

NYC Administration for
Children's Services

**Progress on ACS
Reform Initiatives**

Status Report 3

March 2001



Rudolph W. Giuliani,
Mayor

Nicholas Scoppetta,
Commissioner

NYC Administration for Children's Services

Nicholas Scoppetta
Commissioner

April, 2001

Dear Colleagues:

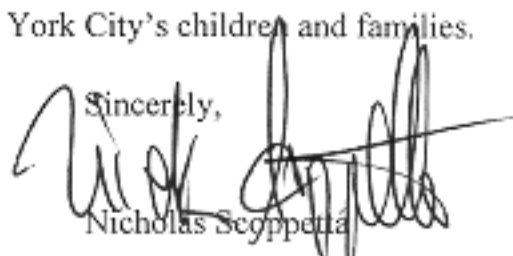
I am pleased to provide you with *Progress on ACS Reform Initiatives: Status Report 3*, a focused analysis of trends and performance measurements for the New York City child and family service system. I believe this report provides valuable information that will be useful to ACS staff, provider agencies, and other community members interested in the performance of these vital services.

Those who have worked in children's services have long recognized that a lack of clear and usefully presented information limits what might be done to improve services to vulnerable children and their families. This limitation was recognized in ACS' reform plan, *Protecting the Children of New York*, which identified specific management indicators necessary to support effective management of this complex service system. We at ACS are committed to developing well-designed and well-maintained information systems, and the publication of analyses and reports that can disseminate data to those who need it.

This report represents the third of what will be an annual publication on this topic. The analyses in this report build on those in *Status Report 1: Outcome and Performance Indicators*, which was released in June of 1998, and *Reform Plan Indicators: Status Report 2*, which was released in March of 2000. In how it has been constructed, *Status Report 3* illustrates ACS' current focus on three critical areas of reform (neighborhood-based services, permanency and continuous quality improvement) and features the first in-depth analyses of the ACS Top 12 Outcomes and Process Indicators. Several of the analyses represent substantial refinements from previous reports, while five new indicators are presented for the first time. The new indicators include neighborhood based placements, the incidence of repeat maltreatment, the implementation of Family Team Conferences, the distribution of Masters in Social Work Scholarship awards and the achievements of the Supervisory Training program.

With each successive report, we intend to report on a greater scope of indicators. We believe that the *Progress on Reform Initiatives* will make a useful contribution toward our goal of improving services to New York City's children and families.

Sincerely,

A handwritten signature in black ink, appearing to read "Nick Scoppetta", written over the printed name.

Nicholas Scoppetta



ACKNOWLEDGEMENTS

Progress on ACS Reform Initiatives: Status Report 3 was prepared by the following members of the Management Analysis Unit (MAU) in the Office of Management Development and Research:

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We are very grateful to Fred Wulczyn, Emily Zimmerman and Joseph Kogan of the Chapin Hall Center for Children who conceptualized and prepared the analysis for the sibling section of this report. We are also indebted to Dylan Conger and Alison Rebeck of the Vera Institute for Social Justice who worked closely with Board of Education staff to obtain the data that they used to provide the insightful analysis for the Education section of this report. And, we thank Patty Donaldson of Accenture for her efforts in providing us the data to complete the Repeat Maltreatment analysis.

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**PROGRESS ON ACS REFORM INITIATIVES:
STATUS REPORT 3**

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CHAPTER ONE

INTRODUCTION

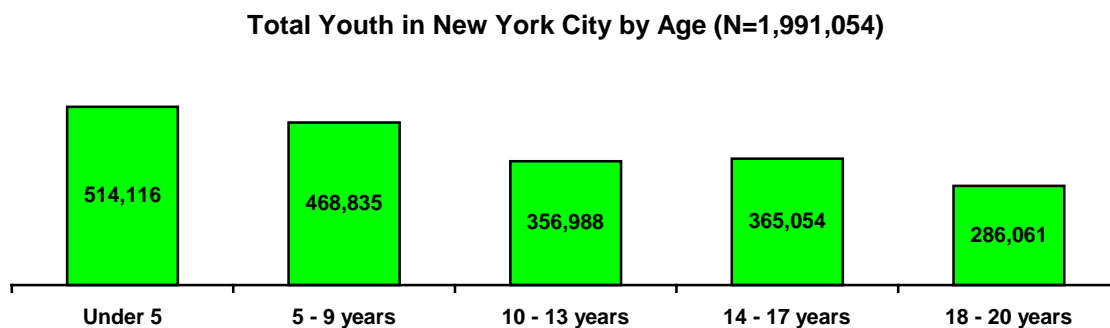
OVERVIEW

The Administration for Children Services (ACS) is the child welfare agency for the City of New York. ACS is accountable for the safety and well being of all of the City's children.

Specifically, ACS is responsible for the protection of children from abuse and neglect; the stabilization of families under stress; the provision of out-of-home care that is nurturing, responsive to need and temporary; and the timely achievement of the best permanent solutions for children in its care. ACS is also responsible for providing family day care, center-based day care and Head Start and ensuring that non-custodial parents provide financial support for their children.

As is the case with all jurisdictions, New York City and its children have a unique set of attributes that shape both the services provided and methods of delivery. This context is essential to understanding ACS. The City of New York has an extremely eclectic population of nearly 7.5 million. Its youth (defined as under the age of 21) account for almost 2 million, or 27% of this total. Twenty-six percent of the City's youth are age 5 and under, 24% are ages 5-9, 18% are ages 10-13, 18% are ages 14-17, and 14% are ages 18-20. (See Figure 1.1) Over a third of the youth (35%) live in Brooklyn, while 25% live in Queens, 19% in the Bronx, 15% in Manhattan, and the remaining 6% in Staten Island.

Figure 1.1



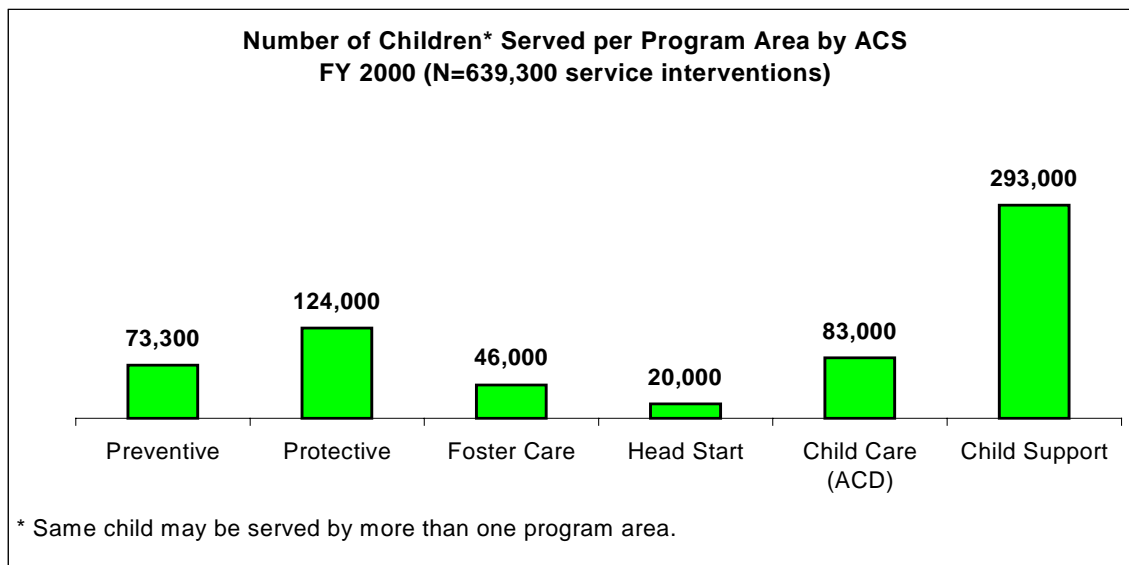
Certain demographic and socioeconomic characteristics are important for understanding the youth and their families. A quarter of the City's youth are Non-Hispanic White, while just over a quarter (27%) are Non-Hispanic African American. Hispanics of any race comprise 37% of all youth. Asians represent approximately 10% of the City's youth. Furthermore, nearly one in five youth (19%) receives public assistance.¹ Roughly 10% of births in NYC are to mothers under the age of 20, and approximately 50% of all births are to single mothers. As the statistics above suggest, ACS serves a varied population of youth and their families.

The efforts of ACS caseworkers and other professionals annually touch the lives of hundreds of thousands of New York City residents. The array of services that ACS offers range from child protection, in-home preventive intervention, foster care (which includes family reunification,

¹ Rate calculated based on July 2000 HRA Facts sheet and 1990 US Census population projections for 1997.

adoption, and independent living), day care, Head Start, and income support for families from non-custodial parents. In fact, ACS provided approximately 639,300 individual service interventions to New York City's children in Fiscal Year 2000. (See Figure 1.2) This number represents program activity (not a unique count of children served) over the course of the fiscal year (i.e. July 1, 1999 through June 30, 2000). Consequently, the same child could have been served by more than one program and could have been served by the same program more than once during the year.

Figure 1.2



THIS PUBLICATION IN THE CONTEXT OF ACS REFORM EFFORTS

ACS is now in its sixth year of transforming New York City's child welfare system since its creation in 1996. One of the first critical tasks of the new agency was to develop a blueprint for reform that would provide direction to the challenging work ahead. The Reform Plan was completed soon after ACS' creation, and all energies were marshaled for its implementation.

This publication represents a direct response to the Reform Plan's directive to produce clear and useful information to support effective management of the City's complex child welfare system. The Reform Plan identified 32 performance indicators as important measures of the system's performance. ACS published its first Status Report based on these indicators in June 1998 and followed it with the second report in March 2000. The second Status Report built on the analyses in the first by expanding the scope and refining the methodology. While this third Status Report continues to build on previous work, it has also been re-focused to reflect the evolution of the reform efforts at ACS. This annual publication is a key component of ACS' efforts to utilize information on performance and outcomes to inform management and drive quality improvement.

The ACS Top 12 Outcomes and Indicators, first introduced publicly in the fall of 1999 (see Appendix), articulate ACS' priorities in its on-going efforts to improve the child welfare system. These outcomes and indicators are now the analytic foundation for this report. Many of the Top 12 are consistent with indicators identified in the original Reform Plan and analyzed in past Status Reports, e.g. the Top 12 Indicator, Faster Permanency will now replace Time to Discharge. This report provides analysis on all Top 12 Outcomes and Indicators for which data are available, while continuing to provide information on the indicators enumerated in the original Reform Plan.

The structure of the information and analyses in this publication is also re-organized to reflect current reform efforts. With many of the tasks in the Reform Plan completed by the start of 2000, ACS re-focused itself on three critical initiatives: Permanency; Neighborhood-Based Services; and Quality Improvement. This report devotes a chapter to each of these critical initiatives. In addition, Child Protection is addressed in a separate chapter because of its basic and fundamental importance to the mission of ACS. Each of the indicators analyzed in this report speaks to either one of the three critical initiatives or to child protection. Consequently, the relevant analysis for each indicator is incorporated into these four chapters.

The chapters of this report are presented in the following order: Quality Improvement; Child Protection; Neighborhood-Based Services; and Permanency. The Quality Improvement chapter discusses various initiatives and provides information on training programs. Child Protection covers abuse and neglect reports, child victimization rates, repeat maltreatment of children, 72-Hour Child Safety conferences, and child fatalities. Neighborhood-Based Services presents analyses on the placement of children into foster care in their Community Districts or borough of origin, educational performance of children in foster care, and day care services. Finally, the Permanency chapter considers the experience of siblings groups in foster care, time to permanency (either reunification or adoption) for children in foster care, youth leaving foster care to independent living, transfers among foster homes while in care, re-entries into foster care, and child support from non-custodial parents. The information in each chapter provides insight on the child welfare system's performance as ACS strives to achieve and maintain the highest standard in quality casework practice and the best outcomes for the children and families of New York City.

CHAPTER TWO

QUALITY IMPROVEMENT

CREATING AN ENVIRONMENT OF CONTINUOUS QUALITY IMPROVEMENT

ACS is committed to ensuring the safety and well being of all New York City children. Making good on this commitment requires diligence and a multi-faceted approach. An effective quality improvement process is an essential component of this endeavor (see Appendix, Quality Improvement Principles). Quality Improvement relies on investment in staff through professional development and accountability systems driven by quality information that is timely. In addition, management must empower workers by building mechanisms that promote regular contributions from everyone to the decision-making process. Combined, these components demonstrate the value placed on all workers, allow standards and goals to be set and results to be measured, and encourage all staff to develop a shared sense of responsibility in carrying out the collective mission.

Since its creation in 1996, ACS has made great strides in developing and implementing a comprehensive quality improvement system. The ACS Office of Quality Improvement (OQI) has led this effort, while Satterwhite Academy, Management Information Systems (MIS), and the Office of Management, Development and Research (OMDR) are critical players. OQI leads the effort to internalize a Continuous Quality Improvement system through the creation and on-going work of program area Quality Leadership Teams (QLTs) and the Supervisory Conference program. MIS is responsible for the development and maintenance of information systems to support operational and management needs. OMDR is creating an accountability and incentive system for contract agencies built around the Evaluation and Quality Improvement Protocol and Safe and Timely Adoptions and Reunifications initiatives. The Satterwhite Academy coordinates all professional development initiatives and runs an extensive training program for ACS caseworkers. Finally, OMDR, OQI, and MIS are working together to develop a management reporting system built around the ACS Top 12 Outcomes and Indicators that will use outcomes data to drive quality improvement agency-wide.

It is important to note that the initiatives mentioned above and described in some detail below do not encompass the totality of quality improvement work at the agency. Data integrity and clean-up, regular case reviews, and tracking compliance with critical regulatory requirements are examples of other important areas where ACS has focused quality improvement resources. Still, the efforts highlighted below offer an useful summary of the critical quality improvement initiatives underway at ACS.

QUALITY LEADERSHIP TEAMS (QLTs)

The cornerstone of ACS' Continuous Quality Improvement efforts is the creation of QLTs and their integration into the management process. Employee participation is critical to this approach which focuses efforts on improving current processes and systems, which in turn should have the greatest impact on services and outcomes. Representatives from all parts of the division or unit, from support staff to front-line caseworkers to supervisors to managers, are equal members of these teams. Staff from OQI facilitates the work of the teams by serving as coaches and providing technical assistance and other supports. QLTs have the responsibility of identifying critical

operational, procedural or policy issues or inefficiencies, analyzing the root causes, and developing an action plan for addressing them. The teams work with the area managers to implement the plans and to evaluate their effectiveness.

As of the start of FY 2001 (July 2000), 15 of the planned 17 program area QLTs were operational and work had begun on the formation of the last two QLTs. The Family Preservation Program QLT has improved its standard referral form so that it now captures a more complete picture of a family's needs, thereby resulting in a more informed and appropriate intervention. The Direct Foster Care Services (DFCS) QLT is developing a uniform progress note format for use throughout the division so as to better document and communicate critical information in the case record. The Court Ordered Supervision QLT is tackling the issue of maintaining contact on cases in which the child has moved outside of New York City.

Finally, the efforts of the program area teams helped identify the need to create an agency wide or cross-divisional QLT that considers issues that cut across multiple divisions. Planning for this cross-divisional QLT began in early FY 2001. As QLTs become integrated into the management structure at ACS, workers will develop a stronger sense of responsibility and accomplishment. This heightened contribution and commitment will foster better practice, more effective services, and improved outcomes for children and families.

SUPERVISORY CONFERENCE PROGRAM

The Office of Quality Improvement's Supervisory Conference (SupCon) program works to improve front line supervision in the foster care services that ACS runs directly. SupCon employs a quality assurance and peer supervisory review model, in which supervisory level facilitators complete a written assessment of a randomly selected case from each direct care supervisor in a team of supervisors. The SupCon facilitator, then, reviews each case with this team and their manager/supervisor.

The facilitator relies on information from the case assessments to focus the discussion on improving case practice and supervision. The role of the facilitator is that of coach, role model, and support, as she challenges the supervisors to improve supervision and the quality of case practice in their areas. In addition, SupCon provides valuable feedback to program managers on themes and on barriers to good practice that may emerge from the reviews. Finally, SupCon offers managers aggregate data on how completely key supervisory and casework practices are documented in the case record.

ACCOUNTABILITY AND INCENTIVE-BASED INITIATIVES

The Evaluation and Quality Improvement Protocol (EQUIP) and the Safe and Timely Adoptions and Reunifications (STAR) initiative are the two critical components of ACS' new accountability and quality improvement initiatives for direct services providers. A commitment to fair, stringent, and comprehensive evaluation of performance, the use of information on performance to drive improvement and a system to reward good

performance underlies these efforts. Through this strategy, ACS will raise the quality of their services provided and improve outcomes for all New York City children and families served by the system.

EQUIP, implemented in 2000, is an evaluation protocol that considers three critical perspectives of each agency's services: process, outcomes, and quality. This three-pronged approach strives to provide a thorough and accurate understanding of performance. The Compliance Tracking System (CTS) is the means for measuring performance on process. CTS includes key timeliness measures (e.g. Uniform Case Record completion, foster home recertification, foster parent training, and Office of Confidential Investigation (OCI) corrective action plans), success at adoption finalizations, frequency of OCI indicated cases, and validated placement complaints. CTS accounts for 25% of the overall EQUIP score.

The outcome perspective uses a set of indicators to measure the likelihood of certain desired outcomes. A particular statistical model (called survival analysis) is applied to data on children's activities in foster care. These activities include placements into foster care, movements while in care, absences, and discharges from care. The indicators measure various important results, such as time in care to adoption or reunification with family, likelihood that a child will return to care after being discharged, and movement from one foster home to another while in care.

The Neighborhood-Based Services (NBS) indicator is another important piece of the outcome evaluation. The NBS indicator measures an agency's success in developing foster care resources in the community district (CD) to which it is assigned based on ACS' recent contract awards. This indicator considers both foster home recruitment and the capacity to serve sibling groups. The NBS indicator has a dual purpose in that it will also be used in evaluating regular decisions about capacity assignments for foster care providers. Performance on this collection of outcomes contributes 50% to the overall EQUIP score.

Finally, EQUIP measures quality through the Performance Evaluation System (PES). The PES is a qualitative research methodology designed to discern meaningful differences in quality among foster care programs. The evaluation includes data gathered from three sources: case record reviews, on-site visits, and child care worker interviews. These data inform program quality based on three scales: basic welfare (i.e. physical safety and well being), normal growth and development, and process (i.e. activities like contacts or visits that promote positive outcomes). The PES accounts for 25% of the overall EQUIP score. As with the NBS indicator, a program must score at a certain level on specific PES questions related to casework contacts and visits to be eligible for additional capacity through ACS' incentive-based process.

As referenced in the discussion above, EQUIP has an important role in the incentive based initiatives that ACS has implemented. The management of contracted foster care capacity is driven by a program's performance on the NBS indicator and the PES. ACS will review annually each CD's need for foster homes and the current capacity

assignments to determine if reapportionment is warranted. Programs that achieve certain standards on the two EQUIP measures have the potential of gaining capacity or gaining a larger percentage of overall capacity for the CD to which they are assigned. In the long-term, this initiative will create a dynamic where higher quality agencies will serve an increasing percentage of the foster care population and lower performing agencies will be forced to improve.

The STAR program is the other new incentive-based initiative. STAR's focus on certain desirable outcomes (including time to reunification, time to adoption, and likelihood of re-entry into foster care after discharge) is consistent with EQUIP. However, STAR compares a foster care provider's most recent performance in these areas with past performance to see if outcomes have improved and determines if these improvements are creating financial savings to the foster care system. If so, an agency may receive some portion of that savings to invest in ways to further improve their quality of service and performance. STAR does not penalize poor performance; however, it does offer financial incentives to programs that contribute to improved outcomes in areas of greatest priority, i.e. safe, timely and permanent homes, to the foster care system.

PROFESSIONAL DEVELOPMENT

ACS has made a substantial commitment to the development of its most important resource – its staff. The agency's Satterwhite Academy leads ACS in this area and has implemented several professional development initiatives that are critical to the overall success of reform at ACS. This section first describes the creation of a new title series, which was an essential step in the professionalization of workers in the child welfare field. The remainder of this section focuses on the key training and professional development initiatives implemented and/or managed by the Satterwhite Academy as part of ACS continuing efforts at quality improvement.

Title Series

During FY 1999, as part of an ongoing plan to enhance services for children and families, ACS increased the educational requirements and accountability of its child welfare staff. Four newly established civil service titles, Child Protective Specialist (CPS), Child Welfare Specialist (CWS), CPS Supervisor and CWS Supervisor became available for use in child welfare areas at ACS. The positions specify tougher eligibility requirements for newly hired employees. CPS staff is responsible for investigating reports of abuse and neglect. CWS staff is responsible for developing and implementing family service plans. In addition, existing staff members were required to apply for the new titles and were selected based on a competitive process. These four civil service titles were established with provisions that introduced more competitive salaries and merit-based raises into these important child welfare roles. These titles now reflect ACS' view that the individuals working in these positions are professionals that must adhere to higher standards and deserve greater compensation.

