning. The Office of Management Development and Research, Agency for Child Development, Office of Medical Services Planning, and the Office of Interagency Affairs, working together, will ensure these system linkages are assessed as part of a neighborhood evaluation process to be established by September 30, 2001.

Place children in neighborhood foster homes

ACS believes that when children must enter foster care they should be placed in their own neighborhoods. This will reduce the trauma of separation for children in care while increasing the timeliness and quality of permanency for the child. Neighborhood placements are sought to:

- provide accessible services to children and families, and,
- help the child maintain family, school, and community ties.

ACS recognizes that it is critical to develop placement resources in neighborhoods of need. While 2001 has been a year of transition, the expectation was that greater progress would have been made by now in neighborhood placements of children. We continue to be committed to this effort and will work in partnership with our contract agencies and communities to ensure that this goal is achieved.

*Children Placed in Their
CD of Origin*
Currently: 17%
By July 2002: 50%
By July 2003: 65%
Target: 75%

By July 31, 2002, ACS's goal, implemented by the Office of Placement Administration and the Office of Management Development and Research, is to ensure that 50% of children will be placed in their neighborhood of origin, and 80% of children will not need to change schools. ACS recognizes that not all children's placement needs can be met within their neighborhoods. There may be kin resources who live outside of the community, a placement that ensures all siblings stay together, safety issues, or the necessity of a congregate care placement.

*Children Entering Foster
Care Who Stayed in Their
Own School or Changed
for Educational Reasons*
Currently: 65%
By July 2002: 80%
By July 2003: 90%
Target: 90%

When agencies were assigned to serve specific neighborhoods, agencies received foster boarding home recruitment targets in their CD of assignment. By July 31, 2002, ACS will ensure that 85% of all of its contracted and direct foster care beds are developed and, by July 31, 2003, will increase this to 95%.

Recruit qualified foster parents to meet neighborhood placement needs

The City of New York is comprised of fifty-nine community districts. As reported in ACS's First Annual Placement Report for Fiscal Year 1999, there were thirteen CDs where foster home capacity exceeded the number of children in care from that CD and forty-six CDs where the capacity was less than needed to meet placement of children into care from the community. Recruiting foster parents from the neighborhoods of need is crucial. ACS has set recruitment targets for each CD and for each agency. There has been limited progress in meeting these targets, impeding neighborhood based placements. It will be critical for contract agencies to work in partnership with community resources to successfully meet their targets.

*Community Districts (Out of 59)
with Sufficient Foster Home
Resources
Currently: 13
By July 2002: 40
By July 2003: 59
Target: 59*

By July 31, 2001, ACS will reward agencies – those that have been most successful in foster boarding home recruitment in their CD of assignment and have provided quality services – with a favorable contract capacity award. ACS will repeat this incentive program again in July 2002.

Realign foster parents

Traditionally, agencies have recruited foster parents throughout the five boroughs of New York City. With the implementation of Neighborhood Based Services, current foster parents are not always working with agencies assigned to their neighborhoods. Therefore, foster parents must be realigned so as to work with contract agencies designated to serve their community. This allows foster parents to:

- access services for children in their care;
- work with contract agencies to facilitate Neighborhood Based Services;

- mentor families in their own neighborhoods; and,
- facilitate community collaborations to enhance services to children and families.

By September 30, 2001, the Office of Management Development and Research and the Parent Recruitment and Expedited Permanency Unit will work with agencies to ensure foster parents are reassigned to work with a contract agency located in their CD.

Assess progress in moving toward Neighborhood Based Services

By August 31, 2001, ACS will present a complete articulation of its expectations for the appropriate functioning of neighborhood networks and their evaluation. This will include an assessment structure for progress in achieving effective network collaborations. The Neighborhood Based Unit will assess each network and provide an initial system report by September 30, 2001.

ACS's goal is that 100% of networks will be organized and meeting by December 31, 2001. Twenty-five percent of networks will be effectively functioning by July 31, 2002, 50% by July 31, 2003, and 100% by December 2003. Opportunities will be sought to determine how each agency's contribution to this progress can be evaluated and rewarded.

*Effective Neighborhood
Based Networks in Place*
Currently: Not yet assessed
By July 2002: 25%
By July 2003: 50%
Target: 100%

CHILD CARE AND HEAD START

BACKGROUND AND PHILOSOPHY

Through the Agency for Child Development and the Office of Head Start, ACS supports families by providing access to quality child care for infants, toddlers, pre-schoolers, and school-age children. ACS believes that children deserve safe, nurturing, high-quality child care that is affordable to parents and caregivers. Child care is an essential component of a neighborhood network of family support services.

To achieve the best results, families deserve to be the key decision-maker in the selection of child care. Parents must be fully educated about the range of child care opportunities, payment options, fees, and quality of programs so that they are able to make the most informed child care choice. Quality child care options should ensure:

- a developmentally appropriate, educationally sound program and curriculum;
- well-trained and credentialed teachers, caregivers, and administrators;
- a sufficient number of staff to care for and respond to each child and to actively involve and support each family;
- safe, healthy, and age-appropriate facilities, equipment, and material; and,
- culturally and developmentally appropriate learning opportunities.

Since September 2000, a diverse group of child care, Head Start and ACS staff, child care advocacy organizations and providers,

GOALS

- *Strengthen* cross-agency collaboration and program planning
- *Improve* recruitment and retention of qualified staff
- *Ensure* ongoing quality improvement of child care and Head Start programs
- *Improve* access to child care and maintain affordable care
- *Maintain and develop* child care and Head Start facilities
- *Improve* contract management and timely, accurate payments

and foundation representatives have been meeting to develop recommendations for a child care and Head Start plan for the City of New York. These recommendations center around the goals and objectives described below. The plan will be issued by the Division of Child Care and Head Start by August 31, 2001 and will provide more detailed plans for accomplishing the goals and initiatives contained in this chapter. By October 31, 2001, the Division of Child Care and Head Start will issue an assessment and implementation plan for the most critical initiatives.

GOALS

Strengthen cross-agency collaboration and program planning

Many City agencies are responsible for monitoring and maintaining the City's child care system. In addition to ACS, child care programs are run by the Human Resources Administration, the Board of Education, the Department of Mental Health and the Division for Youth and Community Development. As a result, consistent policies and directives must be developed and coordinated to provide the most efficient, seamless system that meets the needs of children and families. Improved coordination with the Department of Health and the Housing Authority, as well as the State, is also necessary.

ACS is committed to working with our partner agencies to implement strategies to achieve a full array of adequate resources, available within each community, at hours that meet parents' needs. This will include services to populations with special needs and other related supportive services provided through neighborhood network relationships.

By September 30, 2001, the Office of Financial Services will make recommendations and issue a development plan that will maximize the use of available Federal, State and City funds to increase the availability of quality child care opportunities for eligible children in high-need communities and will develop at least 3,000 additional slots in Fiscal Year 2002.

By January 31, 2002, the Agency for Child Development and the Office of Head Start will coordinate planning and program development efforts with other City agencies and work to increase capacity for full day and non-traditional hours of care programs for children ages 0 to 12 years old.

By November 30, 2001, the Division of Child Care and Head Start will propose options for enhancing on-site or linked family support services in early childhood and school-age child care programs.

By November 30, 2001, the Division of Child Care and Head Start and the Neighborhood Based Services Unit will develop a linkage plan for Head Start and child care providers to the neighborhood networks being developed in each community district.

By December 31, 2001, the Division of Child Care and Head Start will make recommendations to better serve children with special needs, including children with developmental delays or disabilities, children in foster care and children living in shelters or transitional housing.

By July 31, 2002, the Agency for Child Development, in partnership with New York City's Human Resources

Administration, will implement a unified management information system of child care in New York City.

Improve recruitment and retention of qualified staff

Experienced staff is the cornerstone of quality early care and education programs. ACS is committed to supporting program efforts to retain experienced staff and provide staff development opportunities. ACS recognizes that child care and Head Start personnel should be adequately compensated and that quality systems of training and professional development should be in place. This significant challenge exists throughout children's services and demands our focus and commitment.

By August 31, 2001, the Division of Child Care and Head Start will recommend changes in compensation and benefits to improve recruitment and retention of child care providers, center-based staff, ACS Head Start and child care staff, and contract and delegate agency staff and will evaluate options to create competitive salaries for ACD and Head Start teachers. By January 31, 2002, the Division of Child Care and Head Start will develop a plan to implement recommended changes.

By September 30, 2001, the Agency for Child Development and the Office of Head Start will develop strategies to ensure better access to training and education for Head Start and child care staff.

Ensure ongoing quality improvement of child care and Head Start programs

Each child care program, including family child care, should provide the highest quality care and should constantly be challenged to improve services for children and families. ACS is

committed to supporting our providers to achieve the highest quality standards. We will ensure evaluation systems and monitoring tools are in place to identify strengths and areas in need of continued improvement. We will also seek opportunities to provide incentives and rewards to providers who best meet established goals.

By November 30, 2001, the Division of Child Care and Head Start will assess the need for technical assistance for Head Start and child care programs. By January 31, 2002, the Division of Child Care and Head Start will develop a coordinated approach to training and other technical support activities for program staff, providers, directors, and sponsoring boards.

By September 30, 2001, the Agency for Child Development will develop appropriate supports consistent with Local Law 31 to assure quality in family child care homes.

By November 30, 2001, the Agency for Child Development and the Office of Head Start will develop incentives to increase the number of accredited Head Start and child care programs.

By January 31, 2002, the Agency for Child Development will develop a plan to improve subsidized care provided through informal caregivers to ensure a healthy and safe environment for children.

By June 30, 2002, the Division of Child Care and Head Start will recommend a unified assessment strategy for Head Start and child care programs based on common standards and assessment criteria.

This assessment instrument should be used to promote continuous quality improvement across early childhood programs.

By June 30, 2002, the Division of Child Care and Head Start will recommend ways to better coordinate and standardize the regulatory and monitoring responsibilities of child care and Head Start programs across City agencies.

Improve access to child care and maintain affordable care

ACS will continue to provide parents with high quality, affordable child care options. To this end, we will provide information on child care options in order for parents to make informed choices and we will further our efforts to strengthen the voice of parents in shaping the services provided. ACS recognizes the need for coordination with the federal government around Head Start and early Head Start.

By October 31, 2001, the Division of Child Care and Head Start will develop a plan to increase the availability of information to parents regarding child care and Head Start options in New York City.

By October 31, 2001, the Division of Child Care and Head Start will develop recommendations to enable child care and Head Start agencies to increase and promote parental involvement.

By January 31, 2002, the Agency for Child Development and the Office of Head Start will improve access to Head Start and child care opportunities by streamlining the application and enrollment process.

Maintain and develop child care and Head Start facilities

Despite the enormous amount of money New York City spends on child care, the demand for subsidized child care still exceeds supply. The City's budget includes \$25 million in capital funds to be used for facility development and renovation. ACS is committed to pursuing facility development as one component of our efforts to expand the availability of child care. ACS recognizes the need to coordinate with the New York State Office of Children and Family Services and the Dormitory Authority.

By July 31, 2001, the Office of Financial Services will review and recommend new strategies in purchasing and leasing Head Start and child care facilities that will best use the available capital funds. Based on these recommendations, by October 31, 2001, the Division of Child Care and Head Start will develop a plan and issue an RFP for expanding Head Start and child care facilities.

By October 31, 2001, the Agency for Child Development and the Office of Facilities will complete a maintenance plan for direct child care leased facilities. The Agency for Child Development and the Office of Head Start will also make recommendations to improve the timeliness of maintenance and repairs in child care facilities.

By December 31, 2001, the Division of Child Care and Head Start will make recommendations to ensure that all children receiving Head Start and child care services are in programs that meet health and safety standards and are secure for children and staff.

Improve contract management and timely, accurate payments

In order to run quality programs, contract and delegate agencies must have sufficient and timely payments to meet all cashflow obligations to staff and vendors. ACS is committed to ensuring that its procedures are streamlined and clear to its providers, and that we provide technical assistance to providers as necessary.

By July 31, 2001, the Office of Financial Services and the Agency for Child Development will centralize and coordinate child care financial management functions and, with the Agency Chief Contracting Officer, make recommendations to build upon our work to date and further streamline contract, procurement, and payment processes within ACS.

By August 31, 2001, the Office of Financial Services will develop child care and Head Start budget guidelines reflecting current programmatic requirements including collaborative programs.

By August 31, 2001, the Division of Child Care and Head Start will develop a plan, consistent with these budget guidelines, for appropriate infrastructure and support services for contracted and delegate agencies, as well as family child care providers. This plan will also include similar recommendations for the Agency for Child Development and the Office of Head Start.

By August 31, 2001, the Office of Financial Services will develop written fiscal and contract procedures as well as a technical assistance plan focusing on financial management.

By August 31, 2001, the Agency for Child Development will conduct a review of child care market rates and present the results to the New York State Office of Children and Family Services to ensure rates reflect the actual cost of care.

CHILD SUPPORT ENFORCEMENT

BACKGROUND AND PHILOSOPHY

To support the healthy development of children, ACS believes that both custodial and non-custodial parents should provide emotional and financial support to their children. To advance these efforts, ACS's Office of Child Support Enforcement works to facilitate the establishment of paternity and support obligations, as well as to maximize child support collections.

GOALS

Increase the number of child support obligations and the amount of child support collected

ACS has been successful with initiatives centered on paternity establishment at hospitals and through community organizations, and collaboration with New York City's Human Resources Administration (HRA) for outreach to public assistance clients. In June 2001, the Office of Child Support Enforcement and New York City's Human Resources Administration implemented an initiative that focuses on efforts to ensure child support for families who are transitioning from public assistance.

The Office of Child Support Enforcement, in conjunction with the New York State Office of Child Support Enforcement and Family Court, established an expedited process for support order establishment, which is anticipated to facilitate the access of parents to court services and increase the number and timeliness of support orders obtained. The first component of the new process, the priority mailing of summonses, was implemented in June 2001, and the full process will be phased in by September 30, 2001.

GOALS

- *Increase* the number of child support obligations and the amount of child support collected
- *Enhance* the interface between child welfare and child support cases

*Total Number of Active
Child Support Orders*
Currently: 208,251
By July 2002: 219,000
By July 2003: 230,000

*Total Annual Child Support
Collections*
Currently: \$447 million
By July 2002: \$500 million
By July 2003: \$555 million

*Child Support Collections
as a Percentage of Orders*
Currently: 76%
By July 2002: 85%
By July 2003: 90%
Target: 100%

By October 31, 2001, the Office of Child Support Enforcement will complete Phase One of the integration of New York State's ASSET\$ and ACSE/OCSE computer networks, resulting in a comprehensive system with both State and City developed applications in support of all areas of child support operation. The Office of Child Support Enforcement and the Office of Management Information Systems will begin Phase Two of this initiative, involving the expansion of the ACSE/OCSE network, and expects to complete Phase Two by April 30, 2002. An electronic document and case record system is being developed that will utilize the expanded network, facilitating court-based operations.

By September 30, 2001, the Office of Child Support Enforcement will publish a summary of its outreach efforts and partnerships with neighborhood based organizations that provide employment, paternity establishment, and other social services to low-income fathers, in order to explain and build upon this initiative.

By June 30, 2002, the Office of Child Support Enforcement will complete quality improvement initiatives to expand and upgrade its Voice Response System and renovate the facilities that support its customer service call center, walk-in center, and correspondence units.

Enhance the interface between child welfare and child support cases

ACS oversees both child welfare and child support functions within the city. ACS believes better coordination of services for families who are involved in both services is necessary. This

includes efforts to establish paternity for foster care placement options, permanency planning, and child support obligations.

By September 30, 2001, the Office of Child Support Enforcement, the Division of Child Protection, and the Division of Foster Care and Preventive Services will begin piloting a child support unit to serve children in foster care. The objectives will be to increase paternity establishment and support obligations, as well as facilitate permanency planning. The unit will achieve full implementation by September 30, 2002.

PREVENTIVE SERVICES

BACKGROUND AND PHILOSOPHY

Permanency for a child is the ability to grow and thrive with a sense of belonging to a family who provides unconditional commitment to that child. ACS believes that it is best to do this by providing preventive services at home to the family, when it is safe to do so. When a family in need comes to our attention, every effort should be made to explore options with the family that would allow the child to stay safely at home to avoid the trauma of placement into foster care. If children remain at home and preventive services are to be successful, ACS believes that parents should be fully engaged from the start and included at every step of service provision.

ACS provides preventive services directly through its Family Services Unit and Family Preservation Program within the Division of Child Protection and through an extensive array of contracts with community based providers assigned to work with neighborhoods throughout the City.

GOALS

Redesign the preventive service system to better collaborate with protective services and meet family needs at home

Prior to the release of the citywide neighborhood based RFP, ACS undertook a comprehensive review of the current services available and neighborhood needs. Consequently, communities with greater need were allocated more service capacity.

ACS is increasing its preventive services array, and will continue to look for ways to shift resources appropriately from out-of-home

GOALS

- *Redesign* the preventive service system to better collaborate with protective services and meet family needs at home
- *Complete* supervisory practice guide for Family Home Care and train staff
- *Complete* implementation of Family Services Quality Improvement initiative
- *Enhance* utilization of reunification preventive services for aftercare

to community based care. ACS began this process by developing a model budget for contracted preventive programs to provide more uniform allocation of resources to communities. ACS is committed to the ongoing examination of how best to flexibly meet the changing needs of the communities and families.

Following the award of contracts pursuant to the RFP, ACS began an intensive review of preventive service delivery. A model was developed to restructure preventive services, making services more responsive to the unique needs of families through more effective collaborations between child protective and preventive services staff. This will be done at the point of case opening, in joint visits, face-to-face meetings, and elevated risk case conferences for high-risk cases. The family team conferencing initiatives, described fully in the Permanency and Family Engagement chapter, provide forums for enhanced communication; ACS will continue to find additional opportunities to utilize conferencing in preventive services. ACS has also committed to regular quarterly meetings with staff from the Division of Child Protection (DCP), ACS case management, and preventive agencies to facilitate collaboration.

By October 31, 2001, the Division of Management and Planning, Division of Foster Care and Preventive Services, and Division of Child Protection will revise the preventive redesign and implementation plan with the goal of achieving a preventive service structure that is responsive to the service needs of families coming to ACS's attention. This will include standards for risk determination, referral mechanisms, contract agency alignment along the spectrum of risk, and service standards.

By September 30, 2001, the Division of Management and Planning, the Division of Foster Care and Preventive Services, and the Division of Child Protection will formalize a structure and objectives for quarterly borough meetings between protective services, case management, and preventive staff in an effort to efficiently meet families' needs. ACS will develop guidelines for joint protective and preventive outreach efforts to ensure successful engagement of the most vulnerable families. ACS will work to have CPS and preventive contract agency staff work collaboratively with high-risk families.

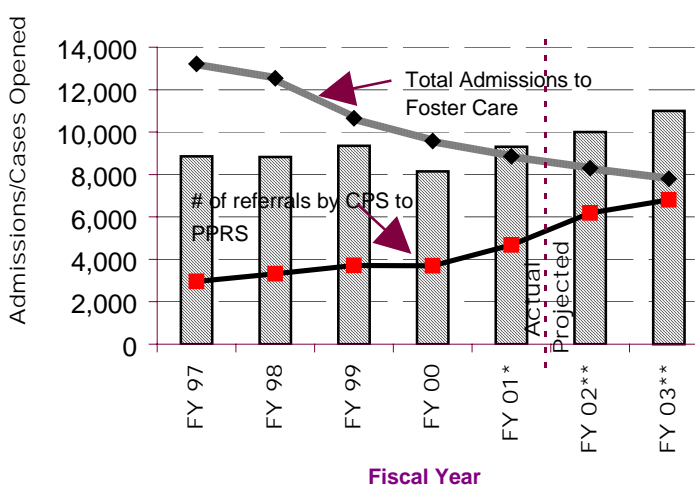
By September 30, 2001, the Division of Management and Planning, Division of Foster Care and Preventive Services, and Division of Child Protection will examine preventive case management practices, so as to maximize coordination between protective services and preventive and foster care agencies.

By October 31, 2001, the Division of Foster Care and Preventive Services and the Division of Child Protection will implement these plans to improve utilization of preventive services. ACS will monitor the adequacy of preventive service resources to meet the increased referrals from DCP and will continue to advocate for the reinvestment of foster care savings into community based services for intact families.

*Preventive Cases Referred
by DCP*
Currently: 50%
By July 2002: 60%
By July 2003: 65%
Target: 65%

Chart 1

Trends in Foster Care Admissions and Preventive Services Openings



Complete supervisory practice guide for Family Home Care and train staff

The Family Home Care (FHC) Unit is a program area within ACS's Field Support Services in the Division of Child Protection. FHC provides preventive services such as homemaking, housekeeping, and home attendant services. These services are provided through contracts with providers assigned to communities. FHC provides assistance to families in times of crises to support children and families in their homes to prevent placement into foster care. ACS has focused on educating communities and staff about the availability of home care services to families to prevent placement. To support these efforts, the application process has been streamlined and liaisons have been assigned in each borough. ACS also developed a casework practice guide and recording template to support best home care practice standards. ACS believes that supervisors are critical in supporting those standards and staff, and is developing a practice guide for supervisors.

By October 31, 2001, the Division of Child Protection Family Home Care unit will complete the supervisory practice guide for Family Home Care and, by November 30, 2001, will implement both the caseworker and supervisory guide.

Complete implementation of Family Services Quality Improvement initiative

Family Service Units also serve children and families directly when preventive services at home are needed or have been ordered by the Family Court. The program objectives include:

- comprehensive, strengths-based assessment;
- strengthening family engagement;
- group decision-making; and,
- monitoring the service plan and court orders.

In 1998, ACS established a quality improvement task force with representatives from the Child Protective Support Team (CPST), the Court-Ordered Supervision (COS) Units, Quality Improvement, Division of Legal Services, the Satterwhite Academy, and the Procedures Unit. The group's work centered on improving the quality of the COS program. In 2001, ACS released the Family Services Casework Practice Guide to ensure clear practice standards and service expectations. ACS is committed to maximizing family engagement opportunities through the Family Services Unit and to achieving optimal outcomes for children and families.

By December 31, 2001, the Division of Child Protection's Family Support Units will fully implement the quality improvement

initiatives, including child safety reviews by Child Protective Managers on a sample of family service cases.

Enhance utilization of reunification preventive services for aftercare

ACS is committed to reunifying children and families in a timely manner after all safety concerns have been addressed. As stated in ACS's Permanency Principles, services must be available to a child and family to support discharge. To prevent reentry into foster care, children and families should have access to appropriate aftercare support services in their communities. ACS has incorporated this objective into its Safe and Timely Adoption and Reunification (STAR) program, as well as in its preventive program review. ACS will continue to pursue efforts for reinvestment of foster care savings into community based services to serve children and families at home.

The introduction of trial discharge conferences, discussed in the Permanency and Family Engagement chapter of this report, will emphasize the provision of preventive resources when children return home, to ensure supports are provided to parents when they assume full responsibility for their children at home. ACS anticipates increased referrals from foster care agencies to community based preventive or support services, and better communication between foster care and preventive agencies in communities. The Office of Contract Agency Case Management will review the need for preventive services at trial discharge conferences for each reunification.

By November 30, 2001, the Division of Management and Planning will publish program objectives and goals for preventive services that will be used for aftercare which are services provided after discharge from foster care. These service guidelines will reflect the different nature of aftercare services as opposed to general preventive services.

By July 31, 2002, the Division of Foster Care and Preventive Services will publish a report on the coordination between foster care and preventive agencies. This will include data on referrals and participation in discharge conferences.

While ACS does not anticipate that every case will require services at reunification, ACS does anticipate that a substantial increase in these services will be needed. This must be done with increased resources so that the availability of preventive services in the community is not diminished as a result. By July 31, 2002, the Division of Foster Care and Preventive Services will seek to ensure that 10% of reunifications are supported with preventive services or other community based aftercare, increasing to 25% by July 31, 2003.

*Reunifications with
Preventive Aftercare*
Currently: Undetermined
By July 2002: 10%
By July 2003: 25%
Target: 25%

ACS believes these services will result in a decrease in the rate of re-entry of children into foster care. Children who are reunified now re-enter foster care 11% of the time.¹² Our goal is to reduce this to 8% by July 31, 2002 and to 5% by July 31, 2003.

Re-entry Rates
Currently: 11%
By July 2002: 8%
By July 2003: 5%
Target: 0%

¹² For children first admitted in 1996, 11% of those discharged from their first spell of foster care returned to care within a year.

CHILD PROTECTIVE SERVICES

BACKGROUND AND PHILOSOPHY

GOALS

- *Reinforce* practice standards in CPS field offices and OCI through meetings and supervision to improve quality of investigations
- *Create* review system with feedback to front-line staff on quality of CPS interventions
- *Clarify* Risk and Safety Standards to ACS and contract agency staff

The mission of ACS is to ensure the safety, permanency, and well-being of the children of New York. When a report of abuse or neglect is received, ACS is required to investigate and make a determination as to whether the report is indicated or unfounded within 60 days. ACS is committed to serving children and families safely in their home and will make referrals for preventive or support services that best meet family's needs. If foster care is necessary, ACS will minimize trauma to the child and will locate the most appropriate placement for the child. ACS believes these goals should be driven by a child's sense of time with the overarching objective of achieving a permanent, stable home for children. ACS's Division of Child Protection is responsible for early family engagement and permanency planning for families, as described in the Permanency and Family Engagement chapter. The Division of Child Protection is comprised of three program areas - Protective Services, Placement Services, and Field Support Services.

Child Protective Services (CPS) Field Offices investigate abuse or neglect reports, assess safety and risk, and develop need-based service plans. CPS provides both direct family services and service referrals through other providers. The Office of Confidential Investigations (OCI) investigates allegations of abuse and neglect of children who are in foster care or day care. Emergency Children's Services investigates child abuse or neglect reports during evenings, weekends, and holidays. The Family Preservation Program provides intensive home-based preventive services in order to keep children safely in their homes. Similarly, the Family

Service Units, including Court-Ordered Supervision, provide preventive services to families in their homes and may also provide Homemaking, Housing Subsidy, and Persons in Need of Supervision (PINS) services. Placement Services identifies the most appropriate foster care placement if a child comes into care, and also provides pre-placement services while a placement is located. Field Support Services, more fully described in the Preventive Services chapter, provides preventive services such as homemaking, housekeeping, and home attendant services.

GOALS

Reinforce practice standards in CPS field offices and OCI through meetings and supervision to improve quality of investigations

Since ACS was created, child protective investigation caseloads have decreased from a reported average of 27 per worker, to a current average of 12. Lower caseloads, enhanced managerial performance, and better training have increased the indication rates while decreasing placements into foster care, as children and families have more frequently received services safely at home.

*Timely Completion of All
Six Investigation Activities*
Currently: 58%
By December 2001: 70%
By July 2002: 75%
By July 2003: 85%
Target: 100%

To further the quality of these practices, as stated in our Quality Improvement Principles, ACS is committed to articulating clear practice standards. In 1999, ACS developed and trained field office staff on the Casework Practice Guide (CPG) to be used in conjunction with the Casework Practice Recording Template (CPRT) and the Supervisory Tool. The CPG is a uniform guide that clarifies the standards of casework practice for abuse and neglect investigations, assessment of safety and risk, and service planning. The CPRT is used in conjunction with CONNECTIONS to document investigations, incorporating supervisory and

managerial review requirements and time frames. ACS is committed to reinforcing these practice standards and improving the quality of our investigations and assessments to assure the safety, permanency, and well-being of children.

By September 30, 2001, the Child Protective Services Field Offices and Office of Confidential Investigations supervisors will routinely utilize current case examples in staff meetings to demonstrate appropriate methods for gathering information and documentation.

By September 30, 2001, the Child Protective Services Field Offices and Office of Confidential Investigations managers will complete high-risk reviews and provide adequate feedback to staff regarding the gathering of sufficient information within 24 hours.

Create review system with feedback to front-line staff on quality of CPS interventions

As stated in the Quality Improvement chapter, ACS believes that case reviews provide a meaningful method to evaluate the effectiveness of service delivery to children and families. ACS is committed to assessing and improving the quality of CPS investigations. In an effort to provide child protective staff with information that will help define strategies to improve performance in areas below standard, ACS will create a multilevel internal review system which includes announced and unannounced reviews by managers, deputies, directors, and quality improvement staff. ACS has established a workgroup to create a review structure that ensures that samples of cases are consistently reviewed and assessed for good case practice. ACS believes that the results

should be shared with front-line staff to support quality improvement efforts.

By October 31, 2001, the Division of Child Protection and the Office of Quality Improvement will fully implement the review structure.

By November 30, 2001, the Division of Child Protection and the Office of Quality Improvement will establish a feedback system to collect and provide information to front-line staff.

By November 30, 2001, the Division of Child Protection and the Office of Quality Improvement will establish an ongoing quality improvement process with front-line staff based on results.

Clarify Risk and Safety Standards to ACS and contract agency staff

The New York State Risk Assessment and Services Planning Model provides the framework for risk and safety standards for the State of New York. ACS has been utilizing this model since its implementation statewide in 1993. ACS has advocated that the New York State Office of Children and Family Services conduct a joint comprehensive review of the model and make recommendations on its modification.

By October 31, 2001, the Division of Management and Planning, the Division of Child Protection, and the Office of Contract Agency Case Management will present to the State Office of Children and Family Services an assessment of the current model and recommendations for improvement.

PLACEMENT

BACKGROUND AND PHILOSOPHY

In September 1999, ACS, along with our key stakeholders, developed Placement Principles that help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training. As stated in our principles, we recognize placement into foster care is a traumatic experience for both children and families and, when it is safe to do so, ACS prefers serving children at home to avoid the trauma and disruption that placement can cause. If a child must come into care, ACS believes that foster care services must be planned with every person involved as partners. This is necessary to ensure the best placement for a child that addresses safety concerns and restores him or her most quickly to permanency.

GOALS

- *Implement* plans to gather maximum possible information to support placement decisions
- *Assess and address* practice issues which create trauma for children in the placement process
- *Reengineer* the placement process to clarify staff roles and responsibilities, enhance accountability, and address placement barriers
- *Address* issues identified in the annual placement report to improve access and equitable treatment for children coming into care
- *Enhance* utilization of kinship placements
- *Maximize* appropriate sibling placements

GOALS

Implement plans to gather maximum possible information to support placement decisions

When a child enters foster care, ACS is committed to making the most appropriate placement. A full evaluation of the child and family's needs is necessary to ensure a stable and supportive placement. To facilitate that evaluation, the Child Placement Referral (CPR) Form was created to:

- streamline and maximize information gathering during the placement process; and,
- minimize paperwork redundancy.

This form will be utilized by CPS staff, Child Evaluation Specialists (CESs), the Office of Placement Administration (OPA), and the contract agencies to record and exchange information about

the child at the time of placement. A section of the CPR form is shared with foster parents at the time of placement. A training curriculum, jointly developed by ACS and Fordham's Children FIRST, focuses on the ACS Trauma Reduction Guidelines and Placement Re-engineering Plan. The Placement Re-engineering Plan has been piloted and fully implemented in Queens. ACS also revised the Medical Triage Form and instituted new policies and procedures to improve gathering of health-related information to inform placement decisions.

By September 30, 2001, the Division of Child Protection and the Satterwhite Academy will implement the Trauma Reduction and Placement Re-engineering Plan citywide.

By December 31, 2001, the Office of Placement Administration and Child Evaluation Staff will have access to psychologists and psychiatrists to obtain consultation and evaluation services.

By March 31, 2002, the Division of Child Protection and the Office of Management Development and Research will issue an initial report on the re-engineered placement process that evaluates implementation. ACS will make recommendations for further improvement if this is deemed necessary.

Assess and address practice issues which create trauma for children in the placement process

ACS implemented neighborhood based services to minimize the trauma placement causes by maintaining family, school, and community ties. ACS is also committed to minimizing the trauma of the placement process itself and assessing contributory factors.

The CPS Field Office hours have been extended from 7pm to 9pm in an effort to reduce the number of children who travel from the CPS Field Office to Pre-Placement Services (PPS) for an overnight wait before they are able to reach their foster care placement.

As articulated in the Placement Principles and the Trauma Reduction Guidelines, children who come into placement should have the opportunity to take personal items with them. To facilitate these efforts, dufflebags are made available to children at the time of removal. Children are also encouraged to call their parents when they arrive at the nursery to alleviate confusion and feelings of isolation.

*Percent of Children from
Field Offices Placed through
Pre-Placement Services*
Currently: 40%
By July 2002: 30%
By July 2003: 20%
Target: 15%

From January through March 2001, 40% of children removed by the CPS Field Office were first taken to Pre-Placement Services until the most appropriate foster care placement was located. By July 31, 2002, the percentage of children arriving at PPS from the Field Offices will be reduced to 30% and further reduced to 20% by July 31, 2003.

By July 31, 2002, the Division of Child Protection and the Office of Management Development and Research will issue a final report on the reengineered placement process that evaluates the efforts being made to reduce trauma. ACS expects that trauma reduction efforts described above will be occurring in 85% of cases and, if not, ACS will make recommendations for necessary improvements to meet this target.

Reengineer the placement process to clarify staff roles and responsibilities, enhance accountability, and address placement barriers

ACS has made concerted efforts to clarify the roles of staff involved in the placement process, including Child Protective Services (CPS), the Office of Placement Administration (OPA), and Child Evaluation Specialists (CES). ACS is committed to minimizing the number of handoffs that children experience during the placement process and the number of times case information changes hands. The Child Placement Referral (CPR) Form is utilized by all staff during the placement process with the CES acting as the central figure in the placement and evaluation process. Individual CESs have begun working in partnership with individual Child Protective Managers (CPM).

In partnership with the Bellevue Hospital Center, ACS will make mental health clinicians available to provide crisis services to children who enter care, and will provide training and consultation services to child care staff in Pre-Placement Services.

By July 31, 2002, the Division of Child Protection and the Office of Management Development and Research will issue a final report that evaluates the reengineered placement process and role clarification between Child Protective Services, the Office of Placement Administration, and Child Evaluation Specialists. ACS will identify further steps which must be taken to achieve desired outcomes of the placement process.

Address issues identified in the annual placement report to improve access and equitable treatment for children coming into care

As articulated in the ACS Placement Principles, our goal is to ensure children's needs are met with services that are neighborhood based, culturally competent, and non-discriminatory. ACS is committed to ensuring children who need foster care have equal access to high-quality, appropriate placements. In July 2000, ACS published the First Annual Placement Report on the placement experience of children entering foster care, providing information on how ACS is meeting children's placement needs. ACS believes this report is critical to tracking the system's progress in meeting placement needs.

The following factors were evaluated citywide, by community district, and by contract agency:

- child demographics, including age, gender, race/ethnicity, and religion;
- foster home demographics, including race/ethnicity and religion;
- placement service capacity;
- transfers and reentries;
- neighborhood based placements;
- kinship placements; and
- sibling group placements.

ACS is committed to evaluating and addressing the issues the placement report identifies, including improving access to programs under contract with ACS. Every placement program has a template that defines the service needs it can meet. The

standardization of eligibility criteria in program templates is critical to guide the most appropriate placement for a child. Program eligibility templates have been simplified and the criteria form the basis for a contract agency's therapeutic objection, which is the only valid reason for rejecting a child's placement into a particular program. The review and standardization of intake criteria should offer greater access to programs and improve the equitable treatment of children.

By August 31, 2001, the Office of Management Development and Research will evaluate placement practice at the Residential Treatment Center (RTC) level of care. The evaluation will discern what practices exist in accepting children for placement at this level of care, and will make recommendations for more appropriate planning and orientation of children for transition to RTC placement.

By August 31, 2001, the Office of Placement Administration, the Agency Program Assistance Unit, the Office of Management Development and Research, and the Office of Medical Services Planning will develop templates for congregate care programs, as well as foster boarding home programs, for agency review. By October 31, 2001, the Office of Placement Administration, the Agency Program Assistance Unit, the Office of Management Development and Research, and the Office of Medical Services Planning will review all requests for changes to the prototype templates.

Children Placed with Kin

Currently: 29%
By December 2001: 35%
By July 2002: 40%
Target: 40%

Enhance utilization of kinship placements

ACS has prioritized kin placements as the preferred placement option for children entering care. Appropriate kin placements often minimize trauma and provide the most stable placements. In FY'00, 25.3% of children placed in foster boarding home placements were placed with kin. That is an increase from FY'98 when the figure was 21.6% and a decrease from 27.2% in FY'99. As of March 2001, 29% of children placed in foster boarding home placements were placed with kin.

By September 30, 2001, the Division of Child Protection will fully implement newly revised procedures for seeking kin and close family relation placements for children who enter care.

Children Placed with Siblings

4 or more siblings entering together
Currently: 45%
By December 2001: 60%
By July 2002: 75%
Target: 100%

By December 31, 2001, the Office of Placement Administration will place 35% of all children entering foster boarding home level of care with kin and increase the rate to 40% by July 31, 2002.

3 siblings entering together
Currently: 75%
By December 2001: 80%
By July 2002: 85%
Target: 100%

Maximize appropriate sibling placements

ACS believes that siblings must be placed together unless it is impossible for a single placement to appropriately meet the needs of all siblings. If a child's needs require he or she be separated from siblings, the children must be placed close together so that they can see and communicate with their siblings frequently. Competing placement priorities must be resolved by an evaluation of the needs of the individual case. Generally, preference should be given to keeping siblings together, even when this means placing children outside their community or forgoing a kinship resource.