Core competency training of ACS employees¹

Improving skills of all caseworkers, supervisors and managers to ensure quality investigations and assessments of needs is a key component of the ACS Reform Plan. To this end, CPS, CWS and Congregate Care Specialists (CCS) are required to attend and demonstrate mastery of the material presented in the Core Phase I training program run by the Satterwhite Academy. CPS trainees who fail to pass a written test do not continue in the role of a CPS. The Core Phase I training for CPS is a 26-day program developed to provide all new CPSs with a basic orientation to casework practices at ACS. The Phase I training includes modules on topics such as the worker's role in child protective services, crisis intervention, identifying categories of child abuse/neglect, risk assessment, investigative interviewing and service planning. The Core Phase I training for an Office of Contract Agency Case Management CWS is 18 days and emphasizes a team approach to monitoring. Topics include safety and risk assessment and foster care standards and operations. The congregate care core for CWS and CCS is 20 days. Topics include adolescent development and behavior and permanency planning for adolescents.

For CPS Core Phase I training is followed by a series of Core Phase II courses. At this time there is no Core Phase II training for CWS and CCS. The CPS Phase II courses provide a more in-depth orientation to critical issues related to child protection casework. This indicator reports on Core Phase II completion rates for CPS. Specifically, this analysis compares the percentage of CPS FY 1998 and FY 1999 Core Phase I graduates who went on to complete Core Phase II training within 12 months of their Phase I training. Employees who left ACS within this 12-month period were excluded from the analysis.

Completion of six Phase II courses was tracked for this indicator. The training on Cultural Issues and Child Protection is a two-day workshop that introduces caseworkers to several aspects of cross-cultural interactions they are likely to have with clients and co-workers.

The HIV/AIDS training is a two-day session presented by Academy trainers and consultants with expertise in HIV/AIDS that discusses up-to-date facts about HIV/AIDS and its transmission. It further defines ACS' policy on confidentiality procedures and sensitivity in assessment and service planning with families who have HIV positive members.

Legal and Investigative Issues is a four-day training program in which attorneys and trainers assist caseworkers in refining their knowledge of legal concepts and courtroom protocols and enhancing their ability to sharpen investigative techniques. Topics include imminent danger, petition development and evidentiary exception, and professional behavior in family court. A guide reference/book with updated, current legislation is distributed.

¹ Data source: James Satterwhite Academy of Child Welfare Training Database

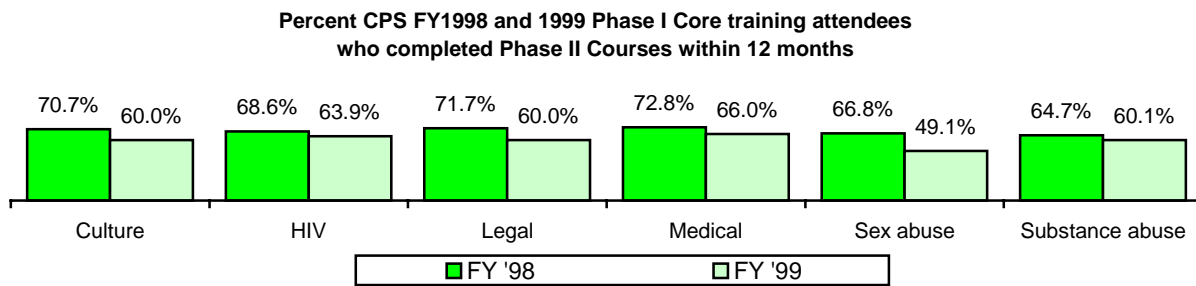
Medical Issues training is a three-day course providing participants with advanced knowledge of medical indicators of child abuse and maltreatment, medical terminology, organizational structure and operating procedures of medical institutions. It also includes instruction concerning how to communicate and collaborate with the medical providers around child abuse issues and how to assess medical records. It outlines a process to document findings and discusses benchmarks for normal child growth and development.

Sexual Abuse: A CPS Response is a three-day course introducing the issues of interfamilial child sexual abuse. The training includes the dynamics of families, the characteristics of the offenders, non-offenders and the victims of sexual abuse. The emphasis of the training is on the investigative process. Finally, the training on Substance Abuse Issues is a two-day program providing trainees with an understanding of alcohol and drug abuse, the dynamics of drug addiction and its impact on the family and society. Specific child protection issues addressed include: assessing the immediate safety and future risk of the children under the care of a parent who is alcohol and drug dependent; interviewing strategies for the purpose of gathering information; determining service needs; and motivating clients for change. Trainees are provided with an up-to-date directory of drug treatment programs available for clients.

In FY 1999, 438 CPS employees completed the Core Phase I training program at the Satterwhite Academy and remained with ACS for the subsequent 12 months. Almost all of these employees were CPS (434, 99%), the remaining four were in supervisory titles (Supervisor II's).

Figure 2.1 depicts the course completion rates for the 438 CPS and supervisors. Overall, the completion rate of Phase II courses for FY 1999 was lower than FY 1998 rates for all six courses. Completion rates were diminished by competing mandatory in service training that the Division of Child Protection introduced for all case workers and supervisors as Reform Plan initiatives were implemented. These included 72 Hour Case Conferencing, a one day on-site training and Quality Investigative Practice, a six day course given one day a week for six weeks. Nevertheless, a majority of the FY 1999 CPS trainees completed each of these courses within 12 months of starting their Phase I Core Training. The best completion rates were achieved for the Medical and HIV courses (66% and 64%, respectively). The Sex Abuse course had the lowest completion rate (49%).

Figure 2.1



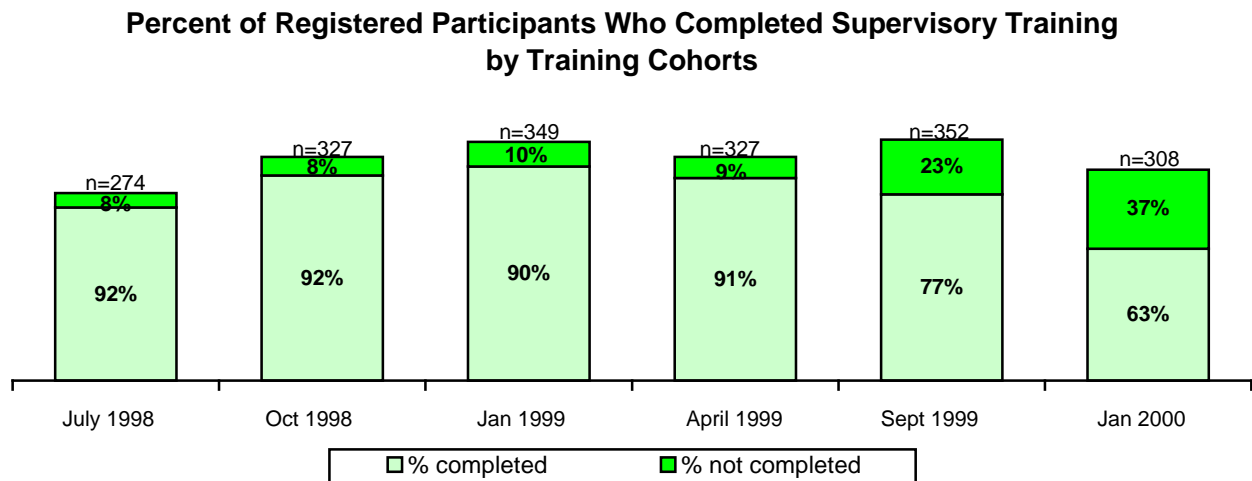
Supervisory Training

In 1998, ACS commenced the first agency-wide training program for managers and supervisors. Hunter College School of Social Work, in collaboration with private sector consultants, developed the ACS supervisory training program curriculum. For this training program supervisors are required to spend a full day per week at the training over a ten-week period.

The purpose of the training is to prepare new supervisors and managers and help experienced supervisors and managers in their critical roles at ACS. Through the curriculum, supervisors and managers will be better prepared to assist the child welfare process at ACS, which continues to implement a number of new initiatives aimed at providing timely, quality services to children and families. The focus of the training centers around: clarifying supervisory and managerial roles; breaking down barriers between divisions and instilling a common sense of purpose; and developing and enhancing skills required to perform these critical functions.

Six sessions of the training program have been conducted since its inception in 1998. A total of 1,937 ACS supervisors were registered to participate in the training program. Figure 2.2 shows the completion rate by registered participants by training cohorts. Of those registered across all cohorts, 1,627 or 84% completed the training. The criteria used to determine whether or not training was completed is if the supervisor/manager attended at least seven of the ten sessions.

Figure 2.2



For FY 1999, 1,277 supervisors or managers were registered in one of four cohorts (July 1998, October 1998, January 1999 or April 1999) for training. Of the 1,277 scheduled for training, 91% completed the ten-week training program. In FY 2000, two managerial/supervisory training sessions were held for 660 registered participants. The last two training cohorts' completion rate reached 70%.

Masters of Social Work Scholarship Program

One of the pivotal goals of the Reform Plan was the institutionalization of an MSW Scholarship program for ACS employees. In 1997, the City secured from New York State a one-time appropriation that provided for the creation of such a program for ACS employees planning to return to graduate school for social work. This state funding was not renewed in 1998, placing the future of the program in danger. With the support of the Mayor's Office, funds for this program were incorporated into ACS' annual budget and made a permanent item.

Through the MSW Scholarship Program ACS personnel receive full tuition as well as time off from work to attend any of the seven graduate schools of social work in the metropolitan area. This program supports 100 new scholarship applicants for each academic year. Each participant is selected through a competitive application and review process within ACS. In FY 1999, ACS allotted \$2.7 million for continuing the Masters in Social Work (MSW) program. During FY 2000, approximately 209 staff members were enrolled in MSW programs through ACS scholarships and an additional 112 staff were self-financed MSW students. ACS supports self-financed students through release time of up to seven hours per week to attend classes and with a full year internship to complete required field placement. During FY 2000 ACS also made MSW scholarships available to staff in contracted agencies. Fifty-eight scholarships of up to \$7,500 each were awarded for a total of \$303,412.

Figure 2.3 shows the distribution of MSW scholarship awards by graduate schools and award year. In the program's inaugural year, FY 1998, 165 scholarships were awarded. In the following academic years, 101 scholarships were awarded in FY 1999, and 101 were awarded in FY 2000. Over the three years of the program, the greatest number scholarship recipients attended either Fordham University School of Social Work or Hunter College School of Social Work, 117 and 74 respectively.

Figure 2.3

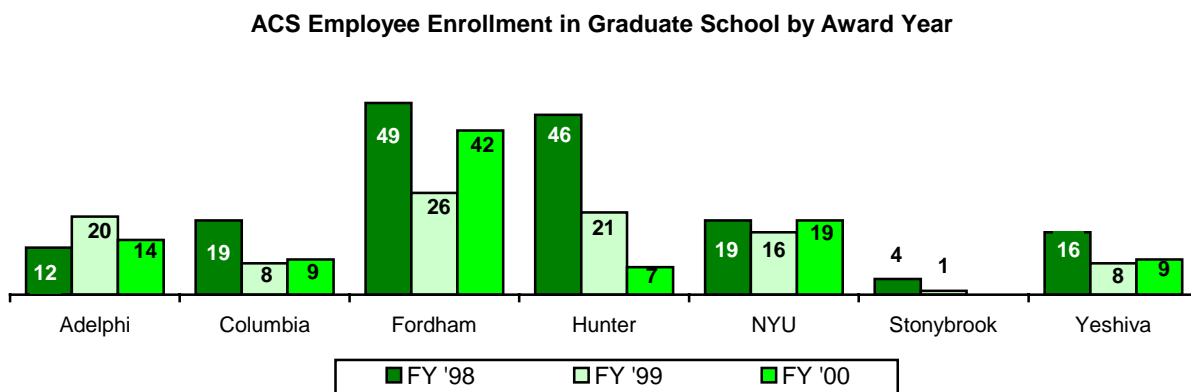
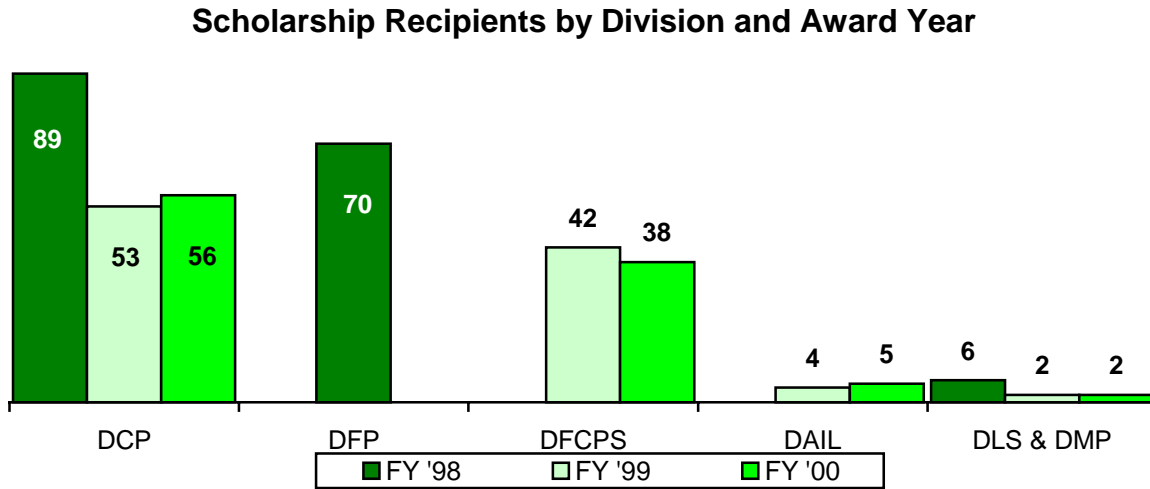


Figure 2.4 displays the distribution of MSW scholarship recipients by ACS division for each award year. Since the program's inception, the greatest number of recipients came from the Division of Child Protection (198).

Figure 2.4



MANAGEMENT REPORTING

The Management Reporting initiative responds to the need for consistent and timely production and distribution of quality information to management and other appropriate personnel. This information serves two critical functions – it is a basic resource for monitoring accountability throughout ACS and its contracted service providers and an important tool for driving quality improvement. ACS has invested considerable resources in developing an effective Management Reporting system. The backbone of such a system is the acquisition of relevant data and the development of skills to utilize this data.

New York State, and consequently New York City, has two data systems of record: Connections and the Child Care Review Service/Welfare Management System (CCRS/WMS). Connections captures data about all investigations of abuse and neglect and on foster care facilities and foster parents. CCRS/WMS captures data on foster care and preventive services. Data from these systems represent the foundation for any Management Reporting effort. In the past two years, ACS MIS has established protocols with the relevant state and New York City agencies that ensure the regular transfer of New York City data from these systems of record to ACS.

With the acquisition of these data, developing the best ways to utilize it has become a primary focus. The Resource Directory Inquiry Tool (RDIT), first completed in early 2000, is an example of one such effort. The RDIT is a networked application that integrates data from CCRS/WMS, Connections and two other databases, the Placement Support System and the Placement Tracking System. The tool allows a user to query these data at any time to answer questions about the children currently in foster care and the homes in which they reside. The main data source for the analysis in the *First Annual*

Placement Report, distributed in July 2000, was the same CCRS/WMS and Connections data that populate the RDIT.

Along with the Placement Report, this annual Status Report is an example of ACS' commitment to provide, regularly, system wide information about the performance of the child welfare system. The data sources for the analyses in this report include Connections, CCRS/WMS and other internal ACS data systems. In September 1999, ACS established its Top 12 Outcomes and Indicators. The Top 12 articulate the agency's priorities, and ACS committed to making them the basis of its Management Reporting efforts. This Status Report provides the longitudinal perspective for the Top 12 (where data are available), which is critical to the evaluation of system performance over time.

The other critical Management Reporting perspective considers recent performance on a monthly or quarterly basis. To operationalize this perspective, the same data often must be analyzed in alternate ways. The focus is on active investigation or cases and disaggregation creates valuable comparisons, e.g. how is one community district or unit performing versus another. This type of information is an extremely useful tool in daily management and on-going quality improvement efforts. Managers and workers can see current performance, as well as gain insight into areas of concern.

ACS is currently working on implementing a system that produces and distributes information on the ACS Top 12 Outcomes and Indicators and other important measures on a regular basis. The dissemination of information on the Top 12 will focus the Management Reporting activities underway at ACS on outcome data. This focus represents an important innovation in how ACS and the child welfare system do business. The attention has shifted to the impact the system has had on the child or family it serves. An effective Management Reporting system offers a continuum of information, both in summary and detailed, all designed to serve as tools for good decision-making and fostering quality practice and, ultimately, outcomes. The information on Child Protection, Neighborhood-Based Services, and Permanency provided in the chapters to follow offers a view of the type of data and analyses that ACS seeks to integrate into the daily efforts of anyone working in child welfare.

CHAPTER 2 GLOSSARY

Compliance Tracking System (CTS): System for measurement of performance on process for the EQUIP including timeliness measures such as foster home recertification and foster parent training, success at adoption finalizations, frequency of Office of Confidential Investigations indicated cases and validated placement complaints.

Core Phase I Training: A 26-day program developed to provide all new caseworkers with a basic orientation to casework practices at ACS.

Core Phase II Courses: Series of courses that follow Phase I training. These courses provide a more in-depth orientation to critical issues related to child protection casework.

Evaluation and Quality Improvement Protocol (EQUIP): An evaluation protocol used by ACS to assess each foster care agency's services as reflected in their process, outcomes and quality. Programs that achieve certain standards on EQUIP measures have the potential of gaining capacity.

Performance Evaluation System (PES): A qualitative methodology used as part of EQUIP which was designed to discern meaningful differences in quality among foster care programs by means of case record reviews, on-site visits and child care worker interviews.

Placement Support System (PSS): A database developed and maintained by the Human Resources Administration to monitor available vacant foster care beds for emergency and planned placements. Information in PSS is used to match children requiring placement to vacancies and to monitor vacancy information.

Placement Tracking System (PTS): A database developed by ACS to provide point-in-time information on when and where children are placed and by whom. It also tracks placement referrals and maintains waitlists for planned placements.

Quality Leadership Teams (QLTs): Groups formed from all parts of an ACS division or unit which are responsible for identifying critical operational, procedural or policy issues or inefficiencies, analyzing the root causes and developing an action plan for addressing them.

Safe and Timely Adoptions and Reunifications(STAR): A new incentive-based system which compares a foster care provider's most recent performance on certain outcomes such as time to reunification, time to adoption the likelihood of re-entry into foster care after discharge with past performance to see if outcomes have improved and determines if these improvements are creating financial savings for the foster care system. If so, an agency may receive some portion of that savings to invest in ways to further improve their quality of service and performance.

Satterwhite Academy: ACS training academy for all levels of staff.

Acronyms

CCRS: Child Care Review Service

CD: Community District

CPS: Child Protection Specialist

CWS: Child Welfare Specialist

CTS: Compliance Tracking System

DAIL: ACS Division of Adoption and Independent Living

DCCS: ACS Direct Congregate Care Services (part of DFCPS)

DCP: ACS Division of Child Protection

DFCPS: ACS Division of Foster Care and Preventive Services

DFCS: ACS Direct Foster Care Services (part of DFCPS)

DFP: ACS Division of Family Preservation (replaced by DFCPS and DAIL)

DLS: ACS Division of Legal Services

DMP: ACS Division of Management and Planning

EQUIP: Evaluation and Quality Improvement Protocol

MIS: ACS Management Information Systems

NBS: Neighborhood-Based Services

OMDR: ACS Office of Management, Development & Research (part of DMP)

OCI: Office of Confidential Investigations

OQI: ACS Office of Quality Improvement (part of DMP)

PES: Performance Evaluation System

PSS: Placement Support System

PTS: Placement Tracking System

QLT: Quality Leadership Team

RDIT: Resource Directory Inquiry Tool

STAR: Safe and Timely Adoptions and Reunifications

WMS: Welfare Management System

CHAPTER THREE

CHILD PROTECTION

PROTECTING THE CHILDREN OF NEW YORK CITY

Protecting the children of New York City is the fundamental responsibility of ACS. Child Protective Services (CPS) field offices are the first lines of defense in fulfilling this job. ACS Child Protective Specialists investigate allegations of abuse and neglect and make referrals to preventive services or for placement in foster care. By far, the most common point of entry into the child welfare system is through the field office, consequently CPS workers have a critical role in how a child or family first experiences the child welfare system.

This chapter of the Status Report features analyses on five important indicators related to child protection. First, an analysis of abuse and neglect reports and indication rates provides the backdrop for considering the entire New York City child welfare system, because, in general, the incidence of abuse and neglect represents the best single indicator of trends concerning children and families needing ACS services. The second analysis focuses on child victimization rates based on indicated abuse/neglect reports and presents these rates by Community District. This perspective helps differentiate the needs of each community in the city; a task that is consistent with the goals of the Neighborhood Based Services initiative.

The third analysis reports on an important Top 12 indicator, which is presented here for the first time. It examines the extent to which children who come to the attention of the child welfare system through an abuse or neglect report are again subjects of such reports at a later date. The fourth analysis, which also reports on a Top 12 indicator, reviews the agency's success in holding Child Safety Conferences for all children removed from their homes due to an abuse or neglect report. The fifth analysis examines child fatalities, whose rare occurrences are powerful and tragic reminder of the most extreme risks facing vulnerable children. Finally, the chapter concludes with a summary of ACS' Division of Child Protection's performance on four important process compliance measures.