2 siblings entering together
Currently: 95%
By December 2001: 95%
By July 2002: 95%
Target: 100%

Entering separately
Currently: 30%
By December 2001: 50%
By July 2003: 75%
Target: 100%

By July 31, 2001, the Office of Management Development and Research will further encourage the recruitment of sibling placements by rewarding agencies that achieve targeted numbers of sibling placements by providing them favorable treatment in contract capacity decisions.

PERMANENCY AND FAMILY ENGAGEMENT

BACKGROUND AND PHILOSOPHY

GOALS

- *Establish* a Family-to-Family program
- *Enhance* role of parents and families in the child welfare system
- *Establish* face-to-face case transfer meetings
- *Ensure* Adoption and Safe Families Act (ASFA) implementation
- *Develop* permanency practice standards and tools for caseworkers and supervisors
- *Improve* family visiting practice
- *Elevate* role of family team conferences as decision points and expand participation
- *Achieve* full implementation of family team conferencing for critical points in care
- *Enhance* resources available at family team conferences to enable needs to be met quickly and flexibly

Permanency for a child is the ability to grow and thrive with a sense of belonging to a family who provides unconditional commitment to him or her. ACS believes that when a family in need comes to our attention, every effort should be made to explore options with the family that would allow the child to stay safely at home. A child's family is the first, and most likely best, place to support healthy growth and development.

If a child must come into care to ensure his or her safety, ACS believes that foster care, a temporary intervention, must be planned with relevant family members involved as partners. This is necessary to ensure the best placement for the child that will address safety concerns and restore him or her most quickly to permanency.

If this effort is to be successful, ACS believes that parents should be included at every step of the process. They must be fully engaged, from the start, so that they understand why their children have been removed, fully participate in designing their own and their children's service plans, and can provide input about placement resources. Parents must also understand what they must do in order for their children to be returned home safely and as quickly as possible. To achieve this, ACS believes that parents must also be fully informed of their role in court proceedings and the concrete steps required for reunification. When reunification cannot be achieved within a reasonable time, permanency for children requires that an alternative safe and nurturing family for the child be found as soon as possible.

GOALS

Establish a Family-to-Family program

The Family-to-Family initiative was developed under the auspices of the Annie E. Casey Foundation in 1992. The four core strategies of the Family-to-Family program are community partnership and neighborhood based services, data utilization and evaluation, team decision-making, and foster parent recruitment and retention. When ACS was created in 1996, we committed to adopting the principal strategies and tools of the Family-to-Family program in New York City. These strategies are reflected in the following initiatives:

- neighborhood based services as described in the Neighborhood Based Services chapter;
- data utilization and evaluation as detailed in the Quality Improvement chapter;
- team decision-making as articulated in this chapter's family team conferencing system initiatives; and,
- foster parent recruitment and support, also described in this chapter.

ACS is committed to working in partnerships to facilitate a broad network of supports, particularly to facilitate mentoring between foster parents and parents in their own communities, and to access valuable neighborhood resources for families and children in need. ACS presently requires all foster parents to attend Model Approach to Partnership in Parenting (MAPP) Training. This series of training modules, conducted over ten weeks, was developed for staff and foster parents in child welfare to promote partnerships in parenting. It is based on the premise that:

- most children who enter care will be reunified with their parents, and,
- foster families should be partners with families to help children go home.

Additionally, foster families may become adoptive families or serve as support for adoptive families.

By September 30, 2001, the Office of Adoption Services and the Parent Recruitment and Expedited Permanency Unit (PREP), with recruitment agencies, will develop a plan to find foster and adoptive homes for special needs children, adolescents, hard-to-place children, and children who have been freed and not placed in pre-adoptive homes.

By December 31, 2001, the Parent Recruitment and Expedited Permanency Unit will enhance MAPP training at all foster care agencies by implementing the Shared Parenting Module.

By December 31, 2001, the Parent Recruitment and Expedited Permanency Unit will design an agency evaluation program for MAPP training and, by December 31, 2002, PREP will complete a foster parent training evaluation cycle.

By January 31, 2002, the Parent Recruitment and Expedited Permanency Unit will have a foster and adoptive parent recruitment and retention structure in place which provides support systems necessary to sustain a dedicated cadre of foster parents committed to the family engagement work demanded by neighborhood based services.

ACS is exploring foster parent recruitment and retention issues, and will develop best practices in foster and adoptive parent supports. By July 31, 2002, the Parent Recruitment and Expedited Permanency Unit will begin facilitating neighborhood based foster and adoptive parent support networks.

Enhance role of parents and families in the child welfare system

When services are initiated, ACS believes that parents must be engaged in the planning process. The importance of parent participation has been articulated in ACS's Permanency and Placement Principles, at our Family-to-Family conferences, and at virtually every forum advancing ACS policy and planning. An ACS parent workgroup was created to provide a forum for parents to address issues with ACS. ACS is committed to further enhancing the role of parents and families in the children's services system.

By July 31, 2001, the Division of Foster Care and Preventive Services will develop and disseminate parent principles that help direct policy and provide a framework for staff training and, by December 31, 2001, develop and disseminate practice standards that reinforce these principles. ACS will ensure key practice elements are incorporated and evaluated in our agency evaluation system.

Establish face-to-face case transfer meetings

ACS believes that children and families deserve timely, consistent quality services. Service provision is sometimes delayed when a case is transferred from one unit to another, from one staff person to another, and when complete case information is not available.

To facilitate the timely achievement of a child’s permanency goal, ACS is committed to face-to-face transfer meetings when case planning responsibility is being assumed by a new worker. These meetings will allow for case specifics to be accounted for and discussed. ACS believes that these meetings will minimize the length of time a receiving staff person will need to gather full case information and familiarize himself or herself with the child and family.

By December 31, 2001, the Division of Child Protection and the Division of Foster Care and Preventive Services will ensure a face-to-face meeting occurs, preferably at a home visit, beginning with high-risk cases, for protective investigations being referred to Family Services Units, and at a family team conference for protective investigations being referred to foster care. This will be expanded to contract preventive services with the implementation of the redesigned preventive services model.

Ensure Adoption and Safe Families Act (ASFA) implementation

The Adoption and Safe Families Act (ASFA) was signed into law in 1997. The law requires:

- that reasonable efforts be made to finalize permanency plans in a timely manner;
- time frames within which the termination of parental rights must be initiated¹³;
- criminal background checks for foster and adoptive parents; and,

¹³ ASFA requires a petition to terminate parental rights (TPR) to be filed once a child has been in care 15 or more months, unless the agency documents either a “compelling reason” why filing a TPR is not in the child’s best interest or another legal exception.

- evaluation of permanency planning goals after a child has been in care for 12 months and permanency hearings every 12 months thereafter.

ACS has worked diligently on ASFA implementation and regularly convenes a cross-divisional ASFA workgroup. ACS's Permanency Review Guidelines Training for ACS and contract agency caseworkers and ACS attorneys stresses the importance of full disclosure to parents about ASFA's new, expedited time frames for permanency.

The goal of ASFA is to reduce the time children spend in foster care whether they have a permanency goal of return home or adoption. ACS's goal is to reduce the median length of stay to 6 months by July 31, 2002 for children coming into care who have a permanency goal of reunification.¹⁴ Decisions regarding whether to file for termination of parental rights (TPR) must be made within 12 months of entry into foster care and, when appropriate, TPR petitions must be filed within 15 months in compliance with ASFA regulations. For children coming into care whose goal is adoption, the goals are to reduce the median length of stay to 35 months by July 2002 and 30 months by July 2003. These reductions in the length of stay should be accomplished without an increase of re-entries into foster care. ACS's goal is to reduce re-entries to 8% by July 31, 2002 and further to 5% by July 31, 2003.

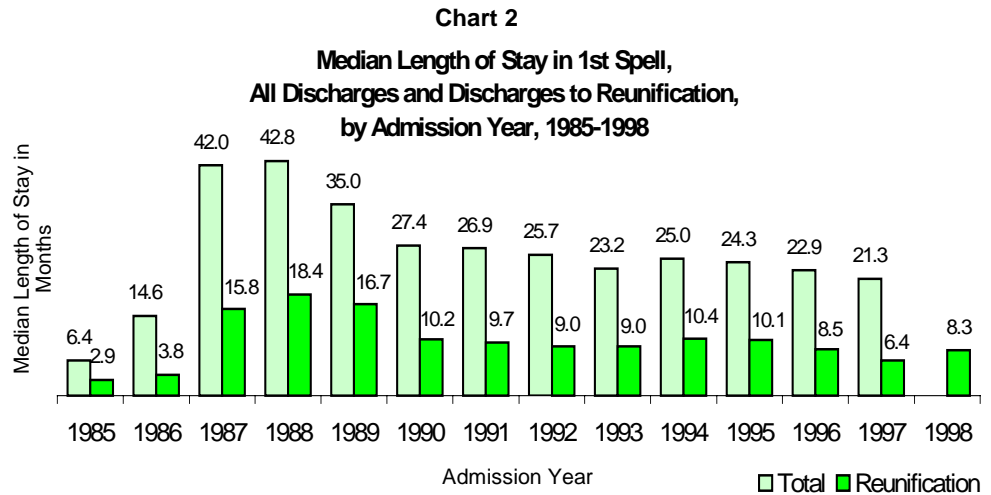
Length of Stay to Reunification
 Currently: 8.3 months
 By July 2002: 6 months
 Target: 6 months

Length of Stay until Adoption
 Currently: 57 months
 By July 2002: 35 months
 By July 2003: 30 months
 Target: 30 months

Re-Entry to Foster Care
 Currently: 11%
 By July 2002: 8%
 By July 2003: 5%
 Target: 0%

¹⁴ At the same time, ACS expects that an increased utilization of appropriate preventive services will cause a decrease in the number of children who enter foster care for very short periods of time (less than three months). The length of stay data is based on analysis of cohorts of children entering care, not on point-in-time data.

Chart 2



By July 31, 2001, the Division of Foster Care and Preventive Services and the James Satterwhite Academy will have completed training all ACS and contract agency staff on ASFA. The Division of Foster Care and Preventive Services will work closely with the Division of Child Protection and the Division of Legal Services in implementing permanency initiatives throughout the agency. The Division of Foster Care and Preventive Services will also work on initiatives to expedite permanency as described in the Legal Services and Family Court chapter of this report.

When a child’s permanency goal has been changed to adoption, a TPR petition needs to be filed as soon as possible. By August 31, 2001, the Office of Adoption Services will develop a tracking system to track whether TPR petitions are being filed by direct and contract agency staff within three months of the goal being changed to adoption.

By August 31, 2001, the Office of Adoption Services will collaborate with the Family Court to reduce adjournments in TPR proceedings and expedite freeing children.

By September 30, 2001, the Office of Adoption Services and the Office of Management Development and Research will develop an incentive plan to achieve adoption milestones and expedite adoptions in accordance with ASFA time frames.

ACS's direct care adoption cases frequently involve children placed out-of-state. To ensure that time permanency is achieved for these children, by September 30, 2001, the Office of Adoption Services will implement a system to track and expedite interstate compact cases, including completion of homestudies.

Develop permanency practice standards and tools for caseworkers and supervisors

ACS issued a set of Permanency Review Guidelines on March 12, 1999.¹⁵ These Guidelines provide guidance to ACS and contract agency staff in their permanency planning activities in order to ensure that all children receive the permanency determinations mandated by federal and state law. The Guidelines set specific expectations around time frames for decision-making and assign specific responsibility for making permanency decisions.

By December 31, 2001, the Division of Foster Care and Preventive Services and the Division of Child Protection will develop and disseminate a permanency practice guide for foster care service planning. This practice guide will concentrate on family engagement, service plan development using family team conferencing, concurrent planning, timely decision-making, and frequent, high-level permanency reviews, and will involve practice

¹⁵ The ASFA Guidelines of March 12, 1999, as well as all four sets of ACS ASFA Guidelines, are available on the ACS website, <http://www.nyc.gov/acs>.

of all divisions from the point of placement to attainment of the permanency goal.

Improve family visiting practice

As safety and well-being permit, children in care must maintain frequent quality contact with their families. Consistent family contact helps:

- minimize the trauma of placement;
- improve children's adjustment to placement; and,
- expedite permanency, especially when the goal is reunification.

Frequent, quality contact with parents facilitates reunification by:

- preserving parents' and children's emotional attachment to each other;
- allowing parents to share in the day-to-day responsibility of parenting their children in care; and,
- enabling parents to recognize and meet their children's safety and permanency needs.

Visits between children and family members also provide opportunities for partnership between parents and foster parents. ACS has worked with the Center for the Development of Human Services (CDHS) to create a new "Shared Parenting" foster parent training module to assist in the transformation to this approach.

The OCFS Foster Care Case Review found that of the children with a goal of reunification, only 29% had bi-weekly visiting with their parent or the person whom they were to join upon leaving foster care. ACS is committed to improving visiting practice within

the child welfare system, with a goal of weekly visiting for parents and children and to have these visits supervised only when necessary. An ACS cross-divisional workgroup was formed to examine the status and quality of visits between parents and children in care and to make recommendations on how visits may be improved. This workgroup was expanded to include representatives from contract agencies, Family Court, the New York State Foster and Adoptive Parents Association (NYSFAPA), and other experts. ACS issued guidelines on best practices and requested visiting improvement plans from contract providers.

The guidelines endorsed a strategy of frequent, quality visiting between parents and children in natural settings conducive to strengthening family bonds. The bi-weekly requirement is to be treated as a minimum with added visits as frequently as possible. Supervision is to be minimized to that which is necessary to meet the child's safety.

By July 31, 2001, the Division of Foster Care and Preventive Services and the Division of Child Protection will develop a monitoring structure for contract agency visiting practices plans.

By December 31, 2001, the Division of Foster Care and Preventive Services and the Division of Child Protection will develop a training module to improve visiting practices, focusing on visit coaching and expanding the range of activities and locations for visits. ACS will expand the ACS/New York City Department of Correction collaboration which has reduced barriers to parent-child visits with parents who are incarcerated.

By December 31, 2001, the Division of Foster Care and Preventive Services and the Division of Child Protection will expand the role of Parent Specialists/Advocates, foster parents, and other staff to alleviate some of the scheduling and logistical barriers to visiting. ACS will develop new approaches, including visit coaching to utilize family time to coach parents on the best ways to meet their children's safety needs.

By December 31, 2001, the Division of Foster Care and Preventive Services will increase and improve training, with the Satterwhite Academy, for parents, foster parents, and caseworkers to improve visiting practices.

*Parent Visits with
Children*

Currently: 29%
By July 2002: 75%
By July 2003: 100%
Target: 100%

Sibling Visits
Currently: 22%
By July 2002: 60%
By July 2003: 75%
Target: 100%

While ACS's goals are frequent, weekly quality visits, ACS will measure performance against the State regulatory minimum. By July 31, 2002, ACS expects that 75% of children in foster care with a reunification goal will see their parent or discharge resource at least bi-weekly, increasing to 100% by July 31, 2003. By July 31, 2002, ACS expects that 60% of children in foster care with siblings in other placements will see each other bi-weekly, and increasing to 75% by July 31, 2003.

Elevate role of family team conferences as decision points and expand participation

ACS is committed to family team conferencing as an effective tool for engaging families in the service planning and coordination process. Several critical family team conferencing opportunities have been identified:

- Elevated Risk 72 Hour Child Safety Conference;
- Post Removal 72 Hour Child Safety Conference;

- 30 Day Family Permanency Conference;
- 90 Day and Bi-Annual Service Plan Review;
- Independent Living Discharge Conference;
- Pre-Adoption Conference; and,
- Reunification Discharge Conference.

Elevated Risk 72 Hour Child Safety Conferences are held by the Division of Child Protection when risk to a child has increased; a service plan is developed that may allow the child to stay safely at home. The Post Removal 72 Hour Child Safety Conference provides a forum for the child's family and other members of the community to meet and discuss the best course of action for ensuring the safety of the child. Families are engaged as partners in decision-making and planning within three to five days of the child's removal. The 30 Day Family Permanency Conference provides an opportunity for continued parental engagement in the planning and decision-making process. This conference facilitates information sharing, process clarification, service planning, and permanency planning.

Service Plan Reviews (SPRs) are held by contract agencies at ninety days and every six months for children in foster care with the participation of families, foster parents, and youth over the age of ten. Conference participants review the permanency goal and discuss services and actions necessary to achieve permanency. ACS has committed the participation of case managers in SPRs for all children in our care.

Discharge Conferences are held for children and youth who are being reunified or have a goal of Independent Living (IL). The

conference objectives are strengths-based assessments and team decision-making, and to ensure that necessary services are available for families and youth. The Pre-Adoption Conference invites all parties to plan for services prior to the adoption finalization. The conference is conducted to aid in making a timely decision about adoption and to facilitate the number of adoptive placements for special needs and older children.

By December 31, 2001, the Office of Management Development and Research, the Division of Child Protection, and the Division of Foster Care and Preventive Services will design an evaluation model to assess the quality of family team conferences, including SPRs.

By July 31, 2002, Office of Management Development and Research, the Division of Child Protection, and the Division of Foster Care and Preventive Services will complete the evaluation of SPR and discharge conferences and incorporate its findings into the family team conferencing system.

Achieve full implementation of family team conferencing for critical points in care

*Percentage of 72 Hour
Child Safety Conferences
Held for All Remands
Current: 90%
By July 2002: 95%
Target: 95%*

ACS's family team conferencing system focuses on family engagement and team decision-making, increased communication, and regular service plan discussion for timely permanency. These conferences are essential for positive outcomes for children and families. ACS is committed to ensuring that the family team conferencing system is implemented in all the boroughs.

As of October 1999, 72 Hour Child Safety Conferences have been implemented in all the Child Protective Offices with prioritization on protective services removals. As of December 2000, 72 Hour

Child Safety Conferences were held in 90% of cases, with parents attending 74% of the time, and consensus-based decisions being reached 87% of the time.

*Parent or Caregiver
Attendance at 72 Hour
Child Safety Conferences*
Currently: 74%
July 2002: 80%
July 2003: 85%
Target: 95%

Staggered citywide implementation of the 30 Day Family Permanency Conference began in November 2000, with benchmarks set for boroughs. By July 30, 2002, the Division of Child Protection and the Office of Financial Services will seek to secure the remaining necessary resources to hold 30 Day Family Permanency Conferences for 80% of remand cases and will achieve 75% parent attendance, increasing to 85% by July 31, 2003.

*Percentage of 30 Day
Family Conferences Held*
Currently: Undetermined
July 2002: 80%
July 2003: 90%
Target: 95%

Case managers in the Office of Contract Agency Case Management (OCACM) and Adoption Case Management (ACM) increased their efforts to attend SPRs in 1999. In CY 2000, OCACM case managers attended over 12,700 SPRs, an average of 68% of those scheduled. From January to March 2001, OCACM case managers attended over 3,080 SPRs or 74% of those scheduled. By June 30, 2001, the Division of Child Protection and the Division of Foster Care and Preventive Services will achieve 80% case manager attendance at SPRs, increasing to 90% by July 31, 2002, and will seek to increase parent participation in SPRs for children with a goal of reunification to 60% by July 31, 2002, and to 75% by July 31, 2003.¹⁶

*Case Manager Attendance
at SPRs*
Currently: 74%
By July 2002: 90%
Target: 95%

Parent Attendance at SPRs
Currently: Undetermined
By July 2002: 60%
By July 2003: 75%
Target: 95%

In April 2000, OCACM case managers began holding Reunification Discharge Conferences (RDCs) for cases with a Family Court disposition of abuse. In July 2000, OCACM began

¹⁶ For new cases entering care, ACS expects much higher participation rates. The lower overall benchmarks take into account the cases already in care where

*Case Manager Attendance
at Abuse and Neglect Trial
Discharge Conferences*

Currently: TBD
By December 2001: 75%
By July 2002: 85%
Target: TBD

*Percentage of
Reunification Discharge
Conferences Held*

Currently: Undetermined
By July 2002: TBD
By July 2003: TBD
Target: TBD

*Percentage of Conferences
Held for All Trial/Final
Discharges*

Currently: Undetermined
By July 2002: TBD
By July 2003: TBD
Target: TBD

*Parent Attendance at
Trial/Final Discharge
Conferences*

Currently: 80%
July 2002: 100%
Target: 100%

*Case Manager Attendance
at Independent Living
Discharge Conferences*

Currently: Beginning July
2001
By December 2001: 50%
By July 2002: 75%
By July 2003: 85%
Target: TBD

holding RDCs for neglect cases. In March 2001, OCACM attended 74% of all discharge conferences requested, and 73% of all trial discharge conferences requested. By December 31, 2001, the Division of Foster Care and Preventive Services will achieve 75% case manager attendance at abuse and neglect trial discharge conferences, increasing to 85% by July 31, 2002.

In July 2001, OCACM case managers will start attending Independent Living Discharge Conferences (ILDCs). By December 31, 2001, OCACM case managers will attend 50% of ILDCs, increasing to 75% by July 31, 2002, and to 85% by July 31, 2003. ILDCs were fully implemented in ACS direct foster care beginning January 2001.

By December 31, 2001, the Division of Foster Care and Preventive Services and the Office of Management Development and Research will collect data and set benchmarks for currently undetermined measures on case manager attendance and conferences held.

Enhance resources available at family team conferences to enable needs to be met quickly and flexibly

The conferencing system provides critical forums for a dialogue between children, families, families' support system, and child welfare staff. ACS is committed to ensuring direct and contract agency staff participation and the facilitation of service planning and family involvement in these conferences. Family team conferences facilitate discussions about children and family strengths and needs, and the appropriate services to meet those

challenges to parent engagement exist because this engagement has not been

needs. A potential barrier to timely service delivery is the inability of staff to quickly obtain financial or material resources for the family.

ACS is developing a process to provide discretionary funds to Child Protective Supervisors following the Child Safety and Family Permanency Conferences. When the Family Team Conference determines that the family would benefit from discretionary funds, ACS envisions that these funds will be immediately available for the purchase of small goods or services that would stabilize the family and allow children to be returned home more quickly.

By December 31, 2001, the Division of Child Protection and the Office of Financial Services will have fully implemented a program for providing these discretionary funds through its case conferencing system.

present in the life of the case.

LEGAL SERVICES AND FAMILY COURT

BACKGROUND AND PHILOSOPHY

When ACS was created, the agency committed to integrating legal services into the agency's mission and work. Attorneys were to partner with caseworkers to advocate for the best course of action for clients in Family Court proceedings, assume vertical responsibility for a case from the time a child enters foster care to the point of reunification or adoption, and assume responsibility for the timely and accurate completion of all legal submissions. ACS recognizes that the Family Court in New York City plays a critical role in the timely provision of services to children and families, as well as in the achievement of a child's permanency goal.

GOALS

- *Collaborate* with Family Court to keep cases on the calendar after disposition and ensure continuity of representation for all parties
- *Increase* the number of DLS attorneys and lower DLS caseloads
- *Improve* training for all DLS attorneys
- *Increase* availability of parent counsel
- *Assist* caseworkers to prepare for court proceedings
- *Develop* system for ensuring dissemination, tracking, and compliance of court orders

GOALS

Collaborate with Family Court to keep cases on the calendar after disposition and ensure continuity of representation for all parties

ACS's Division of Legal Services (DLS) has been working with Family Court to suggest ways to modify Family Court practice, include utilization of case conferences and mediation, and establish a continuous case flow in all Family Court cases. This would require:

- cases remain on the court calendar after disposition;
- shorter and less frequent adjournments;
- parents to have competent, continuous legal representation, backed by social work support where necessary; and,
- the same Judge or judge/referee team to be responsible for overseeing the case from its initiation through permanency.

ACS believes this would result in more responsive and timely completion of court proceedings and expedited permanency for children in foster care. DLS, the Legal Aid Society, and the Family Court now have regular meetings to explore and pursue this goal.

The Division of Legal Services has drafted legislation that has been adopted as a City legislative proposal and introduced in the State Senate to provide for continuous case calendaring after disposition in Family Court, continuous legal authority over cases, continuous legal representation for parents, and permanency hearings every six months. ACS will continue working with the Legal Aid Society, New York Public Welfare Agencies (NYPWA), the New York State Office of Children and Families Services (OCFS), and advocacy groups to garner support.

By October 31, 2001, the Division of Legal Services, with Family Court and the Legal Aid Society, will develop a plan to work in conjunction with the Family Court and other stakeholders to identify and address additional barriers to timely permanency. ACS seeks to decrease court adjournments, increase the use of mediation, and implement continuous legal representation for all parties in the Family Court. ACS will continue to participate in Family Court stakeholders meetings and other collaborative workgroups to further develop these initiatives.

By December 31, 2001, the Division of Legal Services will implement continual case flow in Family Court.

Increase the number of DLS attorneys and lower DLS caseloads

Although the number of attorneys in DLS has increased dramatically in recent years, there is still a need to continue aggressive recruitment and initiatives aimed at lowering the attrition rate. Increasing the number of attorneys in the division will significantly reduce attorneys' caseloads. Lower caseloads allow attorneys to devote more time and resources to each of their cases, leading to higher quality legal representation and expedited permanency for children. Average caseloads have already decreased from over 100 cases per attorney to between 50 and 60, but more work needs to be done in this area to ensure that caseloads do not go back up, and to try and reduce caseloads even further. Additionally, reducing attrition improves the quality of front-line legal practice by increasing the number of experienced attorneys in the division who can handle complicated cases and supervise less experienced staff.

Currently, DLS is utilizing better recruitment strategies such as directly targeting law schools, advertising in multiple newspapers, starting two classes of attorneys per year, employing 20 law students as summer interns each year and actively recruiting them for full-time positions.

By September 30, 2001, the Division of Legal Services will decrease vacancies in attorney lines to 5% and will lower the attrition rate to 5% annually.

By September 30, 2001, the Division of Legal Services will achieve an average attorney caseload of 45 to 55 abuse/neglect cases.

Improve training for all DLS attorneys

Both new hire and in-service attorney training affects the quality of services provided by DLS. ACS has expanded and focused attorneys' initial training on the "nuts-and bolts" aspects of the legal process, including more mock trials, client interviewing skills, and evaluation of evidence. DLS is developing a protocol for in-service training for more experienced attorneys.

By September 30, 2001, the Division of Legal Services will implement cross training with the Legal Aid Society.

By September 30, 2001, the Division of Legal Services will implement enhanced skills training for all DLS attorneys.

By December 31, 2001, the Division of Legal Services will revise and distribute the two-volume legal training manual to all DLS attorneys.

Increase availability of parent counsel

Continuous legal authority offers the potential for continuous legal representation of parents as well. At the same time, however, there is a severe shortage of qualified attorneys available to represent parents in abuse and neglect cases. This has caused lengthy adjournments with adverse consequences for children and families by delaying permanency. Legislation seeking continuous legal representation for parents would be addressed in the context of pursuing actions to relieve this shortage.

Assist caseworkers to prepare for court proceedings

ACS and contract agency caseworkers must appear on time and be prepared for every court appearance in order for child protective and permanency hearings to be handled by the Family Court in a timely and effective manner. Permanency hearings are integral in achieving permanency for children in foster care. Assisting caseworkers to prepare for and testify in permanency hearings is crucial for expediting permanency for children. ACS has distributed a Permanency Hearing Checklist to ACS and contract agency workers to prepare for hearings, as well as to judges and other relevant parties.

By August 31, 2001, the Division of Legal Services and the Division of Child Protection will develop and pilot a caseworker appearance control system that will improve the notification and monitoring of court appearances by ACS and contract agency caseworkers.

By September 30, 2001, the Division of Legal Services will complete training all ACS and contract agency caseworkers on permanency hearings.

Develop system for ensuring dissemination, tracking, and compliance of court orders

Child welfare service provision to children and families is often mandated by orders of the Family Court. To ensure timely provision of services, and the articulation and achievement of permanency goals, ACS is committed to developing a system for timely recording, disseminating, and complying with court orders.

*Timely Dissemination of
Court Orders*
Currently: 50%
By December 2001: 75%
By July 2002: 100%
Target: 100%

By October 31, 2001, the Division of Legal Services will establish Court Document Dissemination Units (CDDU) in all five boroughs. These units will be responsible for scanning all court orders and court action summaries and for disseminating these documents to ACS program areas and contract agencies.

By December 31, 2001, the Division of Legal Services, the Division of Child Protection, and the Division of Foster Care and Preventive Services will develop a monitoring system to check on the implementation of court orders.

YOUTH DEVELOPMENT AND ADOLESCENT SERVICES

BACKGROUND AND PHILOSOPHY

GOALS

- *Develop* strategy for improving services for families with adolescents
- *Expand* youth leadership and advocacy
- *Expand* community based services for teens
- *Concentrate* on families for teens
- *Improve* educational collaborations to support adolescents in care
- *Strengthen* life skills of adolescents throughout the foster care system
- *Strengthen* ACS's direct congregate care program
- *Collaborate* with the Juvenile Justice system
- *Expand* Teen Age Services Act (TASA) outreach and increase enrollment

To thrive and transition into healthy, productive, and self-sufficient adulthood, an adolescent needs education, basic life skills, a work ethic, and, perhaps most importantly, strong and lasting connections with a family or caring adults. Raising teenagers presents a different set of roles and responsibilities for parents. Developmentally, adolescents undergo tremendous physical, emotional, and cognitive changes. Peer relationships play a powerful role, and teens develop crucial aspects of individual identity, resulting in a greater need for control and renegotiation of their relationships with adults. ACS is committed to providing family-based and home-based services to young people that will enable teens and parents to navigate these challenges while teens remain at home, in their schools, and in neighborhoods in a safe and nurturing environment.

If placement into foster care becomes necessary, ACS will ensure the teen's safety and support reunification with the family, if appropriate. All efforts will be made to minimize the length of stay in care. ACS believes that youth coming into care should be placed with kin or in a foster boarding home, and in congregate care only if treatment absolutely requires it. If placement into a congregate setting is necessary, ACS will ensure that appropriate visiting with parents and siblings occurs on a consistent basis. ACS believes an alternative nurturing family should be found for any adolescent whose return home is not a viable option.

Adolescents Placed in a Foster Boarding Home Setting

Current: 23%

By July 2002: 35%

By July 2003: 50%

Target: 50%

ACS is committed to ensuring that young people's discharges from foster care are planned processes, and that "future planning"

commences upon a young person's entry into care. Only in exceptional cases should young people be given the permanency goal of independent living and, in those cases, ACS is deeply committed to ensuring that young people are assisted in establishing relationships with caring adults and obtaining suitable housing, employment or training, and education.

ACS's neighborhood based and permanency initiatives recognize the different needs and concerns of teens. During the citywide RFP, ACS expanded programs for adolescents and expressed our commitment to ensuring communities engage and work with teens. The Therapeutic Foster Boarding Home (TFBH) program has been substantially expanded to support foster home placements of teens. Furthermore, the Supervised Independent Living Program (SILP) has almost tripled in size. ACS's recent expansion of the general preventive services and Persons In Need of Supervision/ Designated Assessment Services (PINS/DAS) programs also aid efforts to support teens at home.

In May 2001, in an effort to broaden support for teens, ACS transferred the Office of Independent Living Services to the Division of Foster Care and Preventive Services, with the mission to plan, coordinate, and implement all services for adolescents. This office has been renamed the Office of Youth Development and will:

- ensure youth involvement in the development of and feedback about ACS programs;
- support youth leadership and community service activities,
- strengthen and monitor educational, skill-building, mentoring, employment, and aftercare programs; and,

- help teens maintain family connections.

GOALS

Develop strategy for improving services for families with adolescents

Although ACS's Permanency and Placement Principles inform practice in placement and permanency planning for all children, youth, and families, Adolescent Principles were developed to specifically frame service delivery for adolescents and families. These principles are clearly only a start and our current practice serving teens across New York City often falls short of these objectives.

ACS will emphasize youth participation, partnership, feedback, and family-based and strength-based casework in the delivery of adolescent services. Services for teenagers must include youth leadership and community service opportunities, challenge young people to reach for high aspirations, and model collaborative partnerships with adults.

By December 31, 2001, the Office of Youth Development will issue a Youth Development Plan. This plan will articulate a set of strategies that reinforce and emphasize the importance of family-building and youth development. These strategies will address expansion of community based assessment, preventive and respite services for high-risk youth, along with greater efforts to recruit foster parents for teens, stronger monitoring of educational and independent living services, and new aftercare models. Removal from home will be resorted to only when the youth's safety requires it.

Expand youth leadership and advocacy

The Commissioner has met with groups of youth to hear directly from them about their experiences with, and suggestions for, the child welfare system. ACS supports peer leadership and self-advocacy and has set up a Direct Care Peer Leadership Council. ACS will build upon these efforts by creating a broader youth workgroup, similar to our parent workgroup. The youth workgroup will be a forum for youth and ACS staff to work together to solve systemic issues.

By December 31, 2001, the Office of Youth Development will form a youth workgroup.

By December 31, 2001, the Office of Youth Development will produce a plan for a new Teen Hotline, to work closely with the Office of Advocacy, and begin a program to train young people to advocate for themselves and their peers.

Expand community based services for teens

ACS will explore established models for serving the needs of families with teenagers with lasting positive outcomes, such as the Blueprint models, including the Multisystemic Therapy (MST) and Functional Family Therapy (FFT) programs, operating around the country.

By June 30, 2002, the Office of Youth Development, the Office of Management Development and Research, and Project Confirm will expand community based services to include pilots for new program models aimed at keeping or returning teens home.

Concentrate on families for teens

ACS believes that all young people need permanent family connections. For teens, permanency is as crucial as for younger children, but may look different and needs to be approached more creatively. For teens, permanency may not be so much a place, as it is lasting relationships with caring adults. People expand their families as they make lifelong friends, establish relationships, marry, and have children. ACS will place more emphasis on restoring and repairing adolescents' relationships with family, and keeping teens in family settings.

ACS has provided foster care staff training on permanency for teens for a dozen agencies and, by June 30, 2002, the Division of Foster Care and Preventive Services and the James Satterwhite Academy, will complete the training of all agencies.

By July 31, 2001, the Office of Youth Development, the Parent Recruitment and Expedited Permanency Unit, and the Office of Management Development and Research will design and begin programs to recruit and support foster parents specifically for teens.

Improve educational collaborations to support adolescents in care

ACS research shows that while adolescents entering care are least likely to have a school disruption, those who do have a school disruption can miss months of school while awaiting transfer approval. This obviously affects their learning, and the chance for future success is compromised.

By December 31, 2001, the Office of Youth Development and the Office of Interagency Affairs will develop and pilot a collaborative model for working with communities and schools to address the needs of adolescents in foster care, including fostering close relationships with the offices of high school district supervisors to streamline the transfer process.

Strengthen life skills of adolescents throughout the foster care system

ACS believes that a young person's education is essential to his or her ability to successfully transition into adulthood. Young people must be encouraged to stay in school, and to pursue their education to the highest level they are capable of attaining. ACS is also committed to ensuring that community and adult relationships are established for youth who are not discharged to families so that they may make a successful transition to life outside of the foster care system.

ACS is committed to ensuring that independent living services in our direct care and contract agencies are comprehensive and provide:

- information, training, and referral services to assist youth in the development of a comprehensive employment plan;
- facilitation for continuing educational or vocational training;
- support in all aspects of pursuing a college education, from assistance in the application process, financial aid, selection of a school, and support while in school;

Adolescents Leaving Care with a Permanent Family
Currently: Undetermined
By July 2002: TBD
By July 2003: TBD
Target: 95%

Adolescents Leaving Care with a Job or in School
Currently: 46%
By July 2002: 55%
By July 2003: 65%
Target: 100%

Adolescents Leaving Care with Sufficient Life Skills
Currently: 46%
By July 2002: 65%
By July 2003: 75%
Target: 100%

- one-on-one mentoring and group coaching on skill areas such as health and safety, household management, and legal rights and responsibilities; and,
- aid in finding employment and housing.

ACS has been developing a comprehensive adolescent services plan for youth in care directly served by ACS. Youth discharged from foster care receive priority for housing from the New York City Housing Authority and are better able to secure housing vouchers. Other initiatives will include programs that encourage and foster the development of leadership skills, decision-making skills, and problem solving skills.

ACS has implemented several mechanisms to facilitate monitoring and assessment of independent living services. A Discharge Conference Protocol and tracking system have been developed to evaluate the services provided to youth prior to and after discharge from foster care. Beginning July 2001, ACS has for the first time made funds available to support aftercare supervision until the age of 21. ACS will continue to explore promising aftercare models and work to replicate them widely.

ACS is also committed to addressing the special needs of adolescents, including gay, lesbian, bisexual, transgendered, and questioning youth, by increasing the number of programs to serve these youth.

By December 31, 2001, the Division of Foster Care and Preventive Services' workgroup on the needs of gay, lesbian, bisexual, transgendered, and questioning youth will produce

recommendations to meet service needs. An implementation plan with a goal of addressing identified needs will be produced by December 31, 2002.

By December 31, 2001, the Office of Youth Development and the Office of Management Development and Research will develop a methodology, collect data, and set benchmarks to measure how many adolescents leave care with a permanent family.