ABUSE AND NEGLECT REPORTS AND INDICATION RATES¹

During the 1990s the Administration for Children's Services received an average of almost 53,000 reports of alleged child abuse/neglect annually. Approximately, one of three reports are indicated (credible evidence is found to substantiate the allegations). Fluctuations in the number of citywide reports may be attributed to public awareness, heightened attention to the safety of children and/or a change in the conditions that present risk to children. At the borough level, changes in the report rate may reflect differences in community demographics. A change in the indication rate citywide may be a sign of improved child protection casework. Abuse and neglect report trends in NYC from CY 1990-1999 are discussed below. Applicable terms are defined in the glossary to this chapter.

Prior to late 1992, the indication rate was calculated on the basis of case determination. If there were several reports for a family and at least one report was indicated, then the case was indicated. During the 1992 and 1993 Calendar Years, the method of calculating the indication rate was changed. From 1994 forward, the indication rate has been computed by dividing the

¹ Data Source: 1/90-6/97 Calendar Year data is from the State Central Register (SCR); 7/97-12/99 Calendar Year data is from CONNECTIONS Release 2.

number of indicated reports by the total number of reports received each year. Due to this change in the method of calculation, indication rates reported for 1990 to 1993 are not comparable with rates reported from 1994 to 1999. Therefore, the analysis for this chapter will focus on the period from 1994 to 1999.

The total number of abuse and neglect reports remained relatively constant during the 1990s. As Table 3.1 indicates, the widest margin occurred between 1995 and 1997, when the number of reports increased from 48,019 to 56,131. In 1998 and 1999 both the number of reports and children in these reports decreased. In 1999, ACS workers were responsible for investigating the safety of 82,265 children. While this reflected an 8% increase (6,077 additional children) from 1995, it also represented a 4% decrease (3,297 less children) from 1998.

As noted earlier, public awareness and a heightened attention to child welfare issues influence increases in the number of reports. For example, in the aftermath of the death of Elisa Izquierdo in November 1995, ACS has taken active steps to realize its mission of securing the safety and well being of the children of New York City. In particular, ACS has instituted a training program with the Police Department, the Board of Education and other agencies to help mandated reporters detect cases of abuse and neglect. The increase in reported incidents since 1995 may be attributed to the effectiveness of this program and other formal strategies employed by ACS to secure the safety and well-being of the City's children.

Table 3.1
Number of Abuse and Neglect Reports and Percent Indicated*, CY 1990-1999

	1990	1991	1992	1993	1994	1995	1996	1997**	1998	1999
Citywide Totals										
Children in reports	86,829	82,855	89,870	84,169	76,714	76,188	88,187	88,316	85,562	82,265
Reports	54,247	52,349	52,791	52,326	48,367	48,019	53,810	56,131	55,871	53,750
Number indicated	--	--	--	--	12,575	12,965	17,132	19,787	20,449	20,140
Number unsubstantiated	--	--	--	--	35,792	35,054	34,971	36,344	35,422	33,610
Percent indicated	--	--	--	--	26.0%	27.0%	31.8%	35.3%	36.6%	37.5%
Borough of Jurisdiction										
Bronx	12,721	12,964	12,834	13,286	12,126	12,250	13,661	14,077	13,895	13,524
Percent indicated	--	--	--	--	22.9%	26.3%	33.0%	36.9%	38.8%	36.9%
Brooklyn	16,321	16,661	16,861	16,457	15,445	15,216	17,133	17,742	17,829	17,154
Percent indicated	--	--	--	--	25.0%	26.8%	32.0%	34.7%	34.5%	35.0%
Manhattan	10,860	8,876	9,025	9,088	7,865	7,758	8,791	9,282	8,445	7,703
Percent indicated	--	--	--	--	39.1%	40.3%	48.0%	50.5%	49.2%	52.8%
Queens	9,419	9,688	9,894	9,911	9,346	9,200	10,144	10,737	11,199	11,138
Percent indicated	--	--	--	--	22.5%	21.0%	23.0%	25.5%	31.3%	33.5%
Staten Island	2,386	2,214	2,266	2,245	2,070	2,120	2,377	2,352	2,437	2,213
Percent indicated	--	--	--	--	17.1%	22.1%	26.0%	31.8%	37.0%	36.0%
OCI	2,540	1,946	1,911	1,339	1,515	1,475	1,704	1,941	2,066	2,018
Percent indicated	--	--	--	--	15.9%	14.4%	13.4%	14.7%	16.7%	28.8%

*Prior to 1994 the indication rate was calculated using case determination. From 1994 to the present the indication rate is computed using the total number of indicated reports. As a result of this change in calculation methods the 1990 to 1993 indication rates cannot be compared to rates presented from 1994 to 1999, therefore they are not presented here.

** Effective July 1, 1997, the State initiated the implementation of CONNECTIONS Release 2. The process of transferring reporting responsibilities has made it necessary to estimate the 1997 indication rate; it is estimated based on June 1997 data.

An abuse or neglect report is indicated when the investigation of the report yields credible evidence of abuse or neglect. Figure 3.1 shows that the citywide number of reports that were indicated increased from 26% in 1994 to almost 38% in 1999. Figure 3.2 reflects an overall

increase in the percent of reports that were indicated in each of the five boroughs since 1994. The percentage of indicated reports has been consistently higher in Manhattan than in any other borough, ranging from a low of 39% in 1994 to a high of 53% in 1999. Queens and Staten Island generally have had the lowest percentage of indicated reports, reaching highs in 1999 of 34% and 36%, respectively. The Office of Confidential Investigations (OCI) investigates allegations of abuse and neglect of children in foster care and day care throughout the five boroughs. OCI has invariably reported the lowest indication rate, ranging from a low of 13% in 1996 to a high of 29% in 1999.

Figure 3.1

Number of Abuse and Neglect Reports Indicated and Unfounded and Number of Children in Reports, 1994-1999

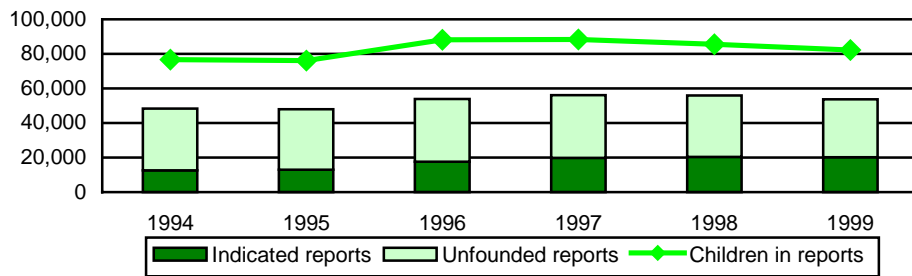
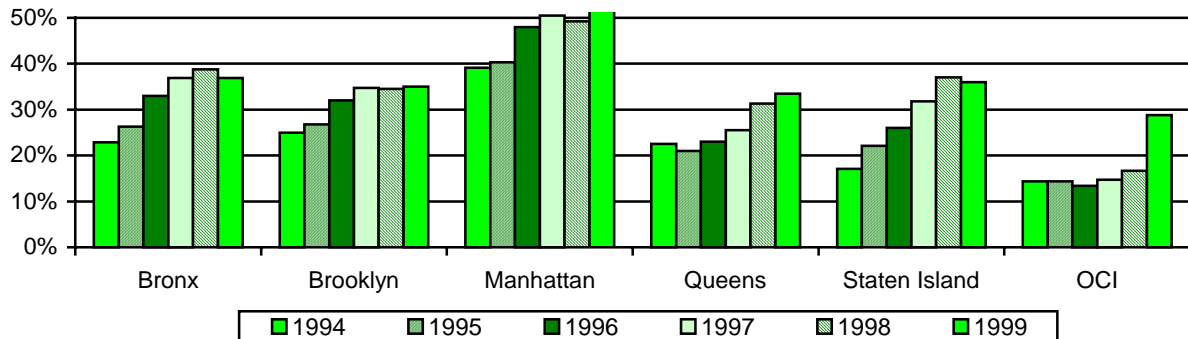


Figure 3.2

Percent of Abuse and Neglect Reports Indicated by Borough of Jurisdiction, 1994-1999



Figures 3.3 and 3.4 present borough-specific information, depicting the community districts (CDs) with the highest and lowest indication rates (Figure 3.3) and the highest and lowest number of indicated reports (Figure 3.4). A table illustrating abuse neglect reports by CD for 1999 is also displayed (Table 3.2).

Figure 3.3

Community Districts with the Highest and Lowest Indication Rates, 1999

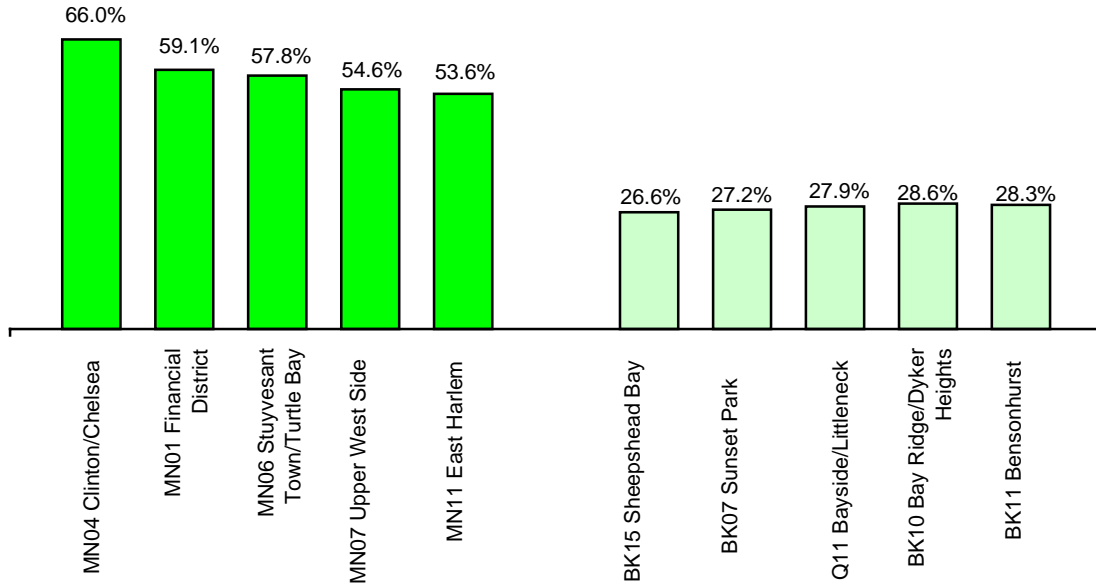


Figure 3.4

Community Districts with the Highest and Lowest Number of Indicated Reports, 1999

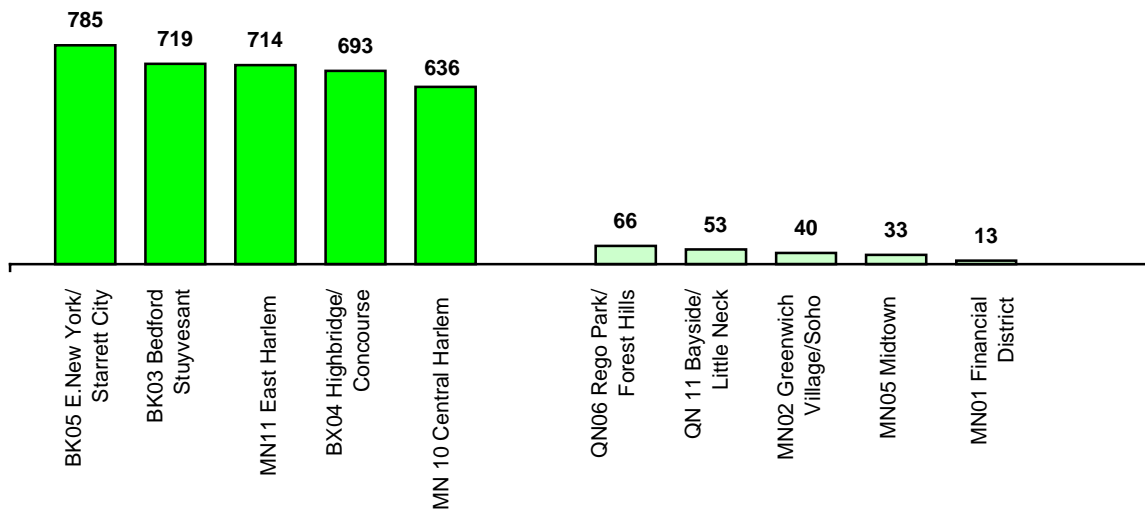


Table 3.2

Abuse and Neglect Reports by Community District, 1999²

Borough/ Community District	Number of Reports	Indication Rates
BRONX		
BX01 Mott Haven/Melrose	1,359	39.1%
BX02 Hunts Point/Longwood	761	36.1%
BX03 Morrisania/Crotona	1,004	44.0%
BX04 Highbridge/Concourse	1,580	43.9%
BX05 Fordham/University Heights	1,444	41.3%
BX06 Belmont/East Tremont	1,065	37.0%
BX07 Kingsbridge Heights/Bedford Park	1,154	36.6%
BX08 Riverdale/Fieldstone	375	36.8%
BX09 Parkchester/Soundview	1,696	29.3%
BX10 Throgs Neck/Co-op City	363	31.4%
BX11 Morris Park/Bronxdale	611	30.6%
BX12 Williamsbridge/Baychester	985	36.9%
Unknown CD	745	33.4%
BRONX TOTAL	13,142	36.7%
BROOKLYN		
BK01 Greenpoint/Williamsburg	798	39.1%
BK02 Fort Greene/Brooklyn Heights	650	40.5%
BK03 Bedford Stuyvesant	1,781	40.4%
BK04 Bushwick	1,191	42.1%
BK05 East New York/Starrett City	2,023	38.8%
BK06 Park Slope/Carroll Gardens	534	32.8%
BK07 Sunset Park	636	27.2%
BK08 Crown Heights	943	37.1%
BK09 South Crown Heights/Prospect	610	34.6%
BK10 Bay Ridge/Dyker Heights	241	28.6%
BK11 Bensonhurst	565	28.3%
BK12 Borough Park	453	32.5%
BK13 Coney Island	841	32.9%
BK14 Flatbush/Midwood	891	33.1%
BK15 Sheepshead Bay	478	26.6%
BK16 Brownsville	1,211	35.4%
BK17 East Flatbush	972	37.0%
BK18 Flatlands/Canarsie	941	28.2%
Unknown CD	691	31.4%
BROOKLYN TOTAL	16,450	34.4%

² Discrepancies in the 1999 abuse/neglect reports by borough listed in Table 3.2 and Table 3.1 can be explained by the methodology use to generated the data. The abuse/neglect reports by Community District (CD) were generated from a 7/00 CONNECTIONS run using child’s address to identify the CD of the report. The 1999 statistics in Table 3.1 are based on the borough of jurisdiction of the report as of 12/99 from CONNECTIONS.

Table 3.2, continued

Borough/ Community District		Number of Reports	Indication Rates
MANHATTAN			
MN01	Financial District	22	59.1%
MN02	Greenwich Village/Soho	88	45.5%
MN03	Lower East Side/Chinatown	829	48.5%
MN04	Clinton/Chelsea	356	66.0%
MN05	Midtown	70	47.0%
MN06	Stuyvesant Town/Turtle Bay	116	57.8%
MN07	Upper West Side	460	54.6%
MN08	Upper East Side	192	47.9%
MN09	Morningside Height./Hamilton	883	49.4%
MN10	Central Harlem	1,345	47.3%
MN11	East Harlem	1,333	53.6%
MN12	Washington Heights/Inwood	1,254	46.7%
	Unknown CD	284	42.6%
MANHATTAN TOTAL		7,232	53.6%
QUEENS			
QN01	Astoria	909	35.8%
QN02	Woodside/Sunnyside	335	37.3%
QN03	Jackson Heights	611	32.2%
QN04	Elmhurst/Corona	462	35.1%
QN05	Ridgewood/Maspeth	728	30.8%
QN06	Rego Park/Forest Hills	175	37.7%
QN07	Flushing/Whitestone	654	32.7%
QN08	Hillcrest/Fresh Meadows	362	37.8%
QN09	Ozone Park/Woodhaven	704	29.3%
QN10	South. Ozone Park/Howard Beach	507	34.1%
QN11	Bayside/Little Neck	190	27.9%
QN12	Jamaica/Hollis	1,509	37.4%
QN13	Queens Village	773	33.1%
QN14	Rockaway/Broad Channel	1,058	35.7%
	Unkown CD	667	29.4%
QUEENS TOTAL		9,644	33.2%
STATEN ISLAND			
SI01	Saint George/Stapleton	1,284	36.9%
SI02	South Beach/Willowbrook	390	37.2%
SI03	Tottenville/Great Kills	326	35.3%
	Unknown CD	49	20.4%
STATEN ISLAND TOTAL		2,049	35.9%

ABUSE/NEGLECT VICTIMIZATION RATES

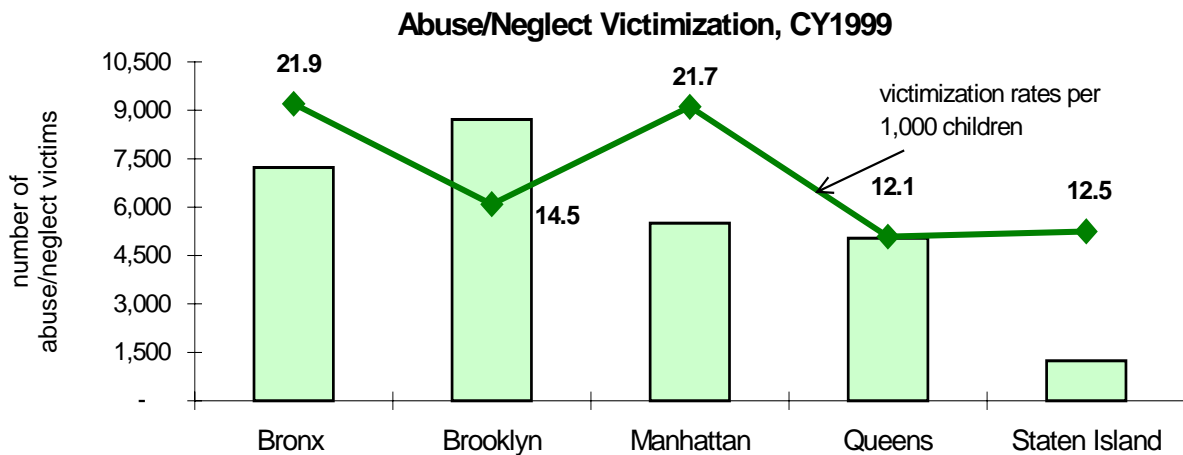
This section reports on the number of children who were abuse/neglect victims in 1999 and the victimization rate per 1,000 children under the age of 18.³ For the purposes of this indicator, victims of abuse or neglect are children who have been the subjects of indicated abuse or neglect allegations.

³ The victimization rates were calculated using 1997 population estimates, the most recent year available for NYC.

In 1999, 27,716 NYC children were victims of indicated abuse or neglect. This translates to a citywide victimization rate of 16.3 per 1,000 children. The victimization rates varied considerably across the five boroughs ranging from a high of 21.9 in the Bronx to a low of 12.1 in Queens (see Figure 3.5).

The maps on pages 26 - 30 depict the victimization rates for each borough by community district. These maps shows a wide range of victimization rates in each of the five boroughs, all of which have community districts with low and high rates. For the Bronx, Morrisania/Crotona had the highest abuse/neglect victimization rate of 34.3. Five CDs (Mott Haven/Melrose, HuntsPoint/Longwood, Highbridge/Concourse, Fordham/University, and Belmont/East Tremont) had abuse/neglect victimization rates ranging from 21-30 per 1,000 children. In Brooklyn, four CDs had high victimization rates ranging from 21 to 26 (Bedford Stuyvesant, Bushwick, East New York/Starrett City, and Brownsville). Two CDs in Brooklyn had low victimization rates, BayRidge/Dyker Heights with a rate of 4.7 and Borough Park with a rate of 4.6. In Manhattan, three CDs had very high victimization rate, Central Harlem with a victimization rate of 39.5, Clinton /Chelsea with a victimization rate of 39.0 and East Harlem with a victimization rate of 37.8. Two CDs in Manhattan had low victimization rates, the Financial District with a rate of 4.6 and the Upper East Side with a rate of 5.1. In Queens, one CD had a victimization rate of 21.0 (Rockaway/Broad Channel) and 10 CD's had rates of ten or less. The three victimization rates in Staten Island ranged from a high of 22.4 in Saint George/Stapleton to a low of 4.8 in Tottenville/Great Kills.