By December 31, 2001, the Office of Youth Development will require improvement strategies in each contract agency having less than acceptable levels of performance on its independent living evaluation.

By December 31, 2002, the Office of Youth Development will require agencies which fail to make substantial improvements in performance based on their improvement strategies to take corrective actions.

Strengthen ACS's direct congregate care program

Congregate care programs managed by ACS directly serve many adolescents who are the most difficult to place due to their service needs and behavioral issues. ACS is committed to ensuring that the quality of our service delivery in our direct congregate care program is continually improved and is of the highest quality. The Division of Foster Care and Preventive Services has developed an adolescent services plan to significantly upgrade all services available to teenagers in care served directly by ACS staff. Additionally, a new enriched staffing model was implemented in ACS's direct congregate care. ACS will continue to improve

medical and mental health services for teens in direct care, and upgrade training available for child care staff.

By December 31, 2001, the Office of Direct Congregate Care Services will ensure full implementation of the Direct Congregate Care Improvement Strategy.

Collaborate with the Juvenile Justice system

Project Confirm, a joint demonstration project of the Vera Institute of Justice and ACS, focuses on foster youth arrested for low level delinquent offenses. Project Confirm is designed to aid coordination and communication between child welfare and juvenile justice systems. The goals are to increase communication between systems, to improve planning for foster children in the juvenile justice system, and to avoid unnecessary detention and foster care replacements.

By October 31, 2001, Project Confirm will be incorporated into the Office of Placement.

Expand Teen Age Services Act (TASA) outreach and increase enrollment

ACS's Teen Age Service Act (TASA) Unit in the Division of Child Protection works with pregnant or parenting teens who are receiving public assistance or Medicaid, in planning for self-sufficiency. Teen parenting abilities and household stabilization are also supported to prevent abuse, neglect, and placement into foster care.

The TASA program collaborates with other city agencies and community based organizations to provide services. To support these client engagement efforts and improve participation rates, ACS organized a broad range of activities which include a client newsletter, a scholarship competition, an educational awards ceremony, and summer trips. ACS is committed to engaging teen parents and nurturing healthy families.

By September 30, 2001, the TASA program and the Office of Quality Improvement will fully implement the Quality Leadership Team initiative.

By December 31, 2001, the TASA program and the Office of Management Information Systems will fully implement the automated TASA database.

By December 31, 2001, the TASA program will increase enrollment by 25%.

CLINICAL SERVICES

BACKGROUND AND PHILOSOPHY

GOALS

- *Incorporate* multidisciplinary clinical perspectives and considerations into child welfare practice
- *Ensure* training and resources to support clinical interventions for children in care and for work with families
- *Ensure* timely and comprehensive screening and assessment of all children coming into care and improve access to clinical assessment and treatment services for parents
- *Develop* an evaluation system of the medical and mental health care of children

ACS seeks to ensure the physical and emotional well-being of children in New York City. ACS believes that accurate and comprehensive assessments and timely interventions addressing issues of children's physical and mental health are fundamental to ensuring safety, well-being, and permanency for children. When children enter foster care due to abuse or neglect, they often have more extensive physical and mental health needs than the general population of children. They require comprehensive services for assessment and referral for treatment. ACS recognizes that the physical and emotional well-being of children is also dependent on parental well-being. Consequently, clinical issues, including physical health, mental health, substance abuse, and domestic violence¹⁷ issues of parents or other primary caregivers must also be addressed. These issues often co-occur in families, creating complex challenges for front-line staff in engaging families, assessing risk to children, and implementing effective and realistic service plans. Timely and skilled interventions may prevent foster care placement or facilitate timely reunification.

ACS's Office of Medical Services Planning assures that all children served by ACS have timely access to high quality, comprehensive services provided in a coordinated and integrated manner. The Medical, Mental Health, and Substance Abuse Units of the Office conduct analysis and planning, and develop policies and programs to address health, mental health, and substance abuse

¹⁷ Domestic violence is referred to here as clinical issue. ACS recognizes that domestic violence is also a social and criminal justice issue and must also be addressed as such.

issues affecting children and families. ACS's Office of Domestic Violence Policy conducts analysis and develops policies to address domestic violence issues affecting children and families.

GOALS

Incorporate multidisciplinary clinical perspectives and considerations into child welfare practice

Multidisciplinary clinical perspectives and considerations must be incorporated into child welfare practice to assure positive outcomes for children and families. Child welfare casework and supervisory staff need to have adequate knowledge about medical, mental health, domestic violence, and substance abuse issues and skills to work in a coordinated and integrated manner with professionals and service systems representing these disciplines. ACS has established Domestic Violence Guiding Principles, which emphasize the need to promote safety for victims of domestic violence and their children, while holding batterers accountable for their behavior.

ACS is developing Substance Abuse Guiding Principles, articulating the agency's approach to working with substance abusers and their families. ACS will also be developing Mental Health Guiding Principles to provide a philosophical framework for addressing mental health issues in casework practice and for improving access to adequate and appropriate services for clients with mental health issues. ACS has developed various casework practice protocols and guidelines to better address clinical issues. ACS has worked closely with medical, mental health, domestic violence, and substance abuse service systems to strengthen partnerships and foster collaboration at the practice level.

By December 31, 2001, the Office of Medical Services Planning will produce strategic plans identifying crucial next steps needed to realize the Substance Abuse Prevention and Guiding Principles.

By December 31, 2001, the Office of Domestic Violence will collaborate with the Domestic Violence Subcommittee of the Commissioner's Advisory Board to produce a strategic plan identifying crucial next steps needed to operationalize the Domestic Violence Guiding Principles.

By December 31, 2001, the Office of Medical Services Planning will begin training on, and implementation of, a cross-systems protocol for more effective communication and coordination with substance abuse service providers. Building upon successes of past annual child welfare-substance abuse cross-systems conferences, ACS will also institute annual cross-systems conferences with medical, developmental, mental health, and domestic violence systems.

By January 31, 2002, the Office of Medical Services Planning will put in place twelve clinical consultation teams composed of experts in mental health, domestic violence, and substance abuse. These teams will be available to assist ACS and contract agency caseworkers and supervisors to improve their knowledge and skills through case consultation and in-service training. These teams will expand to include medical experts by June 30, 2002.

Ensure training and resources to support clinical interventions for children in care and work with families

There are few child welfare staff who also have significant experience or training in mental health, domestic violence, substance abuse, or medical issues. ACS is committed to providing appropriate staff training on these clinical issues.

By December 31, 2001, the Office of Medical Services Planning and the Office of Domestic Violence will develop a new curriculum in domestic violence and revise an existing curriculum on substance abuse that will be delivered as in-service courses to build on the skills and information learned in the Common Core training, which is described in the Supervision and Training chapter.

By July 31, 2002, the Office of Medical Services Planning and the Office of Domestic Violence will deliver interdisciplinary in-service domestic violence training in every neighborhood network and will complete training on the cross-systems operational protocols for child welfare and substance abuse treatment staff.

By September 30, 2002, the Office of Medical Services Planning will develop a comprehensive child health curriculum for casework staff, encompassing medical, developmental, and mental health issues which may be delivered separately or in tandem with the Core Curriculum. ACS will also develop, with input from contracted agencies and substance abuse treatment providers, a standardized Substance Abuse Prevention/Intervention training curriculum for child welfare staff.

By December 31, 2002, the Office of Medical Services Planning, working with the James Satterwhite Academy, will establish a baseline for caseworker knowledge and skills level for handling clinical issues. Over the next two years, ACS will also continue to evaluate the clinical knowledge of child welfare staff and work to develop additional resources to support casework and supervisory staff.

By December 31, 2003, the Office of Medical Services Planning will establish certificate programs in medical, mental health, developmental, substance abuse, and domestic violence to certify and further professionalize child welfare staff.

Ensure timely and comprehensive screening and assessment of all children coming into care and improve access to clinical assessment and treatment services for parents

When a child is placed into care, he or she must receive a comprehensive health assessment to ensure appropriate, quality care. Placement also serves as an opportunity to address a child's medical, developmental, mental health, and substance abuse issues and an opportunity to establish a "medical home" for the child and an ongoing linkage to necessary clinical services for the child and family.

ACS has significantly improved medical screening operations at Field Offices and Pre-Placement Services, and has also acquired funding to enhance mental health triage and crisis service intervention for children awaiting placement. To address the adequacy of funding for agencies to address the ongoing medical and mental health needs of children in care, ACS has conducted

several studies to quantify the need and has made policy and funding recommendations to the State.

By September 30, 2001, the Office of Medical Services Planning will establish standards for universal substance abuse screening and assessment and intervention with children in residential care and, by December 31, 2001, similar standards will be established for children in foster boarding home programs.

By December 31, 2001, the Office of Medical Services Planning will establish a model of health care management and offer technical assistance to institute a health care management system in contract agencies. ACS will further advocate with the State for a revised financing system that recognizes health care management as an essential and integral function in foster care.

By July 31, 2002, the Office of Medical Services Planning will build upon the developmental and mental health screening and evaluation program for foster care children in ACS's direct care and establish best practice guidelines for developmental and mental health assessment within the child welfare system.

By July 31, 2002, the Office of Domestic Violence will also ensure that appropriate domestic violence screening and assessment tools are incorporated into the standard intake/assessment procedures of all other ACS programs providing direct client services, including those programs serving youth.

By December 31, 2002, the Office of Medical Services Planning and the Office of Management Information Systems will fully

implement an automated resource directory of community based medical, mental health, domestic violence, and substance abuse providers to assist casework staff in making referrals.

Develop an evaluation system of the medical and mental health care of children

Given the intrinsic role health and mental health care play in ensuring safety, well-being, and permanency for children, ACS is committed to evaluating the adequacy and quality of medical and mental health services to children in our care and ensuring continuous improvement. ACS has established a medical quality assurance and improvement program to review the quality of medical care and care management operations. ACS has also established a Medical Performance Review Team to conduct record reviews and administrative reviews of all foster care programs. The reviews will form the basis for development of agency-specific quality improvement initiatives and inform prioritization of technical assistance by ACS.

An automated system, the Health Information Profiling System (HIPS), has been developed and is being implemented to provide the medical and mental health status of each child in care; it will also provide capacity for proactive care management and monitoring of health services delivery. Funding has been provided to greatly expand its functionality to include appointment management, reports production, and integration with other data systems.

By December 31, 2001, the Office of Medical Services Planning and the Office of Management Information Systems will have

completed implementation of HIPS system-wide. By July 31, 2002, the Office of Medical Services Planning and the Office of Management Information Systems will complete implementation of HIPS version 2 and generate a “Report Card” on the Health Status of children in foster care.

By December 31, 2002, the Office of Medical Services Planning will establish an annual review of all programs, report on the health status of children in care, and develop benchmarks for improvements. ACS will also establish a mental health service quality review system to assess the adequacy, appropriateness, and quality of mental health services interventions, including use of psychotropic medications, in each of the foster care programs.

QUALITY IMPROVEMENT

BACKGROUND AND PHILOSOPHY

ACS believes in continuous quality improvement through commitment to a culture of excellence throughout the children's services system. The fundamental goals of ACS are to keep children safe, promote permanency, preserve and strengthen families, and nurture the healthy development of children and families. Choices of action should be selected by how well they contribute to the achievement of these goals. From individual case decisions to agency-wide initiatives, ACS is committed to articulating clear practice standards, promoting best practice, seeking excellence, and advocating success in achieving our mission. As underscored at ACS's Conference, "Realizing Reform: The Future of Children's Services in New York City", this can be further achieved by an intensified effort to share data and outcomes. Such information generates valuable open discussion which will undoubtedly contribute toward advances in quality improvement.

GOALS

- *Identify and track* performance on Top 12 Outcomes and Indicators, as well as set benchmarks
- *Establish* quality improvement feedback processes that ensure broad data dissemination and utilize data to improve outcomes
- *Develop and integrate* case review structure utilizing multiple sources
- *Strengthen* quality leadership teams (QLT) action implementation
- *Use* newly implemented foster care and congregate care EQUIP, STAR, and Capacity Management Systems to reward performance of strongest agencies
- *Establish* Preventive EQUIP
- *Establish* stakeholder feedback system

GOALS

Identify and track performance on Top 12 Outcomes and Indicators, as well as set benchmarks

In 1999, ACS articulated and disseminated our Permanency and Placement Principles. ACS also identified twelve outcomes and indicators during the drafting of the principles.

ACS is committed to tracking these outcome and process indicators to measure our success in achieving the goals stated in our principles and implementing Neighborhood Based Services. These indicators will be used to measure improvements in child

welfare services and to identify opportunities to recognize and reward good performance and high practice standards. The chapter on Administration details steps required to develop and disseminate this data.

Building on the work done at the March 2001 strategic planning conference, ACS will now use this information to set benchmarks for improving performance on each of these twelve critical measures. The targets will be aggressive, but attainable, goals that will help ACS achieve the vision articulated in this plan. Six of the twelve benchmarks have been set. As the data for all items are not yet complete, the remainder of the benchmarks will be set by September 30, 2001.

Establish quality improvement feedback processes that ensure broad data dissemination and utilize data to improve outcomes

ACS is committed to utilizing data to inform policy decisions and guide casework practice. Data is used to measure and manage outcomes in programs such as the Foster Care Evaluation and Quality Improvement Protocol (EQUIP), the Safe and Timely Adoption and Reunification (STAR) program, and foster boarding home capacity management. Compliance data is produced weekly and used for operational reports. There is also greater access to data within ACS program areas and the contract agencies through the use of tools such as the Resource Directory and the Foster Home Directory Inquiry Tool.

ACS believes that it is important to have routine broad data dissemination and reports to stakeholders. ACS envisions that data would inform and be fully integrated into supervisory and

casework practice. ACS is also committed to the regular utilization of operational reports organized by geography, program area, or contract agency.

By July 31, 2001, the Office of Quality Improvement, Office of Management Development and Research, and Office of Management Information Systems will ensure that key system-wide activity data is disseminated to all agencies and all communities.

By September 30, 2001, the Office of Quality Improvement, Office of Management Development and Research, and Office of Management Information Systems will ensure that key system-wide outcome data is made available to each agency and each community, comparing their own performance to citywide performance. By December 31, 2001, these offices will ensure all users are provided technical assistance on the content, analysis, and practical utilization of this data.

By July 31, 2001, the Office of Management Development and Research will release the new data system, STARDAT, to all agencies enrolled in the STAR Program. This system will provide agencies with a sophisticated data analysis and management reporting tool, enabling agencies to build queries and produce reports to support quality improvement and strategic planning.

By September 30, 2002, the Office of Management Information Systems will provide access to the Resource Directory Inquiry Tool, which includes data from CONNECTIONS, the Child Care

Review System (CCRS), the ACS Placement Support System, and the Welfare Management System (WMS) to contract agencies.

By March 31, 2002, the Office of Management Development and Research will begin implementation of the new Monthly Preventive Reporting System, currently in development, for contracted and direct preventive services. This system will create a secure website for the transmission of performance, utilization, and other data to facilitate management analysis and reporting.

By July 31, 2002, the Office of Management Development and Research and the Office of Management Information Systems will assess and report on the ability to link child welfare data to other service system data such as mental health, substance abuse, and juvenile justice to enable our ability to approach children and family needs more comprehensively.

Develop and integrate case review structure utilizing multiple sources

ACS believes that case reviews provide a meaningful method to evaluate the effectiveness of service delivery to children and families. Three routine reviews are the bi-annual Service Plan Review (SPR), the Third Party Review, and the Random Case Review.

ACS also utilizes other review processes such as Supervisory Conferences (SupCons), fiscal reviews, medical case reviews, and independent living reviews. In our continuing efforts to better assess the quality of practice, ACS has begun work on developing a Quality Service Review (QSR) process. The objective of the

QSR is to improve practice and standards by appraising the well-being of the children and families we are serving, the effectiveness of front-line practice, and overall system performance.

The State and Federal government oversight bodies also conduct periodic reviews and planning processes. ACS believes that external and internal case reviews should be integrated to avoid redundancy and maximize learning opportunities for staff and positive outcomes for children and families. A routine review system for collecting information and analyzing data should be established that functions under the same standards.

The Office of Quality Improvement will develop an agency-wide process for collecting critical performance information from existing case reviews, and will publish and disseminate this information routinely to everyone who could and should make use of it. The first report will be published by July 31, 2001.

By August 31, 2001, the Office of Quality Improvement will map quality improvement feedback components of each case review mechanism and, by October 31, 2001, will consolidate corrective actions.

By October 31, 2001, the Office of Quality Improvement, Office of Management Development and Research, Office of Medical Services Planning, and Division of Foster Care and Preventive Services will develop an integrated agency scorecard system where component pieces of agency performance are centrally recorded and shared among key ACS managers to ensure a comprehensive

overview of agency performance, and to agencies on their own performance to be used to inform quality improvement actions.

Strengthen quality leadership teams (QLT) action implementation

To support continuous quality improvement in each program and administrative area, ACS implemented the Quality Leadership Team (QLT) initiative. ACS believes that QLTs serve as an inclusive model for staff empowerment and responsibility. Diversity in culture, age, length of service, staff position, and gender is sought in each eight to twelve member team. Currently, twenty-five teams are operating within ACS and are reflective of the agency's program and administrative areas. Teams regularly meet to identify necessary improvements in their areas, evaluate current status and needs, develop action plans, monitor implementation, and conduct ongoing evaluation and monitoring.

ACS is committed to ongoing quality improvement needs identified by staff. ACS believes that QLT recommendations articulated by direct staff should be supported and implemented.

By July 31, 2001, the Office of Quality Improvement will build a system for ensuring program level QLT recommendations and requests for assistance from management are raised to central management for resolution on a routine basis.

By December 31, 2001, the Office of Quality Improvement will design an evaluation process to examine the efficacy of the QLT initiative.

Use newly implemented foster care and congregate care EQUIP, STAR, and Capacity Management Systems to reward performance of strongest agencies

ACS believes that children and families deserve effective and responsive services. To help achieve these goals, ACS aggressively pursued the development of comprehensive, innovative evaluation tools. The Evaluation and Quality Improvement Protocol (EQUIP) is a three-part evaluation system that defines process, quality, and outcome measures in foster boarding home agencies. ACS also developed and implemented the Safe and Timely Adoptions and Reunifications (STAR) Program. This initiative offers financial incentives for permanency outcome improvement in foster boarding home programs. The objective is to counterbalance the current per diem payment structure that can discourage timely discharges of children from foster care.

The evaluation system also introduces capacity management to the foster boarding home program to ensure children are served by the agencies providing the highest quality care. ACS believes that these evaluation tools and initiatives provide appropriate incentives to agencies to ensure the best outcomes for children and families. ACS is committed to the ongoing utilization of these tools, as well as identifying and incorporating appropriate enhancements.

The Office of Management Development and Research has consolidated EQUIP data, and rated agency performance on component pieces. Capacity adjustments based on this information will be made for the fiscal year beginning July 1, 2001.

By August 31, 2001, the Office of Management Development and Research will ensure the first STAR incentive payment is made to

improved agencies and will develop reinvestment strategies to further the permanency work of these agencies.

By October 31, 2001, the Office of Management Development and Research and the Agency Program Assistance Unit will analyze the EQUIP measures separately to determine which activities are in need of improvement system-wide. Every measure will also be analyzed to assess which items are related to positive outcomes. By December 31, 2001, the Office of Management Development and Research and the Agency Program Assistance Unit will publish and propose areas for improvement system-wide from this analysis.

By July 31, 2002, the Office of Management Development and Research will assess whether the STAR program can be amended to apply to congregate care, taking into consideration the varied system dynamics present in congregate care utilization.

Establish Preventive EQUIP

As discussed in the Preventive Services chapter, ACS is committed to restructuring preventive services with a three-tiered model to make service delivery more responsive to the unique needs of families. ACS believes that an EQUIP initiative should be implemented for the newly designed contracted and direct preventive services.

By September 30, 2001, the Office of Management Development and Research will finalize the standards and indicators to evaluate contract preventive providers and, by October 31, 2001, will distribute for comment additional tools and standards for items that will be implemented with the CY 2002 Preventive EQUIP. By

January 31, 2002, all standards and indicators will be finalized and implemented.

Establish stakeholder feedback system

Stakeholder Feedback System

Foster Care Agency

Participation

Currently: 0%

By July 2002: 60%

By July 2003: 90%

Target: 100%

Preventive Agency

Participation

Currently: 0%

By July 2002: 50%

By July 2003: 90%

Target: 100%

As stated in our Quality Improvement Principles, ACS believes feedback from clients is critical to informing ongoing efforts to improve our service delivery. This information must drive improvements in outcomes and the quality of case practice, service delivery, and policymaking. To examine the issues and develop a feedback system, a Stakeholders Feedback workgroup was formed in July 2000. This workgroup was comprised of foster parents, birth parents, and youth in care, as well as representatives from ACS, contract agencies, advocacy groups, and the Legal Aid Society. A draft survey instrument was piloted in foster care programs in December 2000 and finalized in April 2001.

The Office of Quality Improvement will work with agencies to implement the foster care survey with a goal of utilizing it system-wide by July 31, 2002.

By August 31, 2001, the Office of Quality Improvement will draft a preventive stakeholder feedback survey with a goal of utilizing it system-wide by July 31, 2002.

By September 30, 2001, the Office of Quality Improvement will seek the approval of the Council on Accreditation and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to recognize these instruments in their accreditation process.

SUPERVISION AND TRAINING

BACKGROUND AND PHILOSOPHY

ACS believes that every child and family deserves to be served by well-trained staff who are grounded in permanency-focused, best practice standards. Well-structured and well-delivered training improves the skills of front-line staff, as well as facilitates the abilities of supervisors to support and mentor their staff. The transformation of New York City child welfare practice requires front-line staff who embrace the values of ACS reforms and ASFA, and have the skills to engage and collaborate with families to achieve permanency, while maintaining the legal responsibility of ensuring safety for all children.

When ACS was created, the agency conducted an intensive review and restructuring of its training program. The training budget was significantly increased from less than \$2 million in 1996 to more than \$24 million today, and ACS's James Satterwhite Academy staff was substantially expanded. There was also an expansion of the Office-Based Training (OBT) system in the field. The Satterwhite Academy established a new Department of Contract Agency Training to set standards for, facilitate, and monitor training in contract agencies. ACS constructed a modern training facility in its new Children's Center, which has fully equipped training rooms and technical facilities. ACS believes that the Common Core Training System, described later in this chapter, which has a unified framework of practice as its foundation, will help frame staffs' expectations on casework and supervisory practice in support of the vision and philosophy of this plan.

GOALS

- *Clarify* supervisory role
- *Utilize* the Common Core Training System as the model of training and implement training program
- *Develop* a comprehensive training delivery system for all new ACS and contract agency caseworkers and supervisors
- *Develop* in-service training and professional development plan
- *Develop* training evaluation system
- *Collaborate* with the Schools of Social Work and other academic institutions
- *Develop* employee skills evaluation and track completion and skill level in employee records

While significant advances have been made for ACS staff, similar gains have not occurred for contract agencies. ACS has secured significant funding to address this need and now faces a great challenge to implement a comprehensive training program and professional development strategy for caseworkers and supervisors of our contract agencies.

At the same time, agencies continue to suffer from high turnover and staff vacancies, which compromises the ability to devote new staff time to introductory training. ACS will continue to advocate with contract agencies for resources to minimize the staffing issues agencies are facing.

GOALS

Clarify supervisory role

ACS is committed to informing all staff about what is expected from them in their daily work and how those expectations help achieve positive outcomes for children and families. ACS believes that supervisors play a critical role in supporting and guiding casework practice. ACS currently requires that all ACS caseworkers must earn at least 30 graduate school credits toward an MSW to be eligible for appointment to be a supervisor and has implemented an MSW scholarship program to assist caseworkers in achieving this goal. Recognizing the importance of these initiatives, ACS is now working with contract agencies and the State to achieve similar reforms for contract agency staff. ACS is committed to supporting quality supervision and has begun a comprehensive review of supervisory roles and best practices.

By December 31, 2001, the Office of Quality Improvement will ensure all supervisors at ACS and the contract agencies receive management training sufficient to enable them to undertake their role as coach and mentor, as well as task manager, to caseworkers.

By December 31, 2001, the James Satterwhite Academy will implement a supervisory Common Core curricula for new and experienced supervisors that enable them to support workers in utilizing the skills critical to good case practice.

Utilize Common Core Training System as the model of training and implement training program

The New York State Common Core, a comprehensive outcomes-based training system for caseworkers and supervisors serving children and families, has been adopted as the model for this training. The training integrates front-line practice through case-based teaching and on-the-job application of skills. The New York City version includes additional emphasis on ASFA, and includes the reform plan initiatives of Family-to-Family, Family Team Conferencing, and Neighborhood Based Services. Additionally, cultural sensitivity and cultural competency has been enhanced in this training to reflect the cultural diversity in New York City and bring the voices of our clients and communities into training.

The Supervisor Common Core is a 10-day training, consisting of three modules. These modules focus on the framework of practice and the competencies essential to effective supervision, supervising family-focused practice, and the supervisor's role in family service planning. Through a parallel process, supervisors learn the skills to mentor and coach caseworkers as caseworkers learn to work with

families and children. Supervisors will be responsible for the on-the-job training components of the Caseworker Core, as well as the continued professional development of caseworkers.

The New Caseworker Core is a 20-day training, consisting of five modules focused on child welfare practice. This Core is delivered over ten weeks with an alternating week structure: one week in the classroom and one week of on-the-job training. The on-the-job trainings are specialized for particular fields such as preventive, protective, foster care, and congregate care. The Core also endorses a cross system training approach for caseworkers and supervisors so that protective, preventive, foster care, and congregate care staff participate in the classroom training together. Specialty training follows in their respective program areas.

By September 30, 2001, the Satterwhite Academy will finalize the classroom curriculum and the on-the-job component for new workers, experienced caseworkers, and supervisors.

*Entry Level Caseworkers
Receiving Training Before
Taking a Case*

Child Protective Services

Currently: 100%

Target: 100%

Foster Care

Currently: 5%

By July 2002: 60%

By July 2003: 100%

Target: 100%

Preventive Services

Currently: 5%

By July 2002: 60%

By July 2003: 100%

Target: 100%

Develop a comprehensive training delivery system for all new ACS and contract agency caseworkers and supervisors

Since 1996, the Child Protective Services (CPS) New Hire Training has been expanded to a 10-month period, including a 26-day Core Phase I curriculum, 3 months in a training unit, and 22 days over a 10-month period for Core Phase II courses. Additionally, a broad range of in-service courses have been developed and are available to staff. Training includes Case Conferencing, Instant Response Team Protocol, and a Supervisory and Management Course. The Adoption and Safe Families Act

(ASFA) and its focus on expediting permanency has been integrated into all trainings.

ACS developed this training to ensure that ACS staff received appropriate training while the James Satterwhite Academy conducted a comprehensive review of training across the child welfare system. ACS is committed to developing a comprehensive foundation training program for all ACS and contract agency caseworkers and supervisors to ensure common purpose and practice in support of the vision of this plan system-wide. ACS has been successful in advocating for and securing substantial financial resources to make this training available to contract agencies. Critical to this new system is the need to develop the capacity to deliver the training to all newly hired workers before they assume a caseload. Experienced caseworkers and supervisors will also receive a modified version of this training, so that the current workforce will understand and support the values and skills of the Common Core Training System.

By December 31, 2001, working with agencies and their training departments and in collaboration with the New York City area schools of social work, the James Satterwhite Academy will have in place a comprehensive training system for contract agencies which will ensure adequate training is available for all caseworkers before being sent to the field to work with children and families. By June 30, 2002, the James Satterwhite Academy will integrate ACS staff into this training delivery system.

ACS Staff Fulfilling In-Service Training

10 Day Caseworker

Currently: 5%
By July 2002: 25%
By July 2003: 50%
Target: 100%

5 Day All Other

Currently: 5%
By July 2002: 25%
By July 2003: 50%
Target: 100%

Develop in-service training and professional development plan

ACS is committed to the ongoing professional development of child welfare staff. As stated in our Quality Improvement Principles, staff should have opportunities to continually improve their practice skills and to keep abreast of best practice. The purpose of in-service training is to equip staff with the skills and knowledge to support ACS's mission and outcomes through increased staff competence and improved front-line practice.

Opportunities to augment the knowledge and skills acquired in initial training and experience must continue in an ongoing and systematic manner. To facilitate the realization of these goals, ACS initiated a full-tuition scholarship program for staff to obtain Master of Social Work (MSW) degrees. Each year, a total of over 200 ACS staff receive full MSW scholarships, while others are supported with release time for graduate school programs. Over 300 ACS and contract agency staff not yet matriculated in MSW programs take credit-earning MSW courses via an ACS network of Distance Learning classrooms. More recently, tuition support to contract agency staff who are pursuing their MSWs has also been provided, benefiting almost 100 MSW students annually. Additionally, a new tuition repayment program has just been announced to attract top students from the schools of social work to child welfare practice. ACS has also enhanced training to existing staff, which focuses both on agency and individual program areas and initiatives such as the Quality Investigation Practice (QIP), Family Service Unit, and the New Approach to Placement.

By December 31, 2002, the James Satterwhite Academy will develop and implement a full in-service training and professional development plan that supports all ACS staff attending a minimum of 5 days of training or professional development each year, with 10 days required annually for ACS front-line caseworkers and supervisors.

Develop training evaluation system

When ACS implemented the more rigorous CPS training, we also enacted another significant requirement for newly hired CPS staff. Staff now have to pass a qualifying test upon completion of training. Failure to pass results in termination of employment. When the new Common Core Training System is implemented, ACS is committed to the incorporation of an evaluation component. Training must be evaluated for its quality and its impact on practice, in a continual quality improvement process linked to the goals and outcomes of the agency. ACS believes that staff need to be assessed on their skills and the impact of training before they are placed in the field to serve children and families. ACS also believes that trainers need to be evaluated on the effectiveness of their instruction.

By November 30, 2001, the James Satterwhite Academy will develop an evaluation tool for certifying Common Core trainers.

By November 30, 2001, the James Satterwhite Academy will develop an evaluation system to certify trainees who have successfully completed the Common Core training.

Collaborate with Schools of Social Work and other academic institutions

ACS believes that partnerships between child welfare and schools of social work and other academic institutions support service delivery to children and families. ACS is committed to working with the academic community to educate faculty about New York City child welfare reforms and work with Bachelors of Social Work, Masters of Social Work, and other appropriate programs on child welfare workforce recruitment and retention. ACS will continue to work with the consortium of New York City Schools of Social Work to support MSW field placements and advanced supervision, develop enriched MSW coursework in child welfare, and assist in-service training.

By September 30, 2001, the James Satterwhite Academy will work with the Schools of Social Work to develop a formal agreement among the Schools and ACS to identify and implement collaborative projects that advance child welfare practice within the field of social work.

Develop employee skills evaluation and track completion and skill level in employee records

ACS believes that ongoing professional and skills development is crucial and must be maintained. This development needs to be consistently tracked. Therefore, ACS is committed to ensuring this information is captured system-wide for all employees.

By December 31, 2001, the James Satterwhite Academy, with contract agencies, will develop and implement a “training passport” system which tracks the courses and training received by ACS and contract agency staff.

By June 30, 2002, the James Satterwhite Academy will establish an electronic training/educational record.

GOALS

- *Meet* all basic resource needs of agency
- *Complete* facility review and ensure quality of office environment
- *Ensure* local MIS capacity to meet data development and reporting needs of the agency

ADMINISTRATION

BACKGROUND AND PHILOSOPHY

A comprehensive review of ACS operations and facilities was conducted during 1996, the first year of ACS's creation. The development of ACS's infrastructure in budget, technology, procurement, and personnel management also began that year. The Division of Administration was created to ensure administrative support to ACS through the improvement of resource allocations – including equipment, supplies, facilities, and personnel – and to advocate on behalf of the agency with oversight bodies to implement program goals.

GOALS

Meet all basic resource needs of agency

ACS built its infrastructure by securing six new sites and fully renovating sixteen, including new headquarters located at 150 William Street and the Children's Center. Less visible, but equally critical, resource accomplishments that facilitate daily functioning include the installation of voicemail in the field offices and direct care offices, the establishment of an effective inter-office mail system, the establishment of a LAN and WAN, and the decrease in the vacancy rate to 5%. ACS also assured that each facility has adequate office supplies by negotiating a contract with Staples, which allows each ACS facility to order supplies pursuant to ACS published guidelines.

By September 30, 2001, the Division of Administration will develop a plan to respond to ongoing needs articulated by staff in the 2000 staff opinion survey to sustain their ability to do their job.

Complete facility review and ensure quality of office environment

The quality of the office environment is one factor which contributes to staff's ability to ensure the best service delivery to children and families. In 1996, ACS committed to a facility review of all ACS sites and offices to examine the appropriateness of the work environment. In the 2000 Staff Opinion Survey, respondents identified the continuing improvement of the work environment as one priority for ACS resources. This review will establish criteria for renovation and replacement of all ACS offices and directly operated residences. This review will pay particular attention to client meeting and interviewing spaces.

By October 31, 2001, the Office of Facilities will complete a maintenance plan for child welfare facilities that will ensure regular ongoing improvements to ACS facilities.

Ensure local MIS capacity to meet data development and reporting needs of the agency

In the past five years, ACS has made great strides in data development and utilization. ACS has built a Data Warehouse which provides access and distribution of weekly refreshed data from CONNECTIONS, the Welfare Management System (WMS), the Child Care Review Service (CCRS), the Placement Tracking System (PTS), and the Placement Support System (PSS). This Data Store allows ACS to review and evaluate past and present placement activity more accurately than ever before. Products of this warehouse include the Resource Directory, Foster Home Directory Inquiry Tool, and the capability to perform ad hoc queries against these data systems individually and in combination with each other.

ACS also built the Health Information Profile System (HIPS), which captures critical health information on children in foster care. Ad hoc query and reporting features will soon be built allowing ACS, for the first time, to review the health status of all children in care. These systems eagerly await the completion and full implementation of the statewide CONNECTIONS system which will complement these ACS systems. The Office of Management Information Systems is also working on a number of other projects such as the Integrated Case Management System, ACRS plus, the Legal Tracking System, Crimcheck, Service Plan Reviews Tracking, the Intranet, Adoption on Line, the Congregate Care Network, the HeadStart Network, and the implementation of CONNECTIONS including a module on Vacancy Control.

Data and management reports are regularly distributed and utilized throughout ACS, with a significant portion of the analysis being conducted by internal staff. ACS Monthly Updates track data on protective services, foster care, adoption, and preventive services. Annual public reports such as the Status Report and the Placement Report present in-depth data analysis on indicators such as those mentioned in the Monthly Management Report.

By September 30, 2001, the Office of Management Information Systems will develop regular reports on top priority indicators and outcome measures.

By September 30, 2001, the Office of Management Information Systems will build the report distribution mechanism for these reports.

By December 31, 2001, the Office of Quality Improvement, with the support of the Offices of Management Information Systems and Management Development and Research, will begin development of a user training curriculum and job aid materials. The Office of Management Information Systems will provide a system for Help Desk/Continual Technical Support.

By December 31, 2001, the Office of Management Information Systems will develop additional data marts to support reporting on additional indicators and measures.

By June 30, 2002, the Office of Management Information Systems will develop network architecture to support electronic report distribution from these data marts, as well as a distribution design.