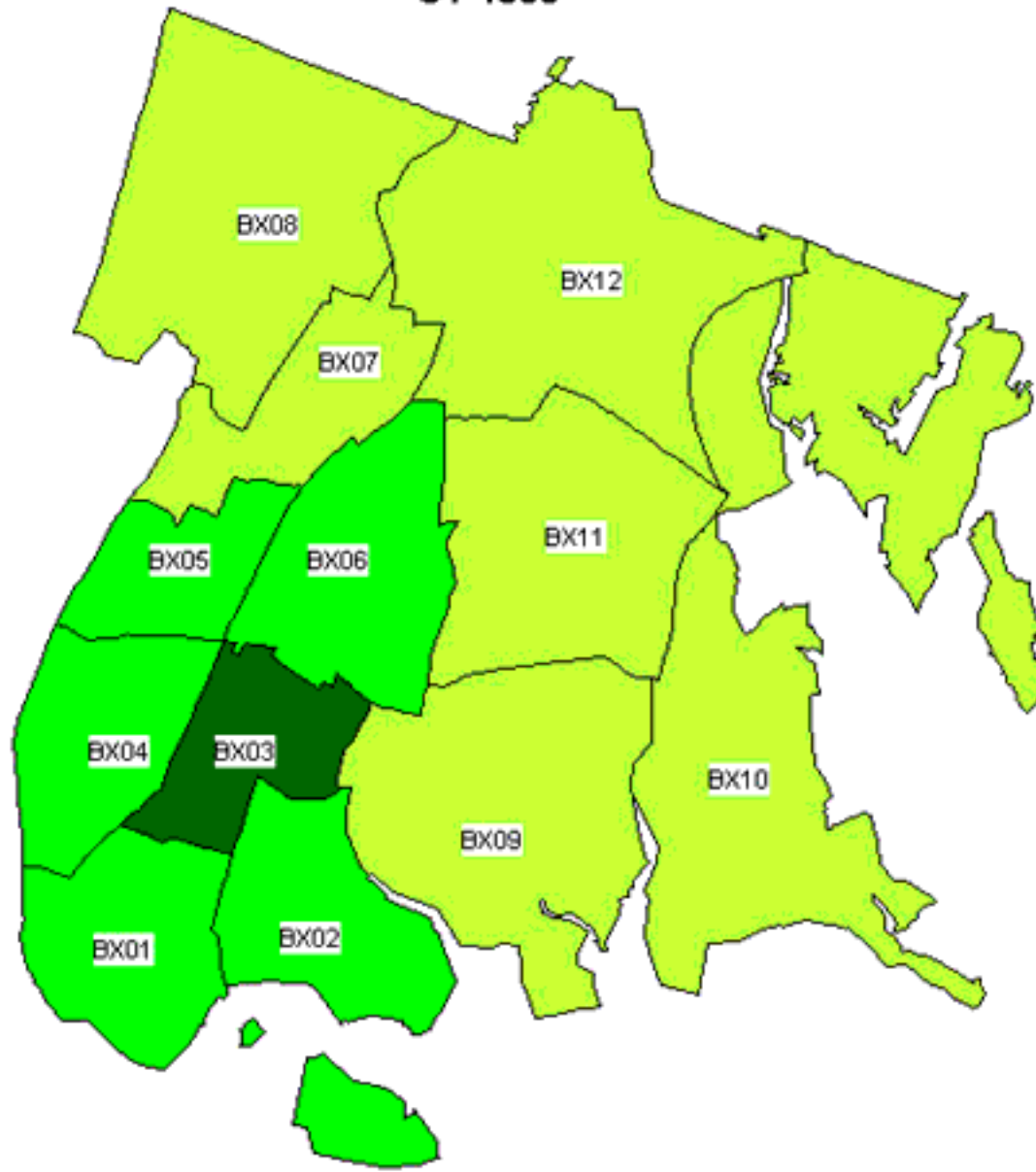
Figure 3.5



REPEAT MALTREATMENT (ACS Top 12 indicator)

The core function of ACS is to ensure the safety and well being of the children of New York City. A critical measure of how well the system is performing this function is the extent to which children who have been the subject of abuse or neglect allegations are subjects of additional allegations at a later date. In fact, ACS considers performance on this measure central to understanding the child welfare system's success at protecting children and made repeat maltreatment one of its Top 12 Outcomes and Indicators. The discussion that follows represents the first in-depth analysis of this issue and provides baseline information on system performance.

**Bronx
Abuse and Neglect Victimization Rates* by CD
CY 1999**



Bronx Community Districts

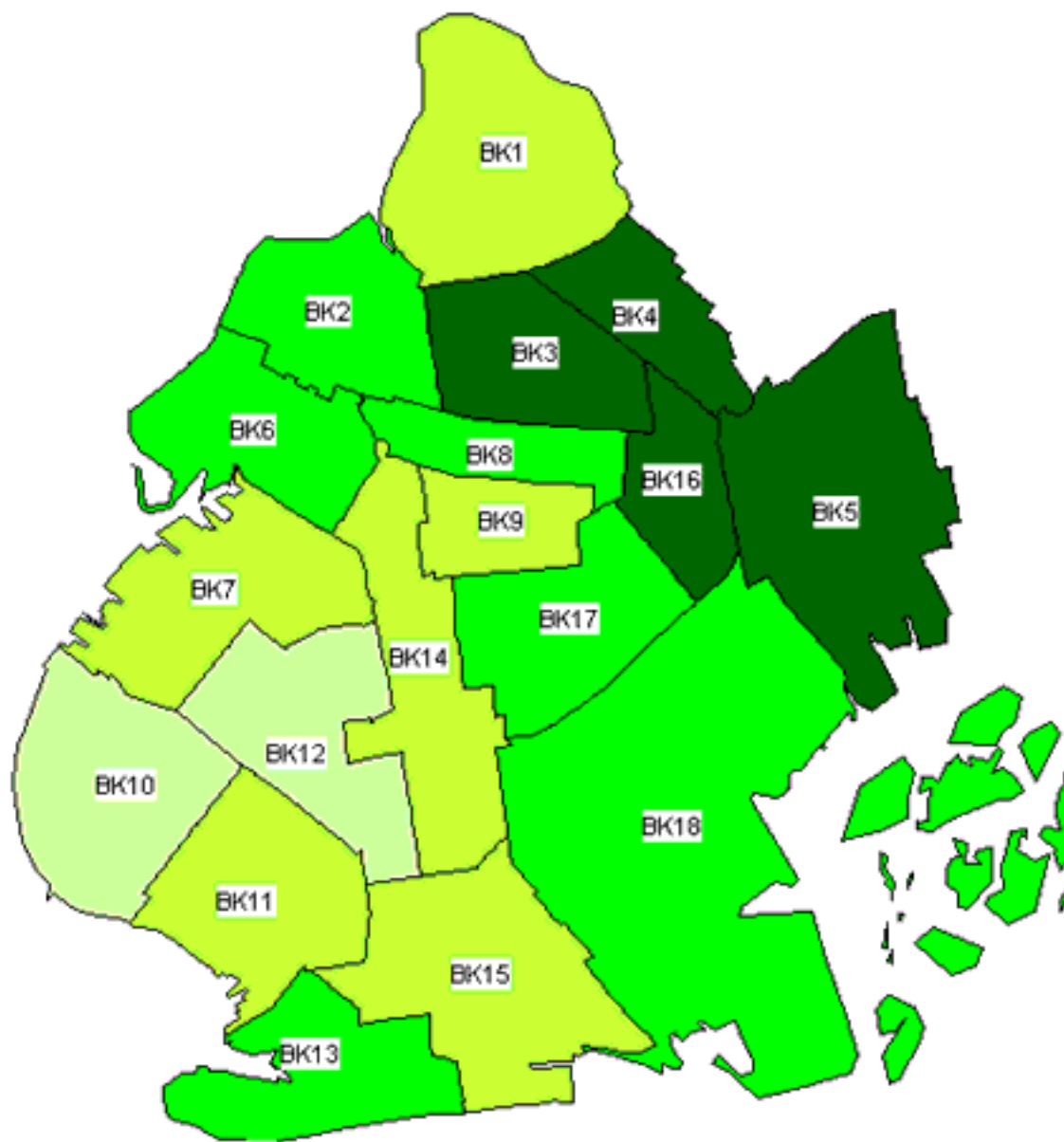
- BX01 - Mott Haven/Melrose
- BX02 - Hunts Point/Longwood
- BX03 - Morrisania/Crotona
- BX04 - Highbridge/Concourse
- BX05 - Fordham/University Heights
- BX06 - Belmont/East Tremont
- BX07 - Kingsbridge Heights/Bedford Park
- BX08 - Riverdale/Fieldston
- BX09 - Parkchester/Soundview
- BX10 - Throgs Neck/Co-op City
- BX11 - Morris Park/Bronxdale
- BX12 - Williamsbridge/Baychester

Abuse and Neglect Victimization Rates

- Greater than 30(1)
- 21 to 30 (5)
- 1 to 20 (8)

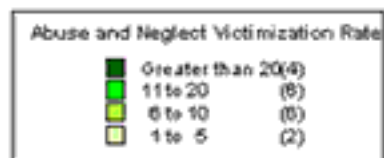
* Children with at least one indicated abuse and neglect report in 1999 per 1,000 children (age < 18 years).

Brooklyn
Abuse and Neglect Victimization Rates* by CD
CY 1999



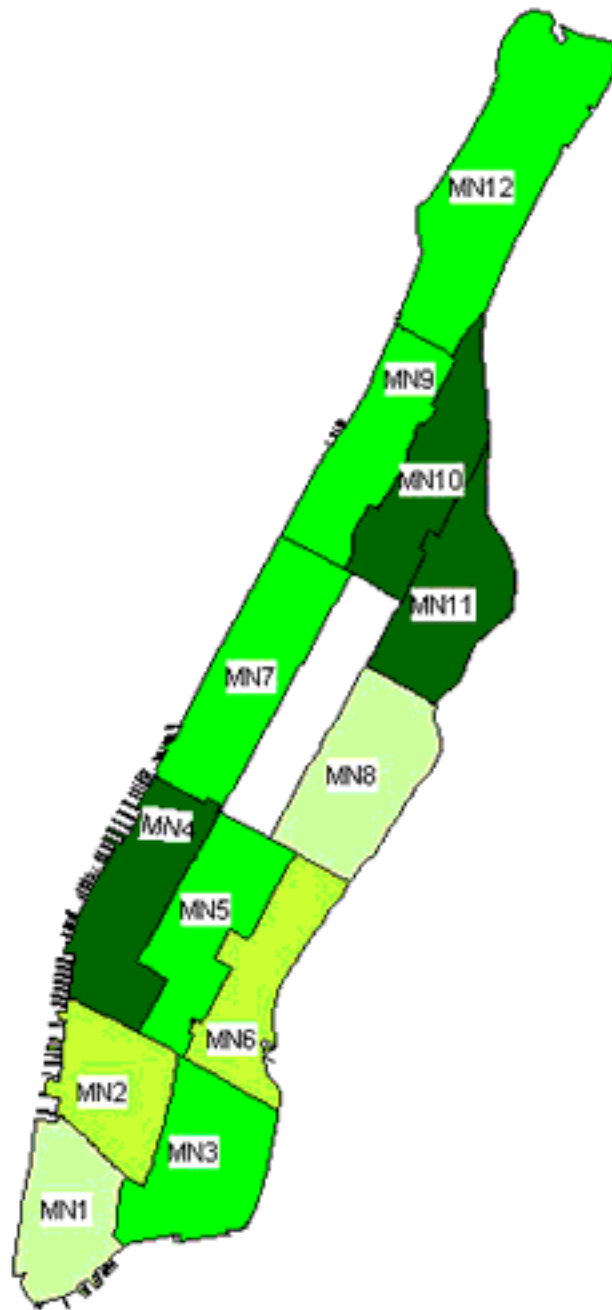
Brooklyn Community Districts

- BK01 - Greenpoint/Williamsburg
- BK02 - Fort Green/Brooklyn Hts.
- BK03 - Bedford Stuyvesant
- BK04 - Bushwick
- BK05 - E. New York/Starrett City
- BK06 - Park Slope/Carroll Gardens
- BK07 - Sunset Park
- BK08 - Crown Heights
- BK09 - S. Crown Hts. Prospect Park
- BK10 - BayRidge/Dyker Heights
- BK11 - Bensonhurst
- BK12 - Borough Park
- BK13 - Coney Island
- BK14 - Flatbush/Midwood
- BK15 - Sheepshead Bay
- BK16 - Brownsville
- BK17 - E. Flatbush
- BK18 - Flatlands/Canarsie



*Children with at least one indicated abuse and neglect report in 1999 per 1,000 children (age < 18 year).

Manhattan
Abuse and Neglect Victimization Rates* by CD
CY 1999



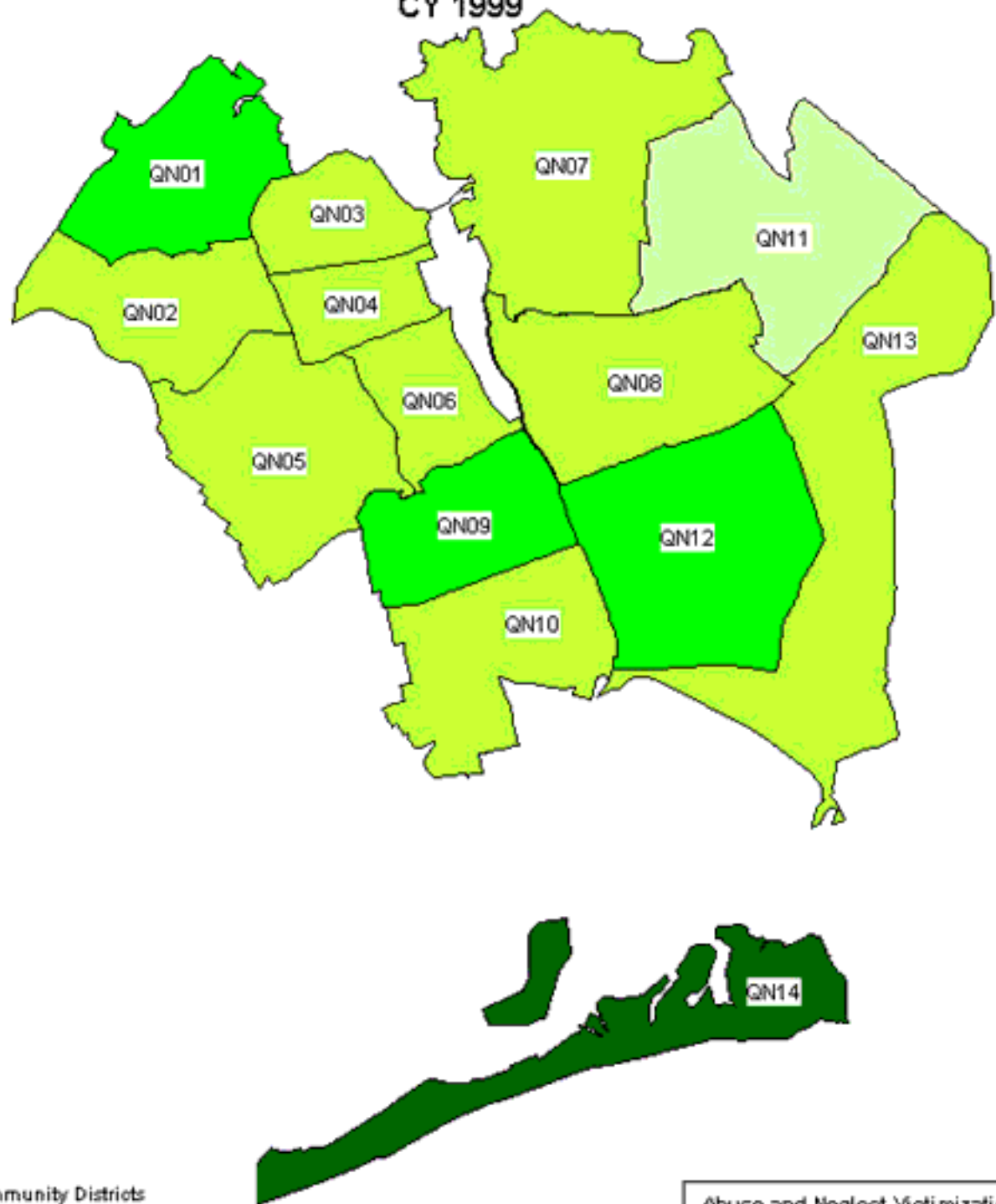
Manhattan Community Districts

- MN01 - Financial District
- MN02 - Greenwich Village/Soho
- MN03 - Lower E. Side/Chinatown
- MN04 - Clinton/Chelsea
- MN05 - Midtown
- MN06 - Stuyvesant Town/Turtle Bay
- MN07 - Upper W. Side
- MN08 - Upper E. Side
- MN09 - Morningside Hts./Hamilton
- MN10 - Central Harlem
- MN11 - East Harlem
- MN12 - Washington Hts./Inwood

Abuse and Neglect Victimization Rates	
	Greater than 30 (3)
	11 to 30 (5)
	6 to 10 (2)
	1 to 5 (2)

*Children with at least one indicated abuse and neglect report in 1999 per 1,000 children (age < 18 year).

**Queens
Abuse and Neglect Victimization Rates* by CD
CY 1999**



Queens Community Districts

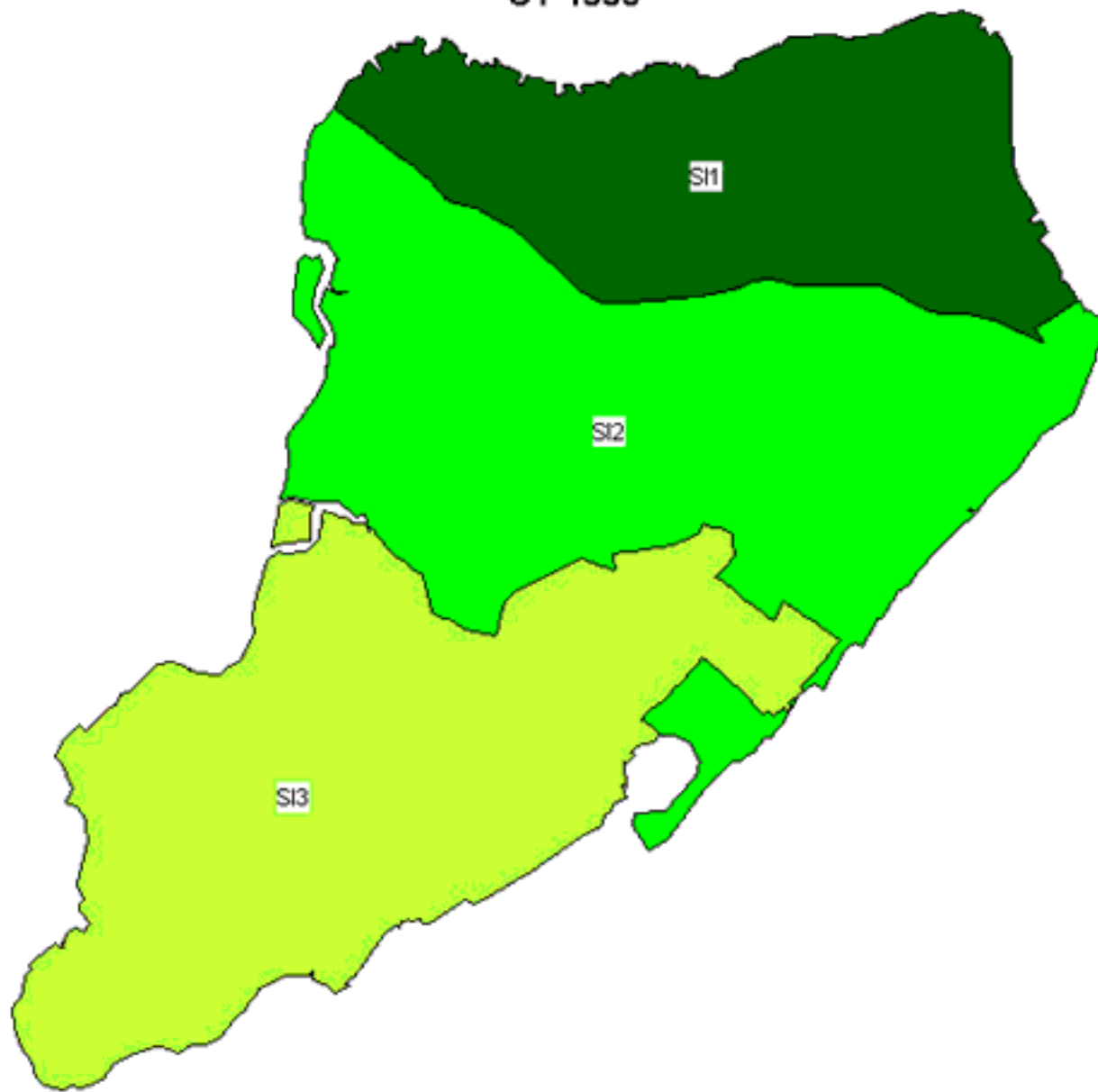
- QN01 - Astoria
- QN02 - Woodside/Sunnyside
- QN03 - Jackson Heights
- QN04 - Elmhurst/Corona
- QN05 - Ridgewood/Maspeth
- QN06 - Rego Park/Forest Hills
- QN07 - Flushing/Whitestone
- QN08 - Hillcrest/Fresh Meadows
- QN09 - Ozone Park/Woodhaven
- QN10 - S.Ozone Park/Howard Beach
- QN11 - Bayside/Little Neck
- QN12 - Jamaica/Hollis
- QN13 - Queens Village
- QN14 - Rodkaway/Broad Channel

Abuse and Neglect Victimization Rates

	Greater than 20	(1)
	11 to 20	(3)
	6 to 10	(9)
	1 to 5	(1)

* Children with at least one indicated abuse or neglect report in 1999 per 1,000 children (age < 18 years)

Staten Island
Abuse and Neglect Victimization Rates* by CD
CY 1999



Staten Island Community Districts

- S01 - St. George/Stapleton
- S02 - S. Beach/Willowbrook
- S03 - Tottenville/Great Kills

Abuse and Neglect Victimization Rates

- Greater than 20 (1)
- 6 to 10 (1)
- 1 to 5 (1)

* Children with at least one indicated abuse and neglect report in 1999 per 1,000 children (age < 18 years).

This indicator examines the incidence of repeat maltreatment. For the purposes of this indicator children who were the subjects of abuse or neglect reports in 1997 or 1998 were followed until July 2000. A repeat maltreatment incident is defined as an unsubstantiated or indicated allegation for which an investigation is opened subsequent to the date the investigation of the prior unsubstantiated or indicated investigation was closed.

This analysis first considers the overall performance to date for the two target years. This provides a greater context in which to consider the Top 12 measures; the Top 12 indicator focuses on the incidence of repeat reports within 12 months of determination of the initial report.

It should be noted that insufficient time has elapsed to make fair comparisons between the years when the later time frames are considered. Differences between the overall repeat rates, and those more than 18 months after initial investigations, are probably, at least in part, due to the fact that the reports were only tracked until July of 2000, thereby reducing the number of 1998 reports that could be followed for more than 18 months. The later sections of this discussion focus only on those repeat investigations that occurred within one year of the determination of the initial, thereby eliminating this bias.

Table 3.3 depicts the timing of repeat abuse/neglect investigations relative to the closing of the initial investigation for all children in reports received in 1997 and 1998 and distinguishes between reports determined to be unsubstantiated and indicated. Overall, for 27% of the children with investigations in 1997 and 24% in 1998 the investigations were followed by at least one subsequent report. Most of the investigations followed by subsequent reports were only followed by one report, although 30% were followed by two to as many as nine (data not shown). In both years the repeat rate was lower for indicated reports, with 26.5% and 23.1% of the children with indicated reports in 1997 and 1998 respectively, having a subsequent report as compared to 26.7% and 24.1% of those with unsubstantiated reports. The greatest percentage of repeat reports occurred within six months of the determination of the initial report, ranging from 9-11%. The repeat rate for all reports within one year of determination of the initial report was 16.3% in 1997 and 16.8% in 1998. This represents a three-percent increase from 1997 to 1998. Increases were seen for unsubstantiated initial reports, which went up from 16.5% to 17.1% and indicated reports, which rose from 15.6% to 16.0%.

When demographic characteristics are taken into consideration, variation in repeat investigation rates within one year of determination of the initial investigation is observed. For this analysis gender, age and race/ethnicity were assessed. No substantial differences were seen in the repeat rates for boys and girls, therefore the findings of this analysis are not detailed here. There were, however, interesting differences among children in different age groups and of different race/ethnicity. The results of these analyses are discussed below.

Table 3.3
Percent distribution of timing of repeat investigations

		Year of first investigation	
		1997	1998
	Time from close 1st to opening 2nd		
All Children in Reports	No repeat	73.4%	76.1%
	Repeat at any time	26.6%	23.9%
	<6 months	10.2%	10.6%
	6-12 months	6.1%	6.2%
	< 1 year	16.3%	16.8%
	12-18 months	3.7%	4.2%
	18 - 24 months	2.9%	2.4%
	>2 years	3.7%	0.5%
	Total investigations	78,804	76,751
Children with Unsubstantiated	No repeat	73.3%	75.9%
	Repeat at any time	26.7%	24.1%
	<6 months	10.5%	10.9%
	6-12 months	6.0%	6.1%
	< 1 year	16.5%	17.1%
	12-18 months	3.7%	4.2%
	18 - 24 months	2.9%	2.4%
	>2 years	3.6%	0.5%
	Total investigations	57,014	56,098
Children with Indicated Reports	No repeat	73.5%	76.9%
	Repeat at any time	26.5%	23.1%
	<6 months	9.2%	9.7%
	6-12 months	6.3%	6.3%
	< 1 year	15.6%	16.0%
	12-18 months	3.9%	4.2%
	18 - 24 months	3.0%	2.5%
	>2 years	4.1%	0.5%
	Total investigations	21,790	20,653

As seen in Figure 3.6, the repeat investigation rates are greater among children in the older age groups at the time of the first investigation. The repeat rate for all investigations, regardless of determination, rose from 11% and 12% in 1997 and 1998, respectively, among infants less than a year old to 15%, in both years, for 1-5 year olds. The repeat investigation rate increased further to 17% and 18% in the 6-11 year old age group and to 18% for both years among children who were 12 and older. The percent of children with repeat investigations increased from 1997 to 1998 among children of all age groups, with the exception of those who were 1-5 years old at the time of the initial investigation. There is a substantial difference in the repeat rate among infants whose initial investigation was unsubstantiated and those where the investigation was indicated. In 1997 and 1998, respectively, 14% and 15% of the unsubstantiated investigations were followed by a subsequent investigation, whereas only 8% of the indicated investigations in both years were followed by a subsequent investigation. Among children 1-5 years old the repeat rate was somewhat lower after indicated investigations, 15-16% for unsubstantiated and 15% for indicated, but among older children, this trend was reversed.

Figure 3.6

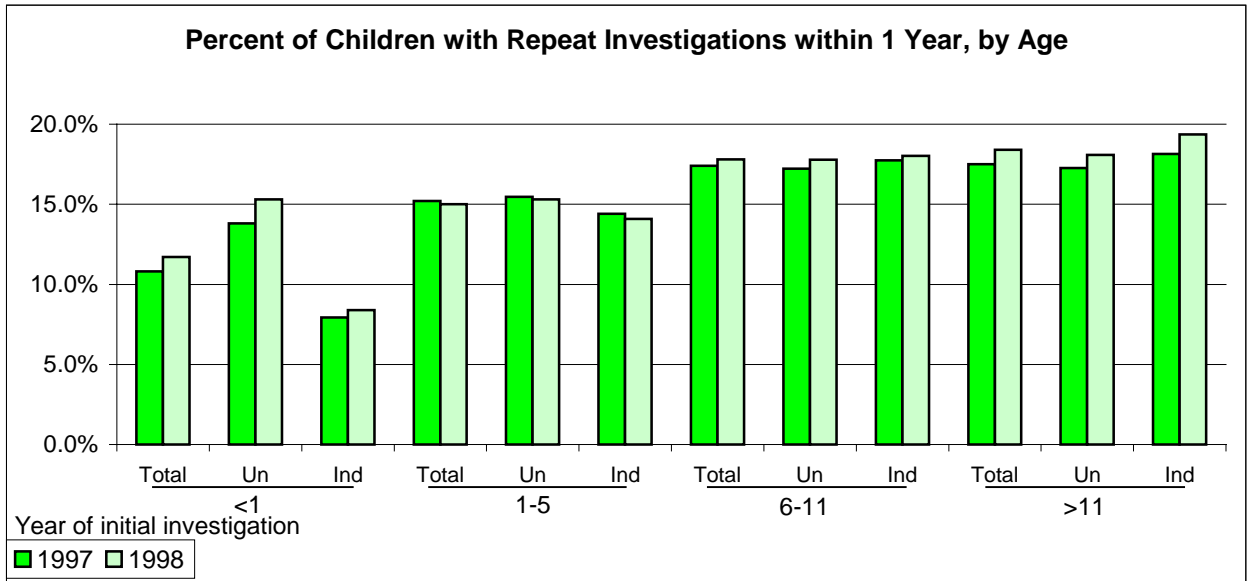
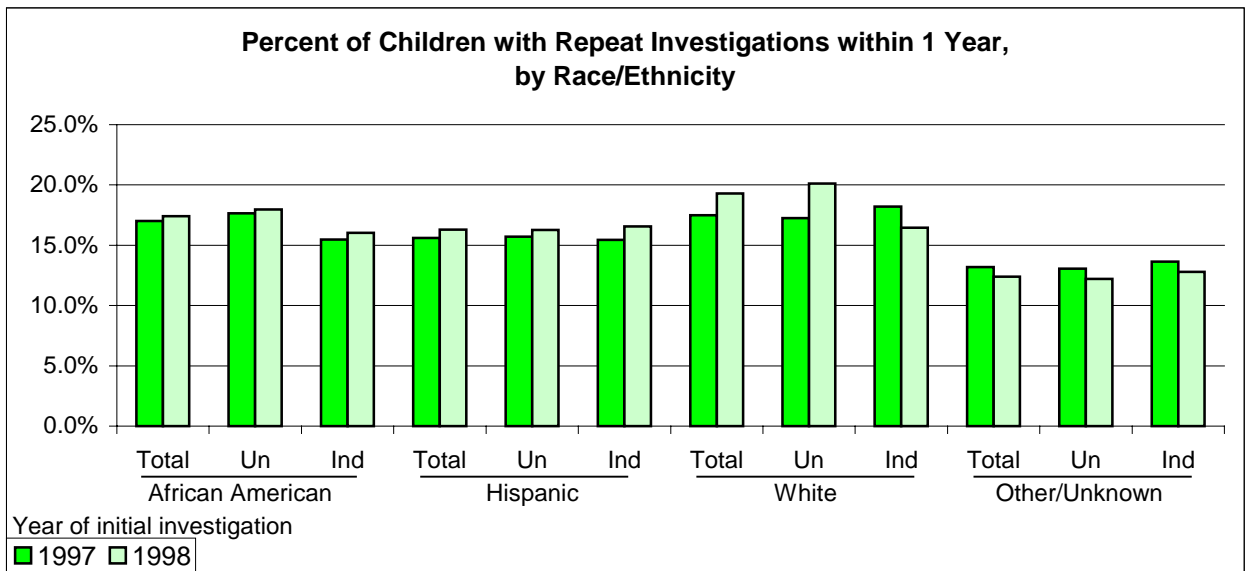


Figure 3.7

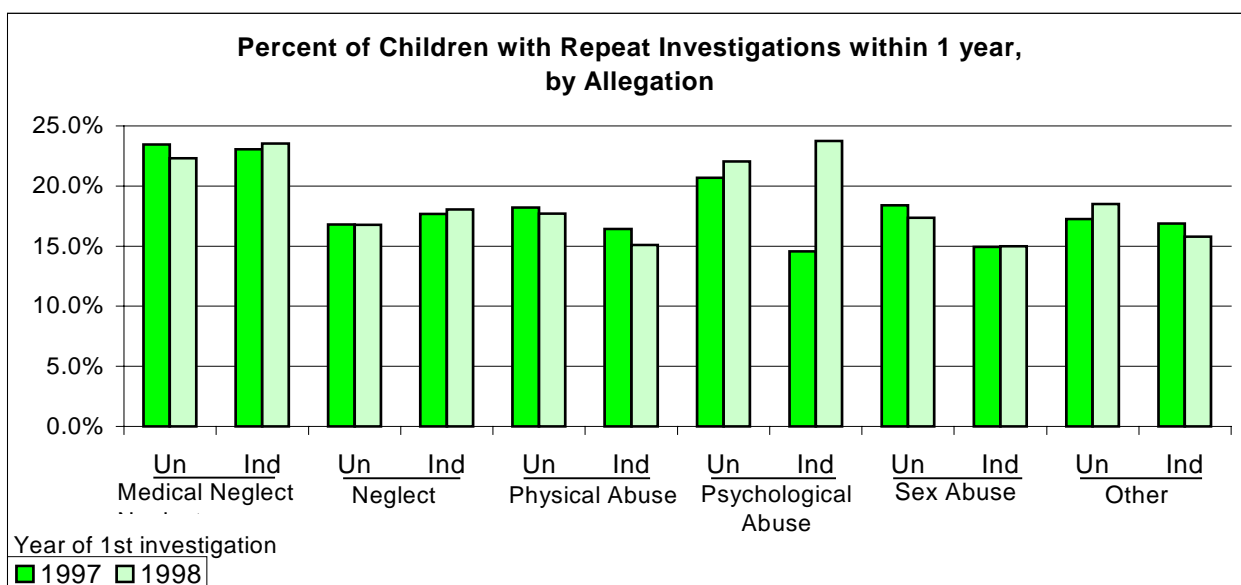


The rate of repeat investigations within one year of determination of the initial investigation also varied by children’s race/ethnicity. As seen in Figure 3.7, the repeat rate for all investigations, regardless of determination, was highest for white children (18% and 19% in 1997 and 1998 respectively), and among those with known race/ethnicity, it was lowest for Hispanics (16% in both years). When determination of the initial investigation is taken into consideration, the differences between the racial/ethnic groups are not as consistent. For initial investigations in 1997 that were unsubstantiated the highest repeat rate was seen among African American children (18%). In 1998 a repeat rate of 20% after unsubstantiated investigations, made white children the group with the highest rate. In both years Hispanic children had the lowest repeat rates after unsubstantiated investigations (16%). For initial investigations in 1997 that were

indicated the highest repeat rate was among white children (18%) and in 1998 Hispanics had the highest rate (17%). In 1997 Hispanic children had the lowest repeat rate after unsubstantiated investigations (15%) and in 1998 African Americans had the lowest rate (16%).

The final analysis for this indicator looks at the variation in the incidence of repeat investigations within one year of determination of initial investigations as it relates to the allegation and determination of the initial investigation. Allegations were grouped for this analysis according to the methodology used by the National Child Abuse and Neglect System. For initial investigations that are unsubstantiated children who were subjects of investigations for medical neglect in both 1997 and 1998 were most likely to be subjects of repeat investigations (23% and 24%, respectively) (see Figure 3.8). Children with unsubstantiated neglect had the lowest repeat investigation rates (18% in both years). For initial investigations that were indicated, in 1997 medical neglect was most commonly followed by a repeat investigation (23%) and psychological abuse was least likely (15%). In 1998 indicated psychological abuse had the highest repeat rate (24%) and sex abuse had the lowest (15%).

Figure 3.8



FAMILY TEAM CONFERENCES (ACS Top 12 indicator)

Information sharing between families, community based organizations and public agencies is vital to the provision of child welfare services. When all parties’ views are heard and discussed, decisions are made with more complete information and participants feel connected to one another. In recognition of the value of partnering with families, communities and contract agencies, ACS is implementing a series of planning conferences, Family Team Conferences, which take place throughout the life of a case.

The first such conference implemented was the 72-Hour Child Safety Conference (CSC). Other Family Team Conferences that are being implemented include 30-Day Conferences, Reunification Discharge Conferences, Trial Discharge Conferences, Pre-Adoptive Conferences

and Independent Living Discharge Conferences. The tracking of Family Team Conferences is one of the ACS Top 12 Outcomes and Indicators. This process indicator considers whether the conferences occurred at all, whether they were held in the appropriate time frame and who attended the conferences. Since the implementation of CSCs is a critical initiative for the ACS Division of Child Protection, this discussion was placed in the Child protection Chapter of this report.

The CSC model involves a collaborative process through which families, ACS staff, service providers and other involved community members participate in the development of plans for how to best protect children and support families in crisis. The conferences are held within three to five days after a child is placed in foster care (Post-Removal Conferences) or after an ACS worker identifies a need for a conference to address child safety concerns in the home (Elevated Risk Conferences). Under the jurisdiction of ACS' Division of Child Protection, Child Evaluation Specialists facilitate the CSCs. The CSC is a team meeting that includes the family, their support system and other professionals involved with the family. The meeting serves as a forum for sharing information about the family that relates to the protection and safety of the children and the overall functioning of the family. The goal is to reach consensus about a plan that protects the children, preserves or reunifies the family and establishes permanency for the child.

CSCs were piloted in Queens in 1998, gradually rolled-out in 1999 and implemented citywide in October 1999. A citywide tracking database was initiated in February 2000. The data presented here is drawn from this database for the months of February through August 2000.

Figure 3.9 depicts the number and type of CSCs held each month. The total number of conferences ranged from a low of 343 in February to a high of 480 in August. Each month the majority of CSCs were Post-Removal. The remaining conferences were divided between Elevated Risk and Other Placements (voluntary placements and persons in need of supervision).

Figure 3.9

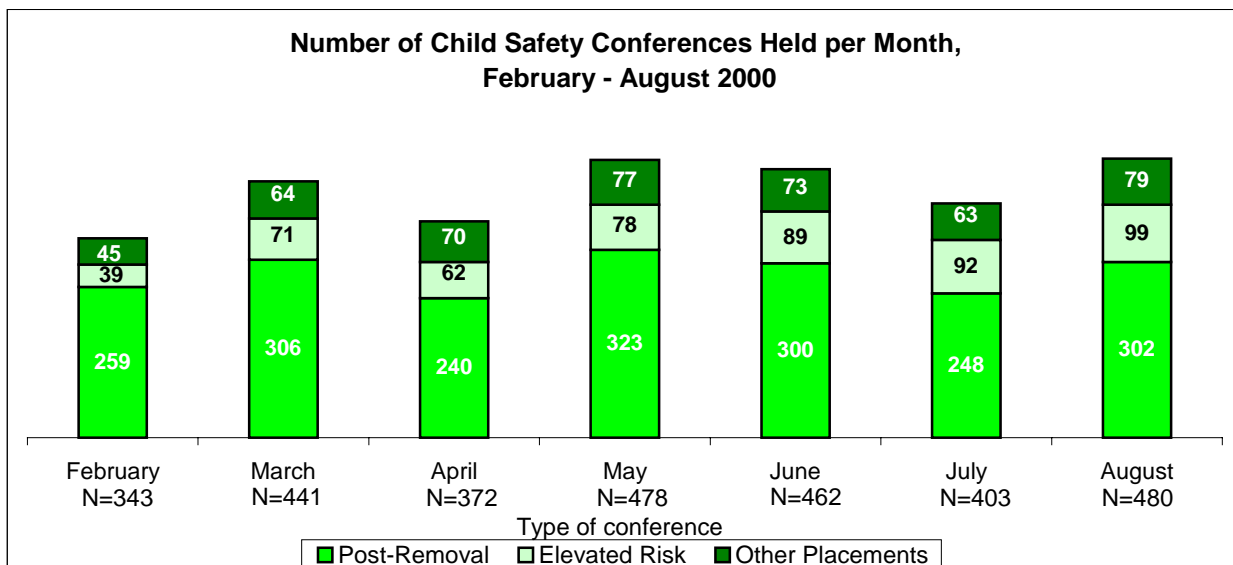
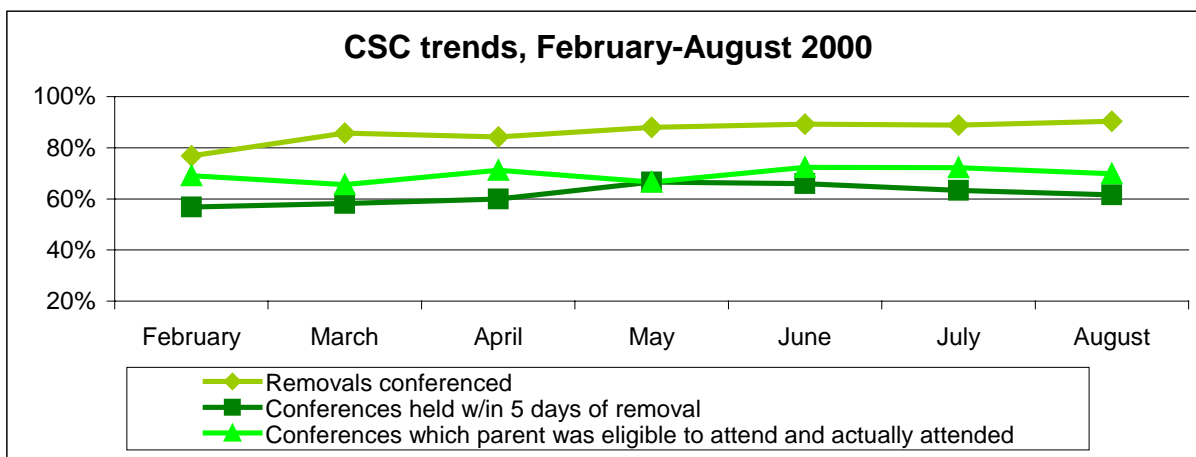


Figure 3.10 depicts trends in the percent of removals that were conferenced, the percent of conferences held within five days of removal and parental attendance at conferences. A CSC should be held for all removals except in cases involving fatalities. As shown in this figure the percent of removals that were conferenced increased from 77% in February to 90% in August. All removals should be conferenced within three to five days of the removal. As illustrated in the figure, this was the case for 57% of the removals in February. This rate increased to 67% in June, and then decreased slightly to 62% by August. Parent attendance is critical to the success of CSCs. Cases involving parent incarceration, domestic violence or a parent/caretaker with a mental impairment are carefully reviewed to identify the need for special accommodations or conference arrangements. As depicted in Figure 3.10, parents did in fact attend a majority of the conferences they were eligible to attend. The parental attendance rates ranged from a low of 66% in March to a high of 72% in June and July.