APPENDIX A

ACRONYM LIST

ACRONYM	DESCRIPTION
ACD	Agency for Child Development
ACM	Adoption Case Management
ACS	Administration for Children's Services
AFCARS	Adoption and Foster Care Analysis and Reporting System
ASFA	Adoption and Safe Families Act
CCRS	Child Care Review Service
CD	Community District
CDDU	Court Document Dissemination Units
CDHS	Center for the Development of Human Services
CES	Child Evaluation Specialist
COS	Court Ordered Supervision
CPG	Casework Practice Guide
CPM	Child Protective Manager
CPR Form	Child Placement Referral Form
CPRT	Casework Practice Recording Template
CPS	Child Protective Services
CPST	Child Protective Support Team
CY	Calendar Year
EQUIP	Evaluation and Quality Improvement Protocol
FHC	Family Home Care
FY	Fiscal Year
HHS	United State Department of Health and Human Services
HIPS	Health Information Profiling System
HRA	New York City's Human Resources Administration
IL	Independent Living
ILDC	Independent Living Discharge Conference
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
MAPP	Model Approach to Partnerships in Parenting
NBS	Neighborhood Based Services
NCANDS	National Child Abuse and Neglect Data System
NYSFAPA	New York State Foster and Adoptive Parents Association
NYPWA	New York Public Welfare Agencies
OCACM	Office of Contract Agency Case Management
OCFS	New York State Office of Children and Family Services
OPA	Office of Placement Administration
PINS/DAS	Person in Need of Supervision/Designated Assessment Services
PPS	Pre-Placement Services
PREP	Parent Recruitment and Expedited Permanency Unit
PSS	Placement Support System
PTS	Placement Tracking System
QIP	Quality Investigation Practice

ACRONYM	DESCRIPTION
QLT	Quality Leadership Team
QSR	Quality Service Review
RDC	Reunification Discharge Conference
RTC	Residential Treatment Center
SPR	Service Plan Review
STAR	Safe and Timely Adoption and Reunification Program
SupCon	Supervisory Conferences
TASA	Teen Age Services Act
TPR	Termination of Parental Rights
UCR	Uniform Case Record
WMS	Welfare Management System

APPENDIX B

PERFORMANCE AREA	Current	Dec-01	Jul-02	Jul-03	Target
<i>Neighborhood Based Services</i>					
CDs with sufficient foster home resources (out of 59 CDs)	13		40	59	59
Agency foster home resources in CD (against target)	TBD		85%	95%	100%
Children placed in their CD of origin	17%		50%	65%	75%
Children entering foster care who stayed in their own school or changed schools for educational reasons	65%		80%	90%	90%
Effective neighborhood based networks in place	TBD		25%	50%	100%
Foster Parents MAPP trained	TBD		TBD		TBD
<i>Child Support Enforcement</i>					
Total # of active child support orders	208,251		219,000	230,000	TBD
Total annual child support collections (in millions)	\$447		\$500	\$555	TBD
Child support collections as a % of orders	76%		85%	90%	100%
<i>Preventive Services</i>					
Preventive cases referred by DCP	50%		60%	65%	65%
Reunification with preventive aftercare	TBD		10%	25%	25%
<i>Child Protective Services</i>					
Timely completion of all six investigation activities	58%	70%	75%	85%	100%
<i>Placement</i>					
Percent of children from Field Offices placed through Pre-Placement Services	40%		30%	20%	15%
Children placed with kin	29%	35%	40%		40%
Children placed with siblings:					
Entering together: 4 or more siblings	45%	60%	75%		100%
Entering together: 3 siblings	75%	80%	85%		100%
Entering together: 2 siblings	95%	95%	95%		100%

PERFORMANCE AREA	Current	Dec-01	Jul-02	Jul-03	Target
Entering separately	30%	50%		75%	100%
*Expect a reduction in short stayers because of greater utilization of preventive services					
<i>Permanency and Family Engagement</i>					
Length of stay to reunification*	8.3 mos		6 mos	6 mos	6 mos
Length of stay to adoption	57 mos		35 mos	30 mos	30 mos
Re-entry	11%		8%	5%	0%
Parent visits with children (biweekly)	29%		75%	100%	100%
Sibling visits	22%		60%	75%	100%
Percentage of 72 Hour Child Safety Conferences held on all remand cases	90%		95%		95%
Parent or caretaker attendance at 72 Hour Child Safety Conferences	74%		80%	85%	95%
Consensus reached at 72 Hour Child Safety Conferences	87%		TBD	TBD	TBD
Percentage of 30 Day Family Conferences Held	TBD		80%	90%	95%
Case manager attendance at SPRs	74%		90%		95%
Parent attendance at SPRs	TBD		60%	75%	95%
Percentage of reunification discharge conferences held	TBD	TBD		TBD	TBD
Percentage of conferences held for all trial/final discharges	TBD				TBD
Case Manager attendance at A/N trial/final discharge conferences	TBD	75%	85%	TBD	TBD
Parent attendance at trial/final discharge conferences	80%		100%		100%
Case Manager attendance at IL trial/final discharge conferences	Not yet occurring	50%	75%	85%	TBD
Adoptive parent attendance at pre-adoption conferences	100%				100%
<i>Legal</i>					
Timely Dissemination of Court Orders	50%	75%	100%		100%

PERFORMANCE AREA	Current	Dec-01	Jul-02	Jul-03	Target
<i>Youth Development and Adolescents</i>					
Adolescents placed in a foster boarding home setting	23%		35%	50%	50%
Adolescents leaving care with					
Permanent family	TBD		TBD	TBD	95%
Job or school	46%		55%	65%	100%
Life skills	46%		65%	75%	100%
<i>Quality Improvement</i>					
Stakeholder feedback foster care agency participation	0%		60%	90%	100%
Stakeholder feedback preventive agency participation	0%		50%	90%	100%
<i>Supervision and Training</i>					
Entry level caseworkers receiving training before taking cases					
Child Protective Services	100%				100%
Foster Care	5%		60%	100%	100%
Preventive Services	5%		60%	100%	100%
ACS Staff Fulfilling In-Service Training					
10 day caseworkers	5%		25%	50%	100%
5 day all other	5%		25%	50%	100%

APPENDIX C

NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES

PERMANENCY PRINCIPLES

The mission of the Administration for Children's Services is to ensure the safety and well-being of all the children of New York. The permanency principles serve as one of the cornerstones for ACS and contract agency self-assessment. These are not regulations, but principles that will help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training. These principles are our predominant philosophy as we serve children and families. There will be individual cases where they are contrary to the best interests of the child; the child's best interests must always prevail.

- PERMANENCY -

To thrive and grow into healthy, capable adults, children need a sense of belonging to a family who provides an unconditional commitment to them. To support families in need, providing preventive services within the family home is preferred. If placement into foster care is required to ensure a child's safety, the family should be fully engaged in planning for services and the child's safe return home as soon as possible. An alternative safe and nurturing family for the child must be found as soon as possible when returning home is not an option.

All children deserve safe, nurturing, permanent families who can provide an unconditional, lasting commitment to them.

- A child grows and develops at a rapid speed. Every decision about his or her family and future must be made in a timely, responsive manner, consistent with a child's sense of time.
- A child who can be protected within his or her own family and home with the support of community services should not come into foster care.
- If a child cannot be protected within his or her home, he or she must be temporarily removed and permanency planning must begin immediately.
- A child should not be returned to parents who cannot demonstrate an ability to provide a safe and stable home for that child.

All children and families deserve services that meet their specific needs and respect their unique strengths.

- Every child and family must receive an individualized assessment and service plan tailored to their particular needs.
- The child's needs are paramount, and must be understood in the context of the family's cultural and religious heritage.
- Preventive and foster care services must be family-focused, culturally and linguistically competent, and accessible in the community.
- Services must be available to a child and family to prevent placement and support reunification, adoption, or discharge from Independent Living programs.

Every person involved with a child's care must act with urgency to assure a permanent family for each child as quickly as possible.

- Foster care is a short-term intervention, not a solution. A permanency decision for the child must be made within one year of when the child entered care. If a child is to be reunified with the parents, he or she should be reunified within 15 months. If a child is to be adopted, his or her adoption should be finalized within 27 months.

- Permanency planning for a child begins at intake.
- Parents must demonstrate commitment and improvement early in a child's stay in care.
- Every person involved, but most importantly the parents, must receive clear and consistent messages about the concrete steps required for reunification, including expected timeframes for completion.
- When a child enters care and reunification seems unlikely, a concurrent adoptive or alternative permanency case plan must be developed.
- Every teenage child in care must receive services and support to acquire the skills to live a healthy, productive, and self-sufficient adult life. He or she must also be provided connections to family resources that will be available during and after placement.
- A child's family and community resources must be maintained regardless of his or her permanency goal.

Every person involved with a child's care – the child, parents, extended family, foster family, agency staff, and law guardian – must work as partners to ensure positive outcomes for children and families.

- All those involved with a child's care must be fully informed about their roles and responsibilities.
- Each individual involved in a child's care must be treated with respect and viewed as an integral part of the process; the child and parents are the most essential.
- Parents must feel empowered and encouraged to work with the extended family, foster family, caseworkers, and community members.
- A foster family must feel empowered and encouraged to work with the parents and extended family of children in their care.
- Every child and family must receive stable support and clear direction from their caseworker, including a smooth transition when a caseworker changes.

NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES

PLACEMENT PRINCIPLES

The mission of the Administration for Children's Services is to ensure the safety and well-being of all the children of New York. The placement principles serve as one of the cornerstones for ACS and contract agency self-assessment. These are not regulations, but principles that will help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training. These principles are our predominant philosophy as we serve children and families. There will be individual cases where they are contrary to the best interests of the child; the child's best interests must always prevail.

- PLACEMENT -

Placing a child removed from home into foster care is a traumatic experience. The trauma to a child's life should be minimized through stable placements that maintain family, school, and community ties. Accessible and effective neighborhood-based services should be readily available to a child and family to meet their needs.

All families deserve to be involved in their children's placement in foster care.

- Parents must be fully informed about the reasons for their child's placement into care, the conditions for reunification, and the timeframes for meeting such conditions.
- Parents must be encouraged to actively participate in family case conferences as soon as possible after placement and at other critical points during the child's stay in foster care.

All children deserve to know why they are entering foster care.

- A child must receive an explanation of why placement is occurring and what will happen.
- A child must have the opportunity to take personal items when entering care.

All children deserve to be placed with their siblings.

- Each child within a sibling group must be evaluated as both an individual and as part of a sibling unit.
- Siblings must be placed together unless it is impossible for a single placement to appropriately meet the needs of all siblings.
- If a child's needs require he or she be separated from siblings, the children must be placed close together so that they can see and communicate with their siblings frequently.
- Sibling reunification while children are in placement must be sought.
- Competing placement priorities must be resolved by an evaluation of the needs of the individual case. Generally, preference should be given to keeping siblings together, even when this means placing children outside their community or forgoing a kinship resource.

Children deserve to be placed with a foster family within their community.

- A child and family must be encouraged to help define what is considered the child's "community."
- A child entering care must be able to stay in his or her school, maintain friends, and keep contact with family members and community institutions. A sufficient array of

foster homes must be available in each community to assure community-based placements can be made.

- A child with special needs must be placed in a home-based setting in his or her neighborhood, when possible.
- A child must be placed in a setting that promotes immediate and consistent family contacts in a welcoming environment.
- A foster family must work with parents to maintain family and community ties and to provide support and guidance to the child and parents.
- Relationships should be established for the child with the community that the child will be residing in after discharge, if known, to ensure a successful transition to life outside of the foster care system.

Children deserve to be placed with their kin.

- All possible efforts must be made to identify appropriate and suitable kin as a placement resource for a child. If a child cannot be placed with kin in his or her community, preference should be given to placing a child with kin over placing a child within his or her neighborhood.
- The diversity of family structures and the family's definition of kin must be respected, if they are consistent with the safety and best interests of the child.
- Kin must receive both support services and financial resources in a timely and consistent manner.
- A kinship placement must be treated in the same manner as a non-kin placement with respect to safety, service provision, and permanency planning.
- Kin must be encouraged to be a permanent resource to a child, including through guardianship and adoption.

All families deserve to have their children's individual needs, as well as the family's group needs, met.

- Every child and family must have a placement based on a full evaluation of the child and family.
- Every child – regardless of age, need, and discharge plan – must be placed in the least restrictive level of appropriate care, preferably within a family home setting.
- A placement must be reflective of and responsive to a child's specific culture, religion, and background.

All children deserve stable foster care placements.

- Every effort must be made to minimize movements while in care.
- A child should not have to change a placement in order to be able to receive additional or different services.
- If it appears at initial placement that a child is not likely to be reunified with his or her family, he or she must be placed with a potentially adoptive family. Concurrent planning for reunification and adoption must occur.
- Foster parents must be supported to avoid placement disruptions when stresses arise.

**NEW YORK CITY
ADMINISTRATION FOR CHILDREN'S SERVICES
PARENT PRINCIPLES**

The mission of the Administration for Children's Services (ACS) is to ensure the safety and well being of all the children of New York. Recognizing the central role parents play in the lives of their children, ACS developed these principles to outline our philosophy about the critical importance of working in partnership with parents to achieve safety, stability and well being for their families. These principles are to help direct policy decisions, formulate practice guidelines and protocols, and provide a framework for staff training and development.

***Principle: Meeting Families' Needs.* ACS recognizes that safety, permanency and well being for children are paramount, and believes this is best achieved by strengthening and supporting the relationship between children and their parents.**

To make this principle a reality, service providers must:

- Acknowledge that all families have strengths, yet can experience periods of crisis;
- Treat parents with respect and value them as meaningful partners in planning for their family's services;
- Include fathers as an integral part of their children's lives;
- Work quickly to meet families' needs including maintaining family contacts, strengthening family functioning, and acting swiftly to address family problems;
- Give prompt referrals and access to community based-culturally competent services to resolve families' needs while their children are at home, in out of home care and after children have returned home;
- Schedule meetings and appointments in way that consider parents' other responsibilities and transportation needs;
- Consider parents' ethnic, cultural, religious and linguistic needs when selecting appropriate services and developing a service plan;
- Seek and consider parents' recommendations for the care of their children; and
- Develop a team of support for parents and especially encourage parents to work with resource parent as partners.

To make this principle a reality, parents must:

- Understand their central role in their children's lives and do everything they can to meet their children's needs;
- Demonstrate they can provide a safe and stable home focused on their children's well-being; and
- Work in partnership with service providers to resolve family problems quickly.

***Principle: Respect and Communication.* Parents must be fully informed about what to expect in the child welfare system. This information must be communicated honestly, include possible consequences/outcomes and address fears openly and directly.**

To make this principle a reality, service providers must:

- Inform parents at the earliest possible time of their rights and responsibilities;
- Ask parents about family supports and resources and inform them about their ability to have them available;
- Give parents clear and consistent messages about the changes in behavior and capacity which are required for reunification, including specific timeframes which should be met;

- Inform parents about the court process including what to expect, how to prepare and what will be said about them in court by their caseworkers
- Provide parents with timely and written notification about meetings and appointments;
- Inform parents of any and all staffing, placement and policy changes that affect their children's lives and provide parents with an opportunity to discuss these changes;
- Inform parents when a decision has been made that reunification is not in the best interest of the child and that a petition may be filed to terminate their parental rights; and
- Respect parent's confidentiality and right to privacy in all communications.

To make this principle a reality, parents must:

- Inform providers of changes in their lives, which directly affect their children's safety, and well being such as a new job, address or phone number;
- Share information about their children with resource parents; and
- Respond to contacts such as letters and telephone calls from their caseworkers.

***Principle: Decision Making.* Parents should be supported in their role as parents and given opportunities to remain involved in their children's day to day activities and in decisions that impact their children's lives.**

To make this principle a reality, service providers must:

- Create an environment for the active participation of parents in case conferences and team decision-making at all critical points throughout the case;
- Acknowledge that until a parent's parental rights have been terminated their family's ties must be maintained and respected.

To make this principle a reality, parents must:

- Attend scheduled meetings and participate in the development of the service plan for their family;
- Keep appointments with their caseworkers and service providers; and
- Visit or contact their children regularly (or as determined by the Court).

New York City Administration for Children's Services
Family Visiting Principles for Children in Foster Care

- 1) Visiting between children in foster care and their family members (particularly parents and siblings) is vital for children's well-being, and healthy growth and development. Visits support the maintenance of family bonds which are critical to a child's ability to develop healthy attachments and maintain important relationships.
- 2) A child's visiting plan should always ensure the safety of the child, and should also be flexible and responsive to the particular case circumstances, paying special attention to addressing the reasons the child entered care.
- 3) A child's visiting plan should be developed by a team including the parent, the child (if over the age of 10), the foster parent, and the case planner. If siblings are separated, the visiting plan should be coordinated to the extent possible, aiming for a single plan for all children when in their best interests.
- 4) The more often and consistently visits occur, the more quickly the parent will make progress towards successful reunification. Therefore, the frequency and length of visits should increase over time, with increasing responsibility being given to the parent to plan visit activities and arrangements in the family's natural environment.
- 5) Visiting plans and arrangements are fluid and should evolve with and respond to the parent's progress towards achieving reunification.
- 6) Visiting plans should always be the result of careful and ongoing case assessment.
- 7) Visiting arrangements should build on parents' strengths and parents should be supported to use visits as an opportunity to:
 - develop an understanding of their child's age, developmental, attachment, and emotional needs;
 - respond appropriately to the child's needs by practicing and enhancing effective parenting skills;
 - address the reasons their children entered foster care;
 - understand a child's sense of time and need for a permanent living arrangement, and realistically assess their own situation and ability to provide such a permanent arrangement in the near future.
- 8) Foster parents, child care workers, and case planners should be trained and supported to understand the importance of visits for children's well-being, as well as the nature of attachment and loss so that they are equipped to understand and respond to children's feelings and behavior before and after visits.

**NEW YORK CITY
ADMINISTRATION FOR CHILDREN'S SERVICES
ADOLESCENT SERVICES PRINCIPLES**

The mission of the Administration for Children's Services (ACS) is to ensure the safety and well being of all the children of New York. ACS developed Permanency and Placement Principles to serve as one of the cornerstones for ACS and contract agency self-assessment. These are principles that will help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training and development. The principles are our predominant philosophy as we serve children – including adolescents – and their families. The following principles frame our service delivery to adolescents and their families.

PERMANENCY FOR ADOLESCENTS

Adolescents need to have a sense of connection to a permanent family who provides an unconditional lifetime commitment to them. They need to be empowered to aspire and to succeed in their goals and pursuits, and be able to establish life long relationships that will nurture, guide, and support them. ACS is committed to providing an effective service delivery system that is proactive, preventive and developmental in its approach, comprehensive in delivery, and flexible in assuring that services are tailored to adolescents and families. The services will be linked closely to the neighborhood and communities. These services will enable the adolescents to remain at home in a safe and nurturing environment that includes extended family, friends, significant others, and community members. The safety of adolescents is always paramount.

If placement in foster care becomes necessary, ACS will work with the adolescents and family to ensure the adolescent's safety. ACS will seek to fully engage the family in planning for the return of the adolescent to minimize the length of the out-of-home placement. When returning home is not a viable option, the adolescent will be placed permanently with a safe and nurturing family. Resources must be used efficiently and in a flexible manner, and be quickly adjusted to meet the changing needs of the youth and their families.

Adolescents deserve safe and nurturing homes and family relationships that will help them to develop into productive and self-sufficient members of their community.

- Every adolescent is an individual who must be treated with care, concern, and respect.
- Each family is unique and must be treated with care, concern, and respect.
- Each adolescent and their family members must be afforded the opportunity to freely discuss the issues that are affecting his or her ability to function in their family, school, and family community.
- Every adolescent and family who comes into contact with ACS must be viewed as a member of their own community and must be provided with services that sustain them as healthy and productive members of their community.
- Each adolescent and their family should remain intact in a safe and non-threatening environment with appropriate preventive services before placement into foster care occurs.
- The family's diversity, ethnic, cultural, religious, and linguistic preferences must be considered, discussed, and addressed to the fullest extent possible.

Adolescents and families must be evaluated, assessed, and referred to appropriate community-based services which view the family as key to stability in the adolescent's

life and provide services that are designed to meet the specific needs of the adolescent and family.

- Services for youth and families must be responsive, timely, and flexible to meet the changing needs of adolescents and families.
- The family's diversity, ethnic, cultural, and religious preferences must be respected.
- When removal of an adolescent is necessary, the adolescent and/or the family's recommendation for placement with a family member must always be given priority consideration.
- When placement is required, every person involved must be encouraged to work diligently towards reunification, adoption, or some other permanency option in order to provide a safe and stable environment for the adolescent.
- Every adolescent and family must fully participate in all discussions and decisions related to their service plan as it is being developed and implemented.
- Referrals and linkages to services must be done expeditiously, and must meet the needs of the adolescent and family in a community setting that is sensitive to issues affecting the functioning and stability of the family, and is also responsive to the level of care or treatment needed.