Figure 3.10



CHILD FATALITIES⁴

No event draws the public’s attention to the child welfare system as compellingly as when a child is killed as a result of abuse or neglect. Nevertheless, as child welfare research has confirmed, families in which a child will die cannot be predicted.⁵ ACS continuously reviews its performance in order to strengthen case practice and develop community-based service networks, so that children can be protected effectively and incidences of child fatalities are reduced.

This indicator includes children whose families are known to ACS and whose deaths were reported to the New York State Central Register for Child Maltreatment (SCR). For purposes of comparison, children whose families were not previously known to ACS and whose deaths were reported to the SCR are also included. The former are referred to as “Panel cases” and the latter are referred to as “Non-Panel cases”. Other relevant terms are defined in the glossary to this chapter.

⁴Data source: ACS Accountability Review Panel

⁵ Alfaro JD. High Risk Factors Associated With Child Maltreatment Fatalities. New York: Mayor’s Task Force on Child Abuse, 1987.

Protective diagnostic workers are responsible for evaluating the circumstances of all child fatalities reported to the SCR, including Panel and Non-Panel cases. The Accountability Review Panel conducts investigations of fatalities concerning children in families known to ACS whose deaths were reported to the SCR. The Panel is comprised of experts outside of City government, and is assisted by representatives of the Family Courts and other City agencies, as well as high-level ACS managers. In its review, the Panel identifies systemic deficiencies and recommends corrective actions in ACS and in other service systems that work with children and families. The Metropolitan Regional Office of the New York State Department of Children and Family Services provides additional oversight.

Not all deaths reported to the SCR result from maltreatment. Reports of maltreatment, including fatalities, are made to the SCR when there is a *suspicion* of abuse or neglect. In some instances the investigation determines that the deaths resulted from natural causes or from accidents.

Table 3.4 shows the total number of Panel and Non-Panel fatalities cases reported to the SCR from 1990 to 1999. The total fell from a high of 117 in 1990 to a low of 55 in 1999. The number of cases varied by borough with Brooklyn tending to have the greatest number, and Staten Island the least. As Figure 3.11 reveals, the deaths of 23 children in families known to ACS were reported to the SCR in 1999. This represents a 48% decrease in Panel fatalities from 1990 to 1999 and a 36% decrease from 1998 to 1999 alone. This decrease is particularly striking as the total number of children in reports of abuse and neglect whose families receive protective and preventive services increased substantially over the decade.

Figure 3.12 demonstrates the relationship between Panel fatalities and the cumulative number of children known to ACS. As the estimated population of children known to ACS increased from approximately 127,000 in 1984 to approximately 548,000 in 1999, the percent fatalities decreased from 0.033% to 0.004%. This demonstrates the rarity of child fatalities and underlines the point that while important, child fatalities do not provide an indicator of system performance.

Table 3.4
Number of Child Fatalities, Calendar Years 1990-1999*, Panel and Non-Panel Cases

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	117	102	87	93	74	70	59	73	76	55
Bronx	30	21	19	29	17	14	18	18	21	14
Brooklyn	41	41	35	27	32	23	16	28	31	13
Manhattan	15	14	14	13	9	7	9	7	5	7
Queens	19	15	11	17	11	17	14	11	7	13
Staten Island	4	5	2	2	2	2	1	4	3	3
OCI**	8	6	6	5	3	7	1	5	9	5

*Children placed in congregate care and non-foster care institutions are not included in these tables. The New York State Department of Social Services Institution Abuse Unit investigates fatalities that occur in these settings.

** The Office of Confidential Investigation (OCI) investigates allegations abuse and neglect of children in foster care and day care throughout the five boroughs.

Figure 3.11

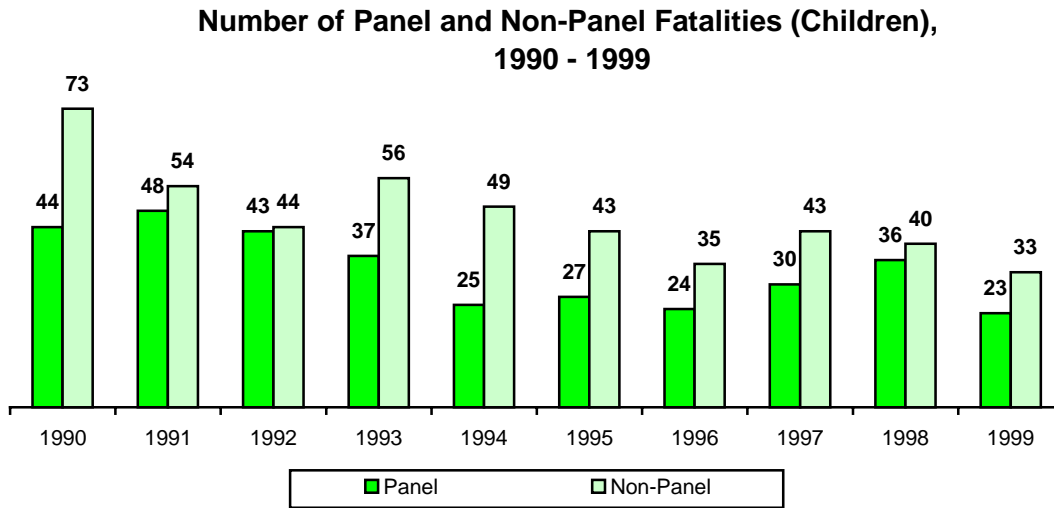
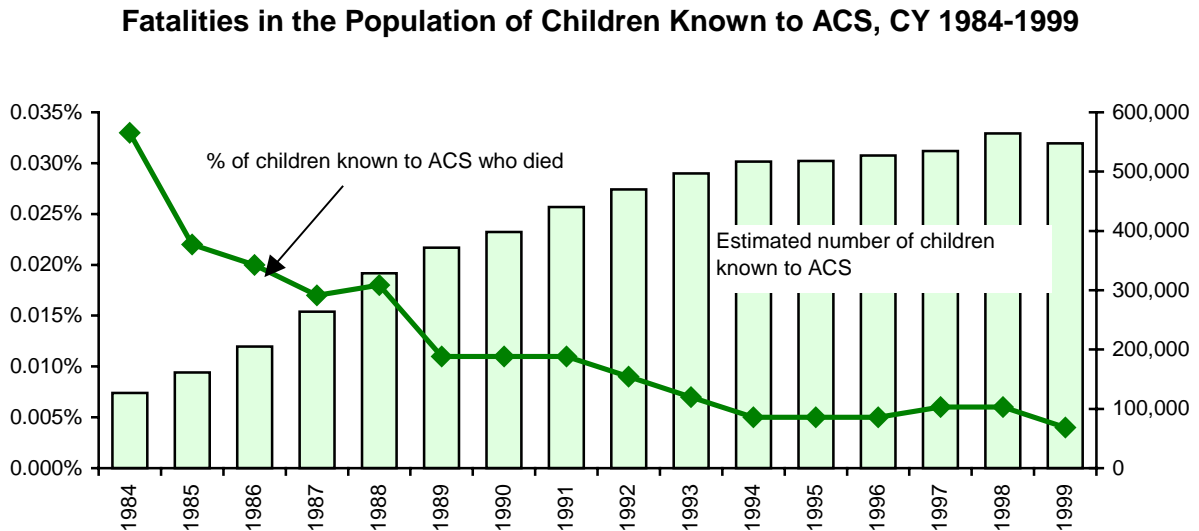
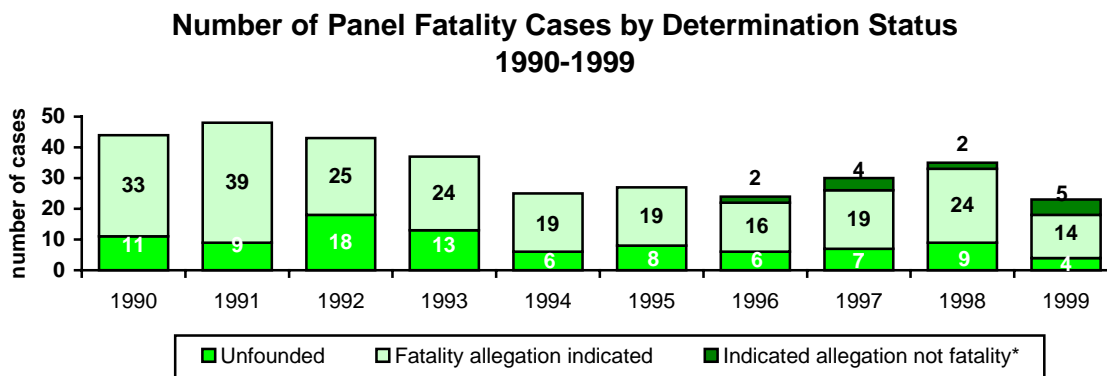


Figure 3.12



As Figure 3.13 illustrates, the proportion of indicated Panel cases in relation to all Panel fatalities have fluctuated considerably since 1990. The indication rate peaked in 1991 at 81% (39 of 48 fatalities) and decreased sharply in 1992 to 58% (25 of 43 fatalities). Between 1993 and 1999, the percentage of Panel cases that were indicated has ranged between 65% and 78%.

Figure 3.13

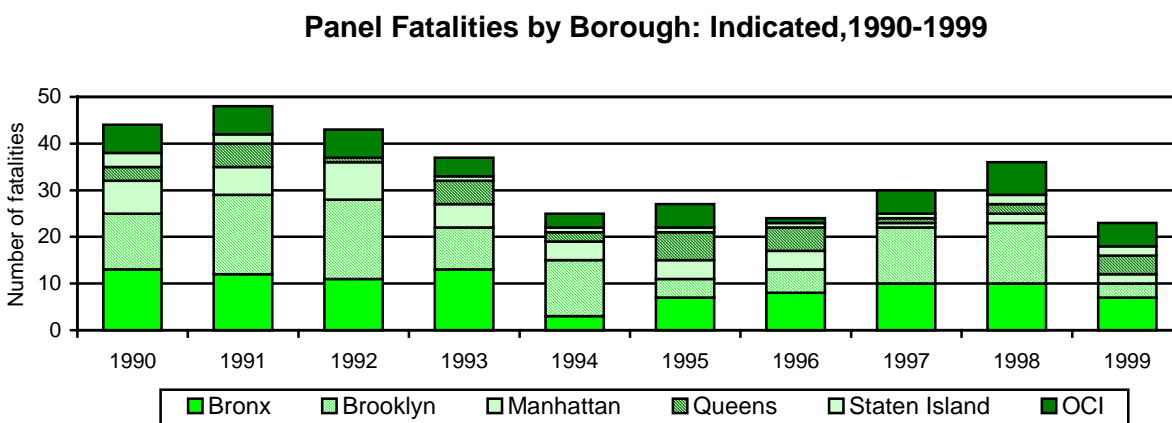


*These cases were indicated for an abuse or neglect allegation other than the fatality allegation.

Since 1996 the indicated cases were further characterized according to whether the fatality allegation or some other abuse/neglect allegation was indicated. In the cases where the fatality allegation was indicated, the children’s deaths were found to be a direct result of the alleged abuse or neglect. In the cases where some other allegation was indicated, although the caregiver did not contribute to the child’s death, the caregiver had demonstrated poor judgement or lack of supervision with respect to the deceased child or the child’s siblings. The proportion of indicated Panel cases for which the fatality allegation itself was indicated ranged from a high of 92% in 1998 to a low of 78% in 1999.

Figure 3.14 reveals that the majority of Panel fatality cases during the 1990s occurred in Brooklyn and the Bronx. The number of fatalities in Brooklyn declined from a high of 17 in 1991 to a low of three in 1999. In the Bronx, the number of fatalities dropped from 13 in 1990 to three in 1994, increased to ten in both 1997 and 1998 and decreased to seven in 1999. The occurrence was lowest in Staten Island for each year, ranging from three in 1990 to zero in 1992. The map on page 41 illustrates the total number of indicated fatalities (Panel and Non-Panel) by community district in 1999. Each star represents a Panel fatality and each circle represents a non-Panel fatality.

Figure 3.14



BRONX COMMUNITY DISTRICTS

BX01 – Mott Haven/Melrose
BX02 – Hunts Point/Longwood
BX03 – Morrisania/Crotona
BX04 – Highbridge/Concourse
BX05 – Fordham/University Heights
BX06 – Belmont/East Tremont
BX07 – Kingsbridge Heights/Bedord Park
BX08 – Riverdale/Fieldstone
BX09 – Parkchester/Soundview
BX10 – Throgs Neck/Co-op City
BX11 – Morris Park/Bronxdale
BX12 – Williamsbridge/Baychester

BROOKLYN COMMUNITY DISTRICTS

BK01 – Greenpoint/Williamsburg
BK02 – Fort Greene/Brooklyn Heights
BK03 – Bedford Stuyvesant
BK04 – Bushwick
BK05 – East New York/Starrett City
BK06 – Park Slope/Carroll Gardens
BK07 – Sunset Park
BK08 – Crown Heights
BK09 – South Crown Heights/Prospect
BK10 – Bay Ridge/Dyker Heights
BK11 – Bensonhurst
BK12 – Borough Park
BK13 – Coney Island
BK14 – Flatbush/Midwood
BK15 – Sheepshead Bay
BK16 – Brownsville
BK17 – East Flatbush
BK18 – Flatlands/Canarsie

MANHATTAN COMMUNITY DISTRICTS

MN01 – Financial District
MN02 – Greenwich Village/SoHo
MN03 – Lower East Side/Chinatown
MN04 – Clinton/Chelsea
MN05 – Midtown
MN06 – Stuyvesant Town/Turtle Bay
MN07 – Upper West Side
MN08 – Upper East Side
MN09 – Morningside Heights/Hamilton
MN10 – Central Harlem
MN11 – East Harlem
MN12 – Washington Heights/Inwood

QUEENS COMMUNITY DISTRICTS

QN01 – Astoria
QN02 – Woodside/Sunnyside
QN03 – Jackson Heights
QN04 – Elmhurst/Corona
QN05 – Ridgewood/Maspeth
QN06 – Rego Park/Forest Hills
QN07 – Flushing/Whitestone
QN08 – Hillcrest/Fresh Meadows
QN09 – Ozone Park/Woodhaven
QN10 – S. Ozone Park/Howard Beach
QN11 – Bayside/Little Neck
QN12 – Jamaica/Hollis
QN13 – Queens Village
QN14 – Rockaway/Broad Channel

STATEN ISLAND COMMUNITY DISTRICTS

SI01 – Saint George/Stapleton
SI02 – S. Beach/Willowbrook
SI03 – Tottenville/Great Kills

COMPLIANCE PERFORMANCE BY DIVISION OF CHILD PROTECTION

The child protection-related activities for which ACS is responsible include completion of the following: 1) home visits within 48 hours of receipt of abuse/neglect report; 2) Seven-Day Safety Assessment; and 3) Investigative Conclusions on abuse/neglect investigations within 60 days. Trends in ACS' compliance with these requirements are discussed below. Relevant terms are defined in the glossary to this chapter.

Initial Response to Abuse and Neglect Reports

When ACS receives a report of abuse or neglect, caseworkers are required by ACS procedures to make a home visit to families within 48 hours.⁶ The State of New York imposes an additional requirement that contact with a family who is the subject of an abuse or neglect report must be made within 24 hours to ensure the safety of the children. This action represents the initial step of the caseworker's investigation.

ACS is in the process of implementing an automated tracking system to document the status of all 24-hour contacts and 48-hour home visits. At present, information on 24-hour contacts is tracked manually and is available for the five boroughs and the Office of Confidential Investigations (OCI), which is responsible for investigating reports of abuse or neglect in foster boarding homes, approved relative homes, and day care settings. Forty-eight-hour home visit data is only available for OCI.

As illustrated in Table 3.5, the agency has demonstrated a high level of compliance in meeting these initial response requirements. Compliance with the 24-hour contact requirement for the five boroughs decreased slightly from 99.4% in 1990 to 97.4% in 1999. Twenty-four hour contact compliance for OCI has also been high, although it did fluctuate somewhat from approximately 100% in the early 1990s to a low of 93% in 1996. Compliance with this requirement then increased to almost 98% by 1999. OCI has also maintained a high level of compliance making home visits within 48 hours, ranging from a low of 95.3% in 1998 to a high of 100% in 1992.

Table 3.5

Percent with 24-Hours Contacts and 48-Hours Visits, FY 1990-1999⁷

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
24-hour contacts 5 Boroughs	99.4%	99.4%	99.7%	99.5%	99.4%	98.8%	99.1%	98.6%	97.1%	97.4%
OCI	99.8%	99.9%	100%	99.8%	99.1%	NA*	92.9%	93.3%	95.3%	97.8%
Home visits w/in 48 hours, OCI only	98.0%	99.3%	100%	98.7%	96.7%	97.5%	96.5%	96.9%	95.3%	97.8%

*NA= not available.

⁶ This is a local requirement. See form CS-736A, the 60 Day Child Protective Services Recording Document.

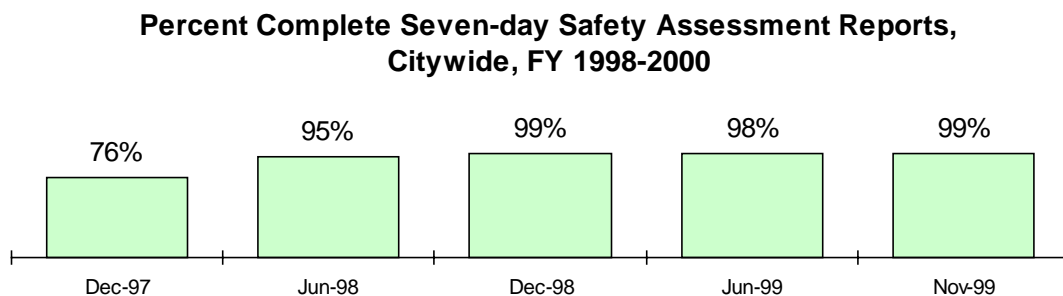
⁷ Data Source: ACS self-reported data.

Seven-day Safety Assessment of Abuse/Neglect Report⁸

ACS caseworkers investigating reports of abuse or neglect must submit a preliminary assessment of the safety of all children in a family within seven days of receiving the initial report.⁹ This indicator tracks the percent of seven-day safety assessments (SA) that were complete and the number that were overdue at each time period.

Citywide, ACS increased the percentage of complete SA reports from 76% in December 1997 to 99% in December 1998 (see Figure 3.15). The completion rate then remained stable at 98% and 99% in the June and November 1999 reporting periods respectively.

Figure 3.15



Investigative Conclusions on Abuse/Neglect Investigations within 60 Days¹⁰

For each report of abuse or neglect investigated by ACS, a determination must be made within 60 days of the initial report as to whether the case was indicated or unsubstantiated.¹¹ For this indicator, the percent of cumulative investigative reports that were complete for each calendar year by each time period is reported.

Citywide, the percentage of complete reports of Investigative Conclusions increased from a low of 50% in December 1997 to 97% in November 1999 (see Figure 3.16). This improvement was due to substantial efforts on the part of ACS staff to identify and clean up overdue reports.

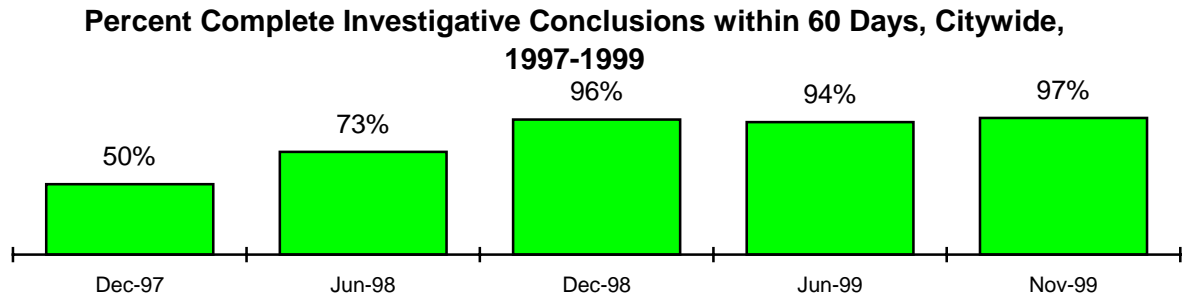
⁸ Data Source: CONNECTIONS.

⁹ Title 18 of State Regulations 432.2 (b) and 432.2 (ii).

¹⁰ Data Source: CONNECTIONS.

¹¹ State Regulations of the Social Services Law 424 (7).

Figure 3.16



GLOSSARY TO CHAPTER 3

Accountability Review Panel: The Accountability Review Panel is a panel of experts from outside of City government, who are assisted by representatives of the Family Courts and other City agencies as well as high-level ACS managers. The Panel conducts investigations of fatalities concerning children in families known to ACS and whose deaths were reported to the New York State Central Register.

Family Team Conferences: A series of planning conferences that are to take place throughout the life of a foster care case. These conferences include 72-Hour Child Safety Conferences, 30-Day Conferences, Reunification Discharge Conferences, Trial Discharge Conferences, Pre-Adoptive Conferences and Independent Living Discharge Conferences.

Indicated abuse/neglect reports: Reports that have credible evidence of abuse or neglect, determined upon investigation.

Indicated fatality: A fatality is considered indicated when the ACS investigation finds credible evidence that the child's death was found to be a direct result of the abuse or neglect.

Indication rate: Ratio of the number of indicated reports to the total number of reports received during a given period, usually expressed as a percent.

Investigation Conclusions: For each report of abuse or neglect investigated by ACS, a determination must be made within 60 days of the initial report as to whether the case was indicated or unsubstantiated.

Mandated reporters: Certain professionals and officials who are required by law to report to the State Central Register when they have reasonable cause to suspect that a child coming before them in their professional or official capacity is abused or maltreated. Mandated reporters include social service workers, physicians, public health officials, hospital personnel, mental health professionals, law enforcement officials, and school officials.

Non-Panel cases: Children whose families were not previously known to ACS and whose deaths were reported as suspicions of abuse and/or neglect to the State Central Register are referred to as non-Panel cases.

Panel cases: Children whose families are known to ACS and whose deaths were reported to the State Central Register because they were suspected to be the result of abuse and/or neglect. To be a panel case, the family of the deceased child must fall into one of four categories: 1) a responsible adult in the family had been the subject of an "indicated" child abuse or maltreatment allegation, reported to the State Central Register before the fatality occurred; 2) ACS was investigating an allegation against a responsible adult in the family when the fatality occurred; 3) a family with no member with an indicated allegation was receiving ACS services, such as foster care or preventive services; or 4) a family member had been the subject of an earlier

“unsubstantiated” report, filed after February 1996. Prior to February 1996, there was no record of unsubstantiated reports as they were expunged from the register.

Repeat maltreatment incident: An unsubstantiated or indicated allegation for which an investigation is opened subsequent to the date the investigation of the prior unsubstantiated or indicated investigation was closed.

Repeat maltreatment rate: The percent of initial A/N allegations followed by a subsequent allegation within one year of the determination of the initial investigation

Safety Assessments: ACS caseworkers investigating reports of abuse or neglect must submit a preliminary assessment of the safety of all children in a family within seven days of receiving the initial report.

Total children in reports: Number of children (age 0-18), alleged to be the subjects of abuse or neglect reports.

Unsubstantiated abuse/neglect reports: Reports that lack credible evidence of abuse or neglect, determined upon investigation.

Unsubstantiated fatality: A fatality is considered unsubstantiated when there is no credible evidence that the death resulted from abuse or neglect. In the past, the New York State Social Services Law required ACS to expunge from its records all references to reports to the State Central Register that were determined to be “unsubstantiated” because there was no credible evidence that the alleged abuse or neglect occurred. In 1996, a change in the Law permits child welfare agencies to retain information about unsubstantiated reports. Consequently, families with unsubstantiated reports made since February of 1996 are now considered known to ACS and the Accountability Review Panel reviews the history of the case.

Victimization rate: Ratio of children who were abuse/neglect victims to 1,000 children under the age of 18.

ACRONYMS

A/N: Abuse/Neglect

CD: Community District

CPS: Child Protective Services

CSC: 72-Hour Child Safety Conference

CY: Calendar Year

IC: Investigative Conclusions reports

OCI: Office of Confidential Investigations

SA: Seven-day Safety Assessment

SCR: State Central Register

CHAPTER 4

NEIGHBORHOOD-BASED SERVICES

A NEW APPROACH TO SERVING THE CITY

From its inception, ACS committed itself in its Reform Plan to a service model focused on the child or family's community or neighborhood. To this end, service networks, which include protective, preventive, foster care, and after care service providers, are being developed in communities around the city. ACS contract agency providers (including foster care, preventive and daycare) are assigned to specific community districts (CDs) and are responsible for developing service capacity, through their own programs or in cooperation with other providers, within these CDs. ACS' Division of Child Protection has been restructured along CD lines – specified units are assigned to all investigations coming from specified CDs. Neighborhood-based solutions keep the child in her own community thereby reducing the disruptions in that child's life and promoting quicker and more positive outcomes – the primary one being permanency.

In mid-1998 ACS issued a Request for Proposals (RFP) for foster care services in the Bronx, serving as the first step in the implementation of neighborhood-based services. Agencies were awarded contracts in early 1999, and the Bronx initiative began on July 1, 1999. A citywide foster care RFP was issued in March 1999. Citywide neighborhood-based services began implementation in April 2000. Furthermore, Purchased Preventive Services (PPRS) went through an RFP process to convert to this neighborhood-based approach. The citywide RFP was issued in March 1999 and implementation of PPRS along neighborhood-based lines began in early 2000.

With this commitment to neighborhood-based services, it is critical that ACS develops the capacity to measure need and to evaluate performance based on the dimension of community and the goals of neighborhood-based services. This chapter focuses on three such performance measures: neighborhood-based placements (one of the ACS Top 12), educational performance of children in foster care, and the quality of the educational component of ACS' daycare services. Furthermore, it is worth noting that CD is used as a unit for comparison in the Child Protection chapter of this report to consider abuse/neglect reports, victimization rates and child fatalities. The inclusion of that neighborhood-based analysis in the Child Protection speaks to its value in characterizing community need in the area of child protection. The analysis in this chapter, while certainly providing some inference on community need, focuses more on system performance by community.

Neighborhood-Based Placements

The goal of placing a child into foster care within that child's home community is critical to ACS' reform of foster care. It is believed that by minimizing the disruptions to a child's life by maintaining family, school and community ties, the trauma of being removed from home and placed into foster care can be reduced. It is also believed that a neighborhood-based child welfare network of care offers the greatest potential for providing services to children and families. By placing children close to home, with services accessible to parent and child many of the existing barriers to achieving timely permanency may be overcome. Given the importance of this outcome, progress towards neighborhood-based placements was selected as one of the ACS Top 12 indicators.

When examining ACS' progress towards neighborhood-based placements it is important to keep in mind that there are factors that may outweigh neighborhood-based placements. The priority of kinship and sibling family placements may outweigh the benefit of neighborhood-based placement. A child's special health and/or mental health needs may be better met in a placement outside of his or her neighborhood. And, finally staying in the community may compromise the safety of the child.

For this analysis community district (CD) is used as a proxy for neighborhood. The child's home CD is defined by his or her case address at the time of placement. This analysis examines placements in FYs 1999 and 2000. The neighborhood-based placement initiative began at the start of FY 2000 (July 1999) in the Bronx and in April 2000 for the other boroughs. As such, the performance described in FY 1999 represents a pre-implementation baseline for all boroughs. The FY 2000 data are post-implementation for the Bronx, while essentially pre-implementation for the remainder of the city since the fiscal year was nearly over by the implementation date.

In FY 1999 there were 11,510 placements into foster care, in FY 2000 the number of placements fell to 9,880. Of the 9,880 placements of children from home into foster care in FY 2000 30% were of children from the Bronx, 27% from Brooklyn, 18% from Manhattan 19% from Queens and 3% were from Staten Island (see Table 4.1). The age distribution of the children entering care was similar across the five boroughs. Approximately 40% of the children were 0-5 years old, about a quarter of the children were 6-11 and one third were 12 or older. Children placed from Staten Island were somewhat older than those from the other boroughs were (42% ≥ 12) and there were less very young children from Queens (36% 0-5). All boroughs had approximately equal proportions of boys and girls.

Table 4.1
Percent of placements from home to foster care in FY 2000 of children with selected characteristics, by borough of origin

Borough	Total Placements	Age			Gender		Race/Ethnicity				Initial Level of Care		
		0-5	6-11	≥ 12	Fem	Male	Af A	Hisp	White	Oth/Unk	Kin	FBH	Cong
Bronx	2,967	43.2	26.1	30.7	50.7	49.3	35.6	30.3	0.6	33.5	13.8	63.1	23.1
Brooklyn	2,688	40.8	25.4	33.8	49.8	50.2	48.1	10.9	1.8	39.2	14.4	59.6	26.0
Manhattan	1,799	43.7	26.1	30.2	49.9	50.1	25.1	16.9	0.4	57.6	14.6	66.6	18.7
Queens	1,907	35.7	26.1	38.2	48.5	51.5	46.3	17.5	6.8	29.4	21.1	51.9	27.0
Staten Island	337	40.1	18.1	41.8	49.3	50.7	50.7	23.4	21.4	4.5	19.3	48.1	32.6
Non-NYC	182	46.2	25.8	28.0	52.7	47.3	41.8	10.4	4.4	43.4	14.3	63.2	22.5
Total	9,880	41.1	25.6	33.2	49.9	50.1	39.8	19.5	2.9	37.8	15.7	60.1	24.1

Overall 40% of the children were African-American, 20% were Hispanic, 3% were white and race/ethnicity was other or unknown for 38% of the children placed in foster care in FY 2000. Race/ethnicity varied widely among the boroughs. The percent of children that were African-American ranged from a low of 25% of those from Manhattan to a high of 51% of those from Staten Island. The percent Hispanic children was lowest for those from Brooklyn (11%) and highest for the Bronx (30%). Staten Island had by far the highest percentage of white children placed in care (21%) and Manhattan had the lowest (0.4%). The percent of children for whom

race/ethnicity was classified as Other/Unknown ranged from a low of 4.5% for Staten Island to 29%-58% for the remaining four boroughs. The vast majority of children that were classified as being of Other/Unknown race/ethnicity had an actual entry of Unknown. Given the very high rate of Unknown race/ethnicity for children for all boroughs with the exception of Staten Island, it is important to approach findings regarding race/ethnicity in this analysis with caution. If race/ethnicity were known for a greater proportion of these children, it is possible that the distributions of this demographic would shift, thereby affecting the interpretation of its role in shaping the foster care placement experience.

The distribution of children’s level of care at initial placement also varied by the borough the children were from. The percent of children placed in kinship homes ranged from a high of 21% for those from Queens to a low of 14% for children from the Bronx and Brooklyn. Staten Island had the lowest proportion of children placed in foster boarding homes (FBHs) (48%), Manhattan had the highest (67%). The highest percentage of children initially placed in congregate facilities was seen among children from Staten Island (33%) and the lowest was among children from Manhattan (19%).

Neighborhood-based placement is of greatest importance for children that are placed in FBHs, therefore it is the focus of the majority of this analysis. Placing a child with an appropriate relative outweighs geographic considerations. In addition, congregate facilities are specialized settings for children with greater needs; it is not practical to develop congregate resources by CD. However, ACS’ neighborhood-based design does require children entering congregate care to be placed in their borough of origin. Non-kin FBH resources have no such constraints and, in that they represent surrogate family settings, should be developed in the communities from which the families that are served reside.

Figure 4.1 illustrates the distribution of the in-CD rates for FY 2000 FBH placements. None of the children from 23 (39%) of the 59 CDs were placed in their CD of origin. The in-CD placement rate ranged from 0.1% to 5.0% for children from 13 (22%) of the CDs and it was 5.1%-10.0% for children from 15 CDs (25%). Three CDs (5%) had in-CD placement rates of 10.1%-15.0% and five (8%) had rates of 15.1% or greater. Overall, 7.3% of the FBH placements in FY 2000 were in-CD. This represents a 59% increase from the FY 1999 in-CD rate of 4.6%.

Figure 4.1

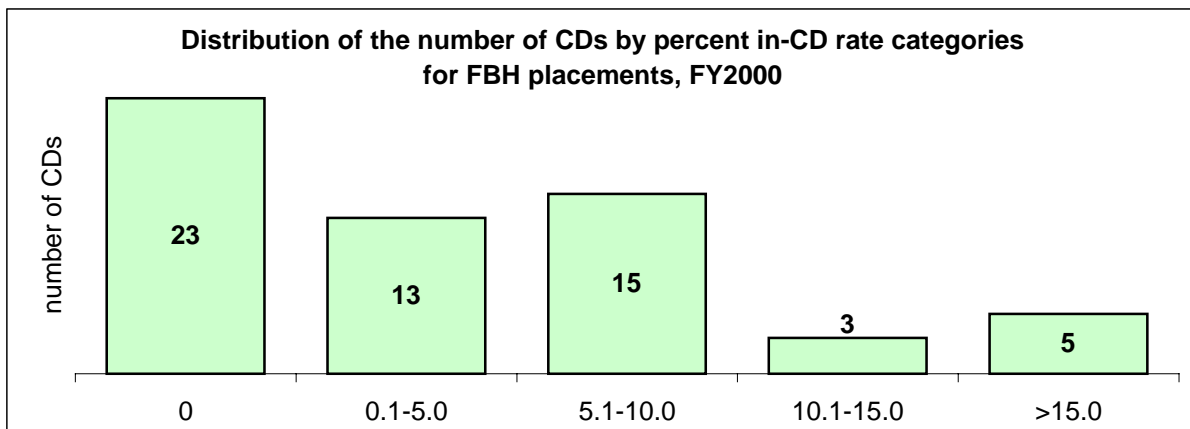


Table 4.2
Percent in-CD FBH placements, by CD of origin, FYs 1999 and 2000

Borough/ Community District	Percent in-CD		Percent change 1999-2000
	FY99	FY00	
BRONX			
BX01 Mott Haven/Melrose	1.8	8.0	336.0
BX02 Hunts Point/Longwood	6.3	3.7	-41.4
BX03 Morrisania/Crotona	2.1	7.0	232.0
BX04 Highbridge/Concourse	3.3	10.8	227.0
BX05 Fordham/University Heights	5.4	10.0	85.4
BX06 Belmont/East Tremont	0.9	7.0	657.0
BX07 Kingsbridge Heights/Bedford Park	3.0	5.8	91.8
BX08 Riverdale/Fieldstone	4.2	2.0	-52.0
BX09 Parkchester/Soundview	4.3	17.5	310.5
BX10 Throgs Neck/Co-op City	0.0	0.0	0.0
BX11 Morris Park/Bronxdale	0.0	6.2	100.0
BX12 Williamsbridge/Baychester	7.5	15.6	107.9
BRONX TOTAL	3.2	9.2	186.2
BROOKLYN			
BK01 Greenpoint/Williamsburg	2.1	4.9	136.1
BK02 Fort Greene/Brooklyn Heights	0.0	0.0	0.0
BK03 Bedford Stuyvesant	14.2	10.8	-24.3
BK04 Bushwick	2.8	6.7	142.2
BK05 East New York/Starrett City	12.0	9.7	-19.4
BK06 Park Slope/Carroll Gardens	2.5	0.0	-100.0
BK07 Sunset Park	8.3	0.0	-100.0
BK08 Crown Heights	4.9	1.8	-63.7
BK09 South Crown Heights/Prospect	0.0	0.0	0.0
BK10 Bay Ridge/Dyker Heights	0.0	0.0	0.0
BK11 Bensonhurst	0.0	0.0	0.0
BK12 Borough Park	10.5	0.0	-100.0
BK13 Coney Island	1.6	0.0	-100.0
BK14 Flatbush/Midwood	5.5	5.2	-5.2
BK15 Sheepshead Bay	10.0	3.2	-67.7
BK16 Brownsville	8.5	8.5	-0.3
BK17 East Flatbush	8.1	7.7	-4.9
BK18 Flatlands/Canarsie	6.5	8.7	33.3
BROOKLYN TOTAL	6.8	6.4	-5.1

Table 4.2, continued

Borough/ Community District		Percent in-CD		Percent change 1999-2000
		FY99	FY00	
MANHATTAN				
MN01	Financial District	0.0	0.0	0.0
MN02	Greenwich Village/Soho	0.0	0.0	0.0
MN03	Lower East Side/Chinatown	0.0	4.1	100.0
MN04	Clinton/Chelsea	0.0	0.0	0.0
MN05	Midtown	0.0	0.0	0.0
MN06	Stuyvesant Town/Turtle Bay	0.0	0.0	0.0
MN07	Upper West Side	0.0	3.4	100.0
MN08	Upper East Side	0.0	0.0	0.0
MN09	Morningside Height./Hamilton	1.3	0.7	-44.8
MN10	Central Harlem	2.8	3.6	31.4
MN11	East Harlem	5.6	7.3	30.8
MN12	Washington Heights/Inwood	4.5	4.7	3.9
MANHATTAN TOTAL		2.5	3.7	46.8
QUEENS				
QN01	Astoria	7.1	2.7	-61.6
QN02	Woodside/Sunnyside	0.0	0.0	0.0
QN03	Jackson Heights	0.0	2.9	100.0
QN04	Elmhurst/Corona	2.9	0.0	-100.0
QN05	Ridgewood/Maspeth	9.1	0.0	-100.0
QN06	Rego Park/Forest Hills	0.0	10.0	100.0
QN07	Flushing/Whitestone	0.0	0.0	0.0
QN08	Hillcrest/Fresh Meadows	0.0	0.0	0.0
QN09	Ozone Park/Woodhaven	11.4	0.0	-100.0
QN10	South. Ozone Park/Howard Beach	0.0	1.6	100.0
QN11	Bayside/Little Neck	0.0	0.0	0.0
QN12	Jamaica/Hollis	9.3	18.2	94.9
QN13	Queens Village	6.8	10.6	57.4
QN14	Rockaway/Broad Channel	8.0	6.5	-18.2
QUEENS TOTAL		5.2	8.1	54.1
STATEN ISLAND				
SI01	Saint George/Stapleton	11.7	17.0	45.9
SI02	South Beach/Willowbrook	0.0	18.2	100.0
SI03	Tottenville/Great Kills	8.3	0.0	-100.0
STATEN ISLAND TOTAL		8.3	16.0	93.7

Table 4.2 enumerates the in-CD placement rates for all FBH placements in FYs 1999 and 2000 and percent change in these rates from one year to the next. In 1999 the in-CD placement rates ranged from a low of 2.5% for children from Manhattan to a high of 8.3% for those from Staten Island. In 2000 the in-CD rates ranged from a low of 3.7% in Manhattan to a high of 16.0% in Staten Island. The in-CD placement rates increased from 1999 to 2000 for all boroughs with the exception of Brooklyn, which had a small decrease from 6.8% to 6.4%. As expected, the greatest increase was in the Bronx where the in-CD rate increased 186% from 3.2% to 9.2%.

The percent in-CD placements varied greatly across the CDs themselves. In 1999 24 of the 59 CDs had in-CD placement rates of zero. In 2000 23 had rates of zero. The four CDs with the highest in-CD placement rates in 1999 were Bedford Stuyvesant (14.2%) and East New

York/Starrett City (12.0%) in Brooklyn, Saint George/Stapleton in Staten Island (11.7%) and Ozone Park/Woodhaven in Queens (11.4%). In 2000 the four CDs with the highest in-CD rates were Jamaica/Hollis in Queens and South Beach/Willowbrook in Staten Island (18.2%), Parkchester/Soundview in the Bronx (17.5%) and Saint George/Stapleton in Staten Island (17.0%). The in-CD rate decreased to zero for eight CDs and increased from zero for seven CDs from 1999 to 2000. The three CDs with greatest percent increase were all in the Bronx. The in-CD rate increased 657.0% from 0.9% to 7.0% for children from Belmont/East Tremont, 336.0% from 1.8% to 8.0% in Mott Haven/Melrose and 310.5% from 4.3% to 17.5% for Parkchester/Soundview.

Table 4.3 enumerates the in-borough and in-CD placement rates for children placed in FBHs in FY 2000 by their borough of origin and race/ethnicity. Overall Hispanic children tended to have the highest in-borough placement rates. African-American children were the most likely to be placed in their CDs of origin, although their in-CD rate of 8.4% was only slightly higher than that of Hispanic children for whom the rate was 8.2%.

There was considerable variability among the boroughs in their success at neighborhood-based placements of children of different race/ethnicities. It should be noted, however, that some of the discrepancies among the boroughs might be attributable to the differences in the rate of missing race/ethnicity data. The percent of children with missing race/ethnicity data ranged from 29%-39% for children from the Bronx, Brooklyn and Queens, whereas race was missing for 58% of the children from Manhattan and only 5% of those from Staten Island. With this in mind, the in-borough rates for African-American children ranged from a low of 17% for children from Manhattan to high of 53% for children from Brooklyn. The range of in-borough rates for Hispanic children was even greater, from 5% for Staten Island to 72% for the Bronx. Among white children the borough with the lowest in-borough rate was Staten Island (23%) and the highest was for children from Manhattan (60%). There was also considerable variability in in-CD rates. Manhattan had the lowest in-CD rate for African-American children (4%) and Staten Island had the highest (23%). The in-CD rate for Hispanic children was lowest for those from Queens (2%) and highest for children from the Bronx (12%). The in-CD placement rate was zero for white children from the Bronx, Brooklyn and Manhattan, 7% for Queens and 13% for Staten Island.