Adolescents and their families deserve to have access to services and support systems that recognize their unique strengths and have the capacity to respond to the unique needs of the adolescents, their families, and communities in which they live.

- Service providers must incorporate into policy and practice the recognition that the family's relationship is the stabilizing factor in the adolescent's life, while the service systems and support personnel within those systems fluctuate.
- Service providers must function as agents in guiding the adolescents and families as they work jointly to keep the family together, to achieve reunification or to accept an alternative permanency goal.
- A broad range of services and levels of care and treatment must be accessible to adolescents and their families, particularly when special needs arise.
- Agencies must establish collaborations on both policy and service levels, to ensure that when service needs extend across funding categories and agencies, there are linkages to ensure that the adolescent and their families can access the services.
- Each adolescent will receive support services while in care and upon trial/final discharge, these services will be intact and connections to additional and long-term community support will be made.

Adolescents deserve services that are proactive and build on their positive attributes and strengths.

- Adolescents and their family must be able to access programs that encourage and foster the development of leadership, decision-making and program-solving skills; while also building character, self-esteem, and morals.

- Services to the adolescent and family must be outcome specific to help the adolescent develop skills, to formulate personal goals and to learn appropriate strategies and behavior that are geared towards achieving their lifelong goals.

Adolescents must be offered services that recognize their need to experience and successfully negotiate challenging stages towards adulthood.

- Services to adolescents must be age and level appropriate to the developmental stage and behavioral needs of the adolescent.
- Service to the adolescent must be gender specific and address issues that relate to self-identify, sexual orientation, and development.

Adolescents deserve safe environments where they can engage in challenging opportunities with supportive adults and peers.

- Adolescents must be provided with safe places, a variety of challenging opportunities, and ongoing contact with supportive adults and peers.
- Lifetime connections between the adolescent and caring adults must be fostered regardless of the adolescent's permanency goal.
- Adolescent services must be provided in settings that encourage relationships that are built on trust and mutual respect .

Agencies, service providers, and family members must continuously assess and monitor the needs and functioning of the adolescent and family during aftercare to prevent the re-entry of the adolescent into the foster care system or some other type of out-of-home placement.

- Agencies, service providers, adolescents, and families should work collectively as a team to ensure that essential aftercare services and/or referrals are provided prior to discharge and maintained at a level appropriate to the needs and requirements of families and adolescents during aftercare.
- Agencies, service providers, adolescents, and families should be proactive in identifying problem areas and work together to find solutions.
- Aftercare services must include empowerment and confidence building; this will enable adolescents to recognize, evaluate, and resolve problems before they reach crisis proportions.

New York City Administration For Children's Services
PRINCIPLES FOR ADDRESSING DOMESTIC VIOLENCE¹
IN CHILDREN'S SERVICES

The mission of the Administration for Children's Services (ACS) is to ensure the safety and well-being of all the children of New York City. In keeping with this aim, ACS has developed a set of guiding principles that address domestic violence between or against caretakers receiving ACS services, including: Protective Services; Foster Care; Preventive Services; Homemaking; Child Care; Child Support; and Teenage Services.

Of the many factors that place children at risk, domestic violence is one of the most pervasive and complex. In addition to crossing boundaries of race, class, religion, culture, and sexual orientation, domestic violence challenges traditional methods of service delivery. Effective domestic violence interventions require unique and deliberate coordinated services both within ACS and across agencies. These guiding principles reflect ACS's philosophy regarding domestic violence and are intended to help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training in this area.

-DOMESTIC VIOLENCE-

ACS believes that one of the most effective ways to enhance children's safety after the detection of domestic violence in their homes is to support and help non-abusive parents to protect themselves and their children while engaging abusive partners² in services and holding them accountable for their actions. When appropriate, preventive services for the family are preferred. Preventive services should help families create or maintain a safe home and promote the stability and well-being of both parents and child. If placement into foster care is required, the non-abusive parent and the abusive partner should be engaged in service and/or safety planning to facilitate the child's safe return home as soon as possible.

¹ Domestic violence, as defined in Section 459-a(1) of the Social Services Law and 18 NYCRR 452.2(g), is an act against a family or household member that would be a violation of the Penal Law including, but not limited to, disorderly conduct, harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted murder. It may also include sexual, psychological, and economic abuse that impairs the ability of the abused person to function in a self-determining and healthy way or causes a person to be afraid. The violence that occurs between adolescents/young adults is not addressed in the current document. Often called Teen or Dating Violence, this form of intimate partner violence requires policies and guidelines of its own. Because the perpetrators and victims are still dependent children with some independent aspects of their lives, interventions, both legal and services must be specifically designed that will address these concerns. These will be addressed in later policy documents.

² The term "partner" refers to an individual with whom the custodial parent has a marital, cohabiting or significant dating relationship. The partner may or may not be the parent of the child.

All children deserve to live in homes free of domestic violence.

- ACS child welfare and child care staff should be equipped to effectively identify and respond to domestic violence and have access to expert consultation and adequate resources.
- Every family involved with ACS should receive timely and appropriate assessments that evaluate for domestic violence. Individual family members must be interviewed separately during this assessment. The victim's prior help-seeking efforts and experiences must be explored and incorporated into the assessment.
- Family members should be provided with appropriate and responsive interventions, including ongoing safety planning for the victim.
- The non-abusive parent and the abusive partner must be engaged in appropriate services to help maximize the safety and stability of the home for the child. These services must be provided separately when indicated by the assessment.
- When domestic violence creates an immediate danger of serious physical harm or serious emotional impairment to a child, every effort should be made to provide for safety without separating the non-abusive parent and child. If preventive services cannot effectively curtail domestic violence within the household, the abusive partner should be removed from the home by the police, or the non-abusive parent should be assisted in entering emergency shelter or another safe living situation with her child.
- When safety planning with the non-abusive parent and/or criminal justice intervention does not reasonably provide for children's safety in the context of domestic violence, appropriate safety interventions, including foster care placement, must be made.
- In considering kinship foster care placement in cases involving domestic violence, a careful assessment must be conducted to ensure that such arrangements will not compromise the safety and well-being of the adult victim or child, or interfere with permanency planning with the adult victim.
- Children entering foster care must not be placed with any person who is currently a perpetrator of domestic violence. If the assessment reveals past domestic violence, a thorough assessment must be done to document that it is no longer present in the household.

All families in domestic violence situations deserve assessment and proactive services that meet their individual needs and respect their unique strengths.

- Every child and family member must receive individual assessments and age appropriate service plans that address the trauma and impact of domestic violence.
- All family members must receive culturally and linguistically competent services in safe and appropriate settings when domestic violence is identified.
- All family members must be provided with an understanding of their rights and options.
- All non-abusive parents should be referred to needed services, including domestic violence programs. Referrals must be made to law enforcement agencies or the courts for legal intervention when appropriate.
- Every parent who is a victim of domestic violence should be engaged in developing a strategy for increasing their safety and preparing in advance for the possibility of further violence.

- Every parent who is a victim of domestic violence should be engaged in developing their service plan to ensure that it is responsive to their needs.
- All abusive partners should receive individual service plans, referral to batterer intervention programs, when appropriate, and monitoring of the progress of their plans.
- The history of domestic violence must be taken into account in planning or making recommendations about visiting, to ensure that such arrangements do not endanger the child or the non-abusive parent. Children's visits with an abusive parent should be planned with the non-abusive parent to minimize risk.

Abusive partners must be held accountable for their actions.

- Mechanisms for holding abusive partners accountable may include criminal justice and law enforcement interventions, and required participation in batterer intervention programs.
- Non-abusive parents must not be held accountable for the violence committed by others.

Every person and system involved with a child's care must work in partnership to ensure positive outcomes for children and their families.

- Each individual involved in a child's care must be treated with respect and viewed as an integral part of the process.
- Children should be ensured of enhanced safety through a coordinated community response. This coordinated community response should engage domestic violence programs, the police, family and criminal courts, and other key systems and providers.
- Child welfare and child care staff should work together with domestic violence program staff toward a shared goal of overall family well-being.
- Families experiencing the overlap of domestic violence with other risk factors, such as child abuse/neglect, substance abuse, mental illness, and poverty, should be assisted through intra- and interagency collaboration that may include cross-training and collaborative programming.
- Families should receive consistent and appropriate judicial responses fostered by a partnership between ACS and the Family and Criminal Court systems.
- Whenever possible, given legal and ethical standards governing client confidentiality, families should be more comprehensively served through the sharing of information among agencies and providers.

<p style="text-align: center;">NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES SUBSTANCE ABUSE PRINCIPLES</p>
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The mission of the Administration for Children's Services (ACS) is to ensure the safety and well-being of all the children of New York City. In keeping with this aim, ACS has developed a set of guiding principles to reflect ACS's philosophy regarding substance abuse and to provide a framework for policies, programs, training, and practices across the child welfare field.

ACS recognizes that substance abuse by parents is a major factor affecting children's health, mental health, and safety. ACS believes that once substance abuse is identified as a barrier to parenting, the most effective way to enhance children's safety is to support the child, adolescent, parent and/or foster parent with comprehensive services. ACS's preference is to support children safely at home by providing preventive and substance abuse treatment services that promote safety, recovery, and well-being. If this is not possible and removal is necessary, the parent should receive timely and appropriate substance abuse services so as to expedite reunification. In addition, children and adolescents who come from substance abusing families should be provided holistic assessments, responsive preventive services, and, when needed, quality treatment.

All child welfare staff should have a clear and in-depth understanding about substance abuse, treatment, the recovery process, and how it directly and indirectly affects children, adolescents, and parents.

- Alcohol, tobacco, and drug abuse can pose serious risks to the health of an individual, undermine family stability, and negatively affect child safety, well-being, and emotional development.
- Addiction is influenced by physical, cultural, gender, social, and psychological factors and affects all members of a family to varying degrees and in diverse ways.
- Children and adolescents with a history of abuse and/or neglect and a family history of addiction are particularly at high risk of substance abuse and co-occurring issues.
- Current or past use of substances is not the sole determinant of whether or not a person will be a good parent.
- A strong connection exists between substance abuse, mental health, and domestic violence. In recognition of this correlation, the child welfare system should ensure both safety and stability for the parent being abused and his or her child(ren).
- Various types of substance abuse treatment can work in helping the client progress toward recovery.
- Recovery is a lifelong process for those with addiction and may include occasional relapse. A safe and supportive living environment as well as the development of coping skills and a supportive network for the client is essential to the recovery process.
- Child welfare staff should receive appropriate training, consultation, and resources to effectively assist parents and/or adolescents achieve recovery and permanency goals.

All children, adolescents, and parents deserve a strength-based and holistic approach to assessment that promotes a comprehensive understanding of their issues and service needs.

- All clients served by ACS should be screened for substance abuse.
- Individuals identified with substance abuse issues and their families should receive a comprehensive assessment to determine safety, strengths, and services needed.
- Assessments and monitoring of clients' needs and progress should be ongoing to address any changes including decisions about permanency goals and child safety.

All children, adolescents, and parents affected by substance abuse deserve a fair and timely opportunity to receive needed services that will assist them in attaining safe, nurturing, and permanent homes.

- Interventions should include a range and continuum of services including, but not limited to, prevention, comprehensive treatment, and aftercare services that are responsive to the individual's and his/her family's needs and promotes parental responsibility, child safety, and permanency.
- All families deserve access to high quality and well-managed services regardless of ability to pay and method of payment.
- Referrals to substance abuse prevention and treatment programs should be informed by current clinical knowledge about addictions.
- Clients are best served by neighborhood-based services, which helps to remove barriers to accessibility and maintain family connections. The choice of a local provider should be made in collaboration with the client and will take into consideration appropriateness, availability, quality of service, and should be done in a manner that assures client safety and confidentiality.
- Every client in the child welfare system must be involved in developing his or her service plan.
- The client, child welfare staff, and treatment providers are all responsible for the fulfilling mutually developed services and must work as partners to ensure positive outcomes.

All individuals affected by substance abuse as well as child welfare staff have a responsibility to appropriately respond to substance abuse issues in order to foster and maintain child safety, family stability, and recovery.

- Parents need to understand how their substance abuse is affecting their child's safety and well-being and be willing to make significant progress towards recovery and appropriate parenting in order to assure timely permanency for their child(ren).
- Child welfare's response to parental substance abuse should be based on the parent's attention to the safety and care of his/her child, the parent's response to treatment including relapse management, and whether the parent's needs are being met.
- Children and adolescents need to understand the ramifications of substance abuse and learn to value their own ability to avoid high-risk situations likely to lead to use and/or abuse.
- Individuals affected by substance abuse must be given adequate opportunity to address their addiction and obtain support to strengthen their ability to achieve recovery, stability, and healthy relationships.
- Substance abuse must be addressed in the context of other issues, which may be affecting the child, adolescent and/or parent including parenting, domestic violence, health, mental health, criminal justice involvement, nutrition, housing, family services, education, and employment.
- Maintaining and strengthening the relationship between children and parents, when appropriate, is important to aiding the parents' move into recovery and to assuring children's permanency and healthy development.
- Policies, programs, and practices for children, adolescents, and parents affected by substance abuse should be responsive to their strengths and needs, respectful of their cultural, ethnic, and gender identity, and address the cycle of generational abuses and neglect.
- It is critical that staff communicate with families openly and honestly throughout the life of the case.
- Communication and sharing of information about the adolescent or parent affected by substance abuse and his/her child(ren) should be done in a respectful and germane manner and in compliance with the client's right to confidentiality.
- The child welfare system should work with other systems and providers to remove barriers and create systems of care that effectively respond to the complex needs of clients and promote healthy and safe families.

ACS Mission for Child Care

To support families by promoting the safe and healthy development of children, enabling families to work, and broadening the array of quality child care options in New York City

ACS supports families by providing quality childcare for infants, toddlers, pre-schoolers and school-age children. To further this mission, ACS has developed a set of principles, which will help direct policy and resources, formulate program guidelines and quality assurance protocols, and provide a framework for staff training and development. The principles reflect our predominant philosophy as we work to serve children and families.

- All children, including those with special needs, deserve safe, nurturing, high quality, affordable child care while their parents or caregivers work, attend school or participate in training or treatment programs. Childcare is viewed as an essential component of a neighborhood network of family support services.
- All children and families deserve childcare services that meet their specific needs and respect their unique strengths. Every child and family must receive childcare tailored to their particular needs and appropriate for their development and situation. The child's needs are paramount, and must be understood in the context of the family's cultural and religious heritage. A child grows and develops at a rapid speed. Every activity with the child and family must be timely, developmentally appropriate and educationally sound.
- Childcare services must be family-focused, culturally and linguistically competent, and accessible in the community when and where families need them. Continuity of care and continuous eligibility are important for healthy child development and family economic stability.
- All families deserve to be the key decision-maker in the selection of childcare for their child. Parents must be fully informed about the full range of child care opportunities, payment options, fees and quality protections so that they are able to make the most informed choice for their child. Parents must have access to easy-to-understand and up-to-date information about childcare opportunities, quality, cost, availability of subsidies and how to apply for them. Families should have the opportunity to choose among various high quality options for the care and education of their children. Parents must feel empowered and encouraged to work with the program, provider and/or agency.
- Every person involved with a child's care must act to provide a safe, nurturing and developmentally appropriate care and learning experience. Everyone involved with a child's care must work as partners to ensure positive outcomes for the child. All those involved with a child's care must be fully informed about their roles and responsibilities. Each individual involved in a child's care must be treated with respect and viewed as integral to the child's success.
- All child care options should be of high quality and ensure: an educationally sound program or curriculum; well-trained teachers, caregivers and administrators; a sufficient number of staff to care for and respond to each child and provide support to each family;

safe, healthy and age-appropriate facilities, equipment and material; and, culturally and developmentally appropriate learning opportunities.

- All subsidized childcare will meet quality standards as required by city and state law.

NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES CONTINUOUS QUALITY IMPROVEMENT PRINCIPLES

The mission of the Administration for Children's Services is to ensure the safety and well-being of all the children of New York. ACS believes in continuous quality improvement in our service delivery through commitment and involvement at all levels – in ACS and our contract agencies – in a culture of excellence. ACS supports an ongoing effort to provide focus in our daily work and to constantly improve the quality of our service delivery. Every employee, at every level – from front-line workers to managers to directors in all areas such as administrative, fiscal, legal, management, child care, preventive services, foster care, and adoption – of ACS and the agencies we contract with, is expected to commit himself or herself to continuous quality improvement and to make use of these principles. From individual case decisions to agency-wide initiatives, ACS is committed to articulating clear practice standards, promoting best practice, seeking excellence, and advocating success in achieving our mission.

The fundamental goals of ACS are to keep children safe, promote permanency, preserve and strengthen families, and nurture the healthy development of children in our care. Individual courses of action should be assessed by how well they contribute to the achievement of these goals. The child and family must be at the center of every decision. The clients of all our services – Child Support Enforcement, Child Care, Head Start, Child Protective Services, Preventive Services, Foster Care, and Adoption – deserve to be treated with respect by all ACS and contract agency staff.

Every employee has a significant role in achieving positive outcomes for children and families served by ACS and contract agencies.

- Every employee's unique role in the delivery of quality services must be recognized and supported by colleagues and managers.
- Every employee must continuously strive to perform to the highest practice standards when providing services to children and families and is accountable for meeting these standards.
- Achieving successful outcomes for children and families depends upon individual and departmental accountability, collaboration, and cooperation.

Assessments and expectations must be clear and communicated honestly.

- Open and honest communication in an atmosphere without fear is critical to success.
- Every employee must be fully informed about what is expected from his or her daily work and how those expectations relate to achieving positive outcomes for children and families.

The processes of continuous quality improvement must be inclusive and engage all appropriate parties.

- Individual perspectives and contributions from front-line staff, managers, and clients must be respected, regardless of title or rank.
- Every effort must be made to engage clients – including parents, foster/adoptive families, and, when appropriate, children – to actively participate in service delivery and planning.
- Feedback from clients must be sought to identify potential changes in policies, practice, and operations.
- Policies and programs must be designed with the participation of employees who implement them and the clients who are affected by them.

Decisions must be made on the basis of factual information.

- Every person has a role in ensuring responsible communication.
- Decisions should be based on both quantitative and qualitative data that include client and employee feedback.
- Every individual must have access to information that informs him or her of the process, substance, and outcomes of his or her work.
- Information must be used to drive improvements in outcomes and the quality of case practice, service delivery, and policymaking.

Achieving quality is not a quick fix; it is an ongoing process.

- Every employee must have the opportunity to increase and improve his or her knowledge, skills, and experience.
- Policies and programs should be evaluated regularly and modified when needed.