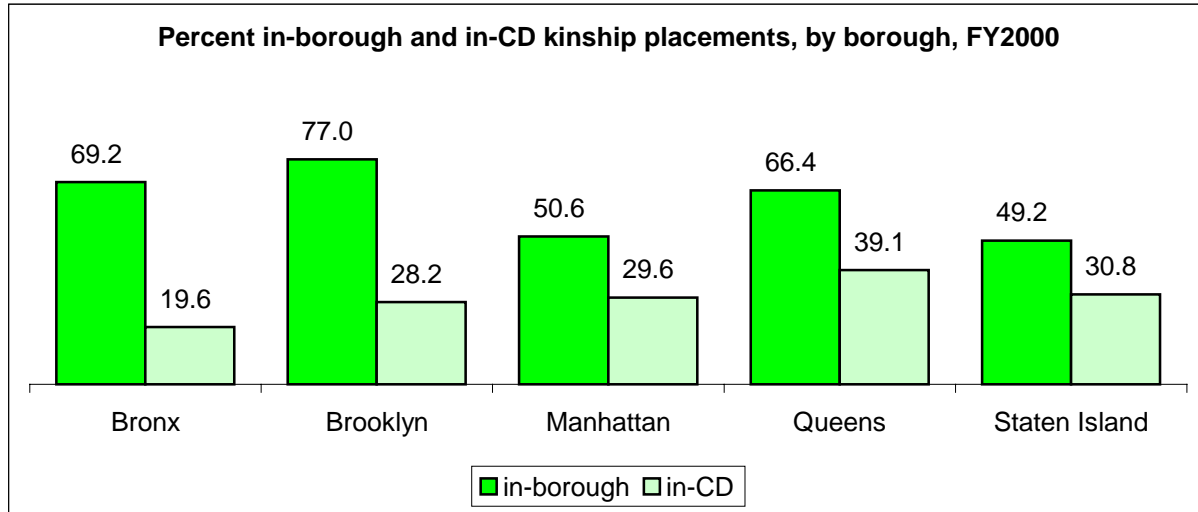
Table 4.3
Percent of FBH placements in-borough and in-CD, by child's race/ethnicity, FY2000

Borough	Number	In-Borough				In-CD			
		Af Am	Hisp	White	Other/Unk	Af Am	Hisp	White	Other/Unk
Bronx	1,872	50.2	71.6	28.6	63.8	7.3	11.7	0.0	9.2
Brooklyn	1,603	53.1	43.5	42.3	48.8	7.5	6.5	0.0	5.2
Manhattan	1,167	17.4	18.3	60.0	21.2	4.2	5.4	0.0	2.9
Queens	990	38.1	27.0	33.3	32.1	11.8	1.7	7.2	6.1
Staten Island	162	30.3	5.0	23.3	0.0	22.5	5.0	13.3	0.0
Total	5,794	43.8	49.6	33.3	42.0	8.4	8.2	6.3	5.7

Figure 4.2 depicts the in-borough and in-CD placement rates for children placed in kinship homes in FY 2000. Although kinship placement takes priority over in-CD placement, both in-borough and in-CD rates were considerably higher for children placed in kinship homes than

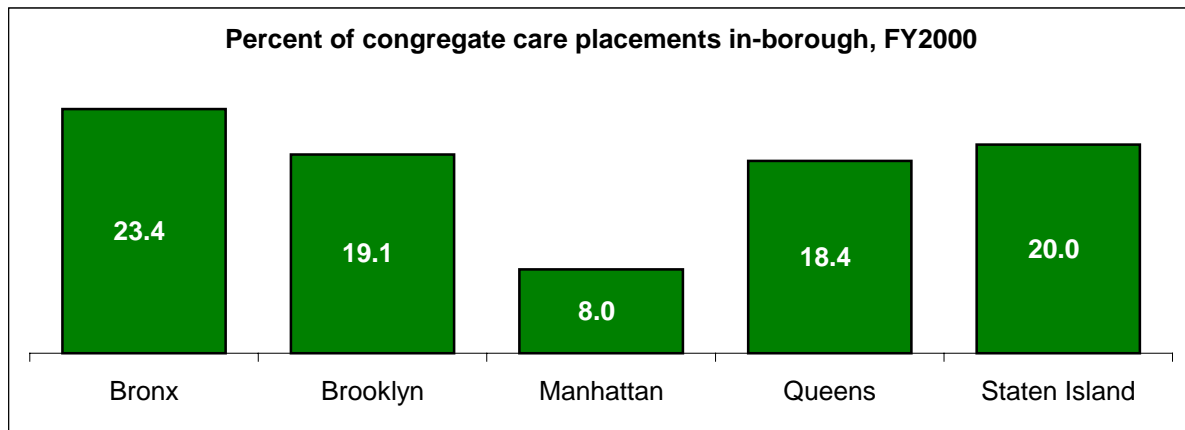
those placed in FBHs. The in-borough placement rate ranged from a high of 77% for children from Brooklyn to a low of 49% for children from Staten Island. The in-CD rate ranged from 20% for the Bronx to 39% for Queens.

Figure 4.2



As depicted in Figure 4.3 the in-borough placement rates were quite a bit lower for children placed in congregate facilities. This is largely due to the fact that many of the congregate care facilities are located outside of the five boroughs. The in-borough rates ranged from a low of 8% for children from Manhattan and a high of 23% for children from the Bronx.

Figure 4.3



EDUCATIONAL PERFORMANCE OF CHILDREN IN FOSTER CARE

Children in foster care, primarily due to their abuse and neglect histories, are at increased risk of academic failure.¹ ACS considers schooling to be one of the critical development components of

¹ See for example, Eckenrode J, Lard M, Doris J. School performance and disciplinary problems among abused and neglected children. *Developmental Psychology* 1993;29: 53-62. and Kendall-Tackett KA, Eckenrode J. The effects

a child's life and, as such, views educational access and opportunity as important pieces of quality neighborhood-based services. Consequently, understanding foster children's school performance is central to measuring the effectiveness of foster care services and identifying areas of need. The three indicators that follow provide information regarding ACS' and the NYC Board of Education's (BOE) success in ensuring that foster children are not subject to school transfers as a result of foster care placement, attend school consistently and perform at levels appropriate to their age. Relevant terms are defined in the glossary to this chapter.

School Movements for Children Entering Foster Care

The belief that children should not be required to change schools as a result of foster care placement is a key component of the ACS Neighborhood-Based Services strategy. To this end, effort is made to place children with foster families within their communities, thereby making school transfers unlikely.

This indicator measures the number of children transferred from one school to another within 30 days of entering foster care. School transfer data was collected for 13,261 children with first admissions to foster care during the years from 1995 to 1999 and assessed 30 days after placement. While the information provided for this indicator does not allow us to conclusively determine whether or not foster care placement forces children to change schools, it does provide an estimate of the number of children for whom placement is associated with a disruption in education.

Overall foster care did not influence the school placements of 65% of the children placed for the first time from 1995-1999 during their first thirty days in care; 57% experienced no change in school and 8% were transferred for educational reasons. Of the remaining 35% of the children, 34% were transferred for non-educational reasons and just over 1% (197 children) left school within a month of placement and had not re-entered by the time of data collection. Educational transfers include placements into or out of special education or an alternative high school or graduation from a school. A transfer was labeled "non-educational" when no explanation could be found for the transfer in the BOE data. The remainder of this analysis focuses on non-educational transfers because it seems likely that the child's residential move associated with foster care placement is the primary reason for the disruption in school placement.

Figure 4.4 illustrates the percent of children with non-educational transfers within 30 days of their first admission for each of the admission years. The percent with non-educational transfers increased from a low of 28% for children admitted in 1995 to 35% in 1996 and 1997, decreased to 34% in 1998 and increased to 35% again in 1999.

Table 4.4 shows the percent of children who fell into each transfer type category by their age at placement and their level of care 30 days after placement. Children who were 13 and younger were far more likely to be subjected to non-educational transfers. And children in FBHs tended to have more non-educational transfers than children in kinship homes and congregate facilities.

of neglect on academic achievement and disciplinary problems: A developmental perspective. *Child Abuse and Neglect* 1996:20; 161-169.

Figure 4.4

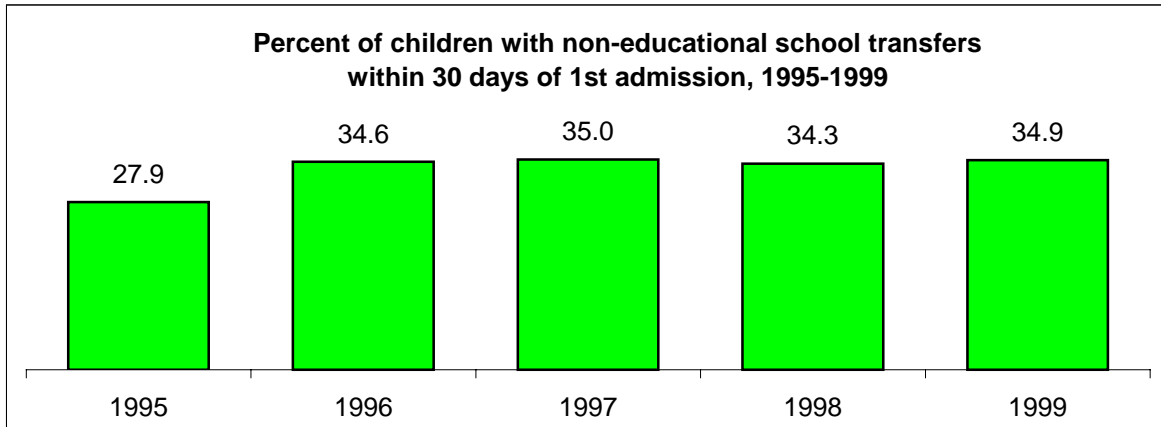


Table 4.4
Percent distribution of school transfers by age at placement and level of care 30 days after placement, 1st admissions, 1995-1999

Type of transfer	Age				Level of care		
	5-7	8-13	14-15	16-17	Kinship	FBH	Congregate
Left school	0.9	1.6	1.8	1.5	0.8	1.2	2.1
Non-Educational	49.6	41.4	15.5	10.5	19.8	50.0	18.9
Educational	3.1	6.6	11.7	10.5	2.4	3.4	14.8
No change	46.5	50.4	71.0	77.4	77.0	45.5	64.2

School Attendance Rates for Children in Foster Care

Attendance rate is another critical indicator of a child’s engagement in school and is strongly related to academic performance. The mean attendance rate² the semester after placement for the 16,211 children admitted to foster care in 1995-1999 who had attendance data was 76%. This was below the rate for all students reported by the BOE – it was higher than 80% in each of the five years. The post foster care placement attendance rate increased from a low of 70% for children admitted in 1995 to a high of 80% for those admitted in 1998 and 1999. For each year considered, with the exception of 1995, the mean attendance rates were 1-3% higher in the semester after foster care placement than the semester before placement. For children admitted in 1995 the post placement attendance rate was 3% less than that of the semester before.

Table 4.5 enumerates the mean rates and differences in rates by type of school district during the semesters before and after foster care placement across all years. Children in community school districts (regular elementary and middle schools) had the greatest improvement in their pre-to-post foster care attendance rates. Surprisingly, children in the Chancellor’s district schools (schools on probation for particularly poor performance) had the next highest attendance

² Attendance rates were calculated by adding the number of half and full days a child was present in a semester, then dividing this sum by the number of days the child was enrolled in the school. For children who moved schools during the semester (approximately 15% of community school district and special education children) attendance was based on the last school the child was in during the semester.

improvement. Children in the special education district and high schools showed an average decline in attendance from before to after foster care placement. They also had lower attendance rates than the other two groups of children prior to placement.

Table 4.5
Mean attendance before and after placement, by school district,
1995-1999 foster care admissions

School district before foster care	Number of children	Mean attendance rates		Difference
		Before foster care admission	After foster care admission	
Community*	11,404	77.1	81.2	4.1
High School	3,657	69.3	63.0	-6.3
Special Ed.	1,024	70.5	67.1	-3.4
Chancellor's**	126	77.5	80.2	2.7
Total	16,211	75.0	76.2	1.2

*Community school district schools are regular elementary and middle schools.

**Chancellor's district schools are schools under review by the state for particularly poor performance.

Table 4.6 demonstrates that children whose attendance rate was below the median attendance rate before placement (82% for all years combined) had a large improvement in their average attendance rates from before to after foster care placement. However, children who had above the median pre-placement attendance rates experienced a sharp decline in attendance. The dramatic increase in attendance among children with low attendance and the decrease among children with higher attendance gives no indication of whether placement in foster care is responsible.

Table 4.6
Pre- and post- foster care placement difference in attendance for children
above and below the median of 82% attendance prior to placement,
1995-1999 admissions

Median attendance rate before placement	Number of children	Mean difference
Above	8,084	-6.2%
Below	8,127	8.6%
Total	16,211	1.2%

The relationship of time in foster care to attendance changes introduces another important factor into this analysis. Table 4.7 examines the mean attendance change according to the percentage of the semester after placement that the child spent in foster care. For example, if a child enters care in the summer of 1997 and leaves care on October 1, 1997, the percent time would be calculated as follows: percent time = (number of days between the first day of the 1997 fall semester and October 1)/(number of days in the fall 1997 semester). Three categories of children were created based on their time in foster care: 1) those with 0% time, indicating that they left foster care soon after placement and did not spend any time in care during the semester after placement; 2) those with between 0% and 99% time, indicating that they remained in care

for a little longer but left before the end of the semester; and 3) those with 100% time, which captures all who were in care for at least the entire semester after placement.

Table 4.7 shows the relationship between percent time and average attendance change. Children who leave foster care fairly quickly, i.e. those who were no longer in foster care at the start of the semester after placement, have a small reduction in their attendance from before to after placement. Children who spent somewhat more time in care, but leave before the end of the semester, show the biggest drop in attendance. The most striking finding in this table is that children who are in care for at least the semester after placement (five months or more) show a relatively large improvement in their attendance rates. This suggests that children whose semester is interrupted by a discharge from foster care have the poorest attendance, while children whose foster care placement is not disrupted during that second semester will actually show improvement in their attendance rates.

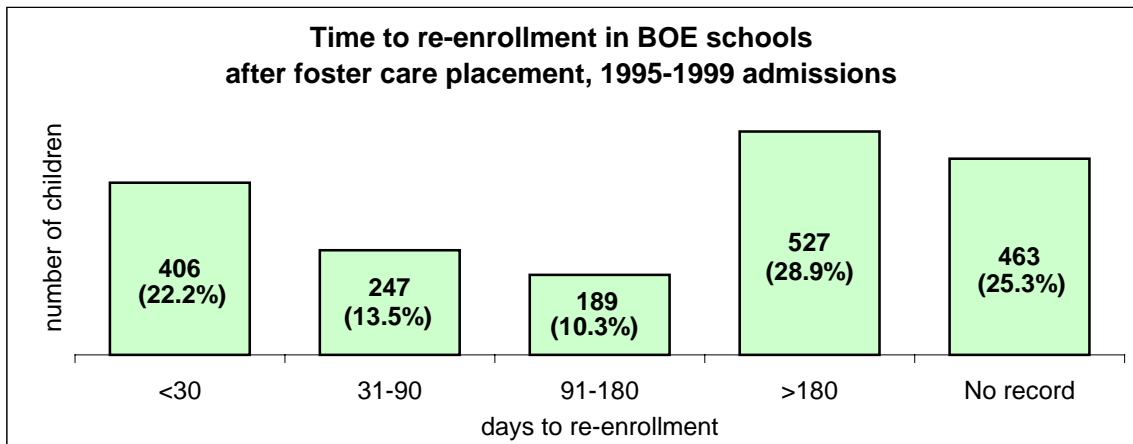
Table 4.7
Change in attendance by percent of time in foster care during semester after placement, 1995-1999 admissions

% time in care semester after placement	Number of children	Mean difference
0%	4,509	-2.5%
>0%-<100%	1,966	-5.0%
100%	9,736	4.2%
Total	16,211	1.2%

Before a child can attend school she or he must be enrolled in school. Analysis of the BOE records revealed that not being enrolled in school is a significant problem among children placed in foster care. Of the children in this analysis, 1,832 were not enrolled in NYC BOE schools at the time they were placed in foster care. Of the children who were not enrolled, 262 were in other educational settings such as home schooling or private or parochial schools, 424 had left the BOE for an institution-like setting, such as a juvenile prison, 328 had records that indicated they had moved out of NYC, eight were under the age of six at the time they left school and three were discharged to an extended suspension. No explanation was provided for why the remaining 807 children were not enrolled in school. It is possible that these children were enrolled in private schools or other educational settings, but the BOE was not informed.

Most children (75%) were successfully re-enrolled in BOE schools after foster care placement (see Figure 4.5). Almost half of the children who were re-enrolled were re-enrolled within three months of their foster care placement. Fourteen percent of these children were re-enrolled in three to six months of placement and a little over a third were re-enrolled in six months or more from placement. It is important to note that we do not know definitively that the children were not in school at the time under consideration, but that they were not in BOE schools. Furthermore, 56% of the 527 children who took more than six months to re-enroll were placed in residential treatment facilities. This suggests that while these children were in these facilities they were enrolled in schools affiliated with the institutions and were not eligible for re-enrollment in BOE schools.

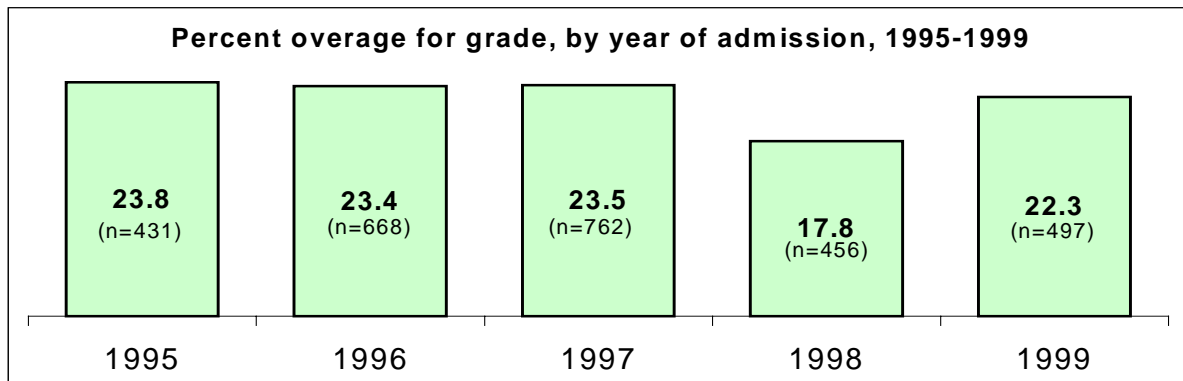
Figure 4.5



Appropriate Grade Level for Children in Foster Care

The proportion of children in their age-appropriate grade level, or conversely, the proportion that are overage for their grade, is a useful indicator of academic performance. However, its utility is limited somewhat by the fact that it is also a measure of the school system's policies on social promotion and grade retention.

Figure 4.6



The percentage of children placed in foster care each year that were overage for their grades is provided in Figure 4.6.³ This figure is based on an analysis of grade level during the semester of foster care placement for 12,713 children. Children in special education, pre-kindergarten, GED programs or who were over 18 years old are not included in this analysis. As shown, 24% of the children who entered care in 1995 were overage for grade during the semester they entered foster care. This proportion dropped to 18% for the 1998 cohort and then increased to 22% in 1999. Students in the older grades were more likely to be overage than students in younger grades (data not shown). The percent overage for grade increased from 9% for first graders to a high of 42%

³ Age-appropriate grade level was operationalized as follows: 5 and 6 year olds should have been enrolled in Kindergarten or above, 7 year olds- 1st grade or above, 8 year olds- 2nd grade or above and so on.

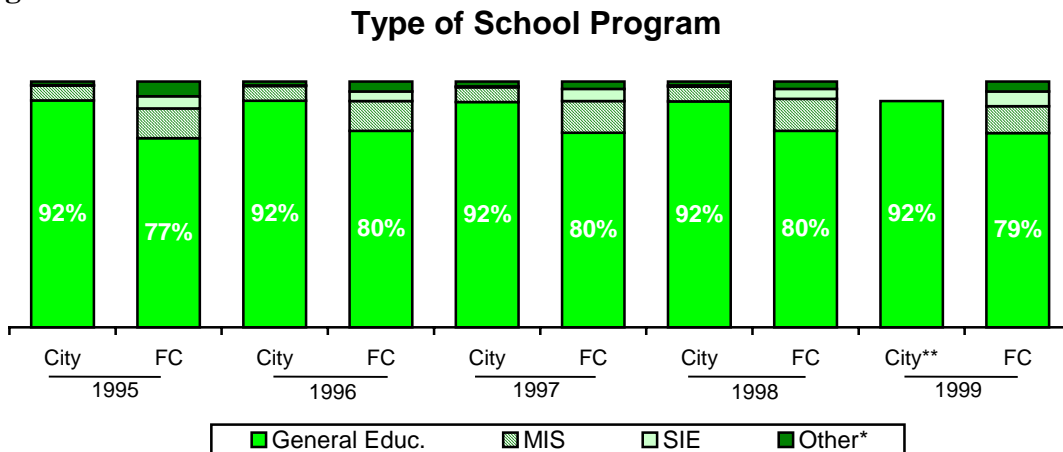
for tenth graders to 20% for 11th graders and 18% for children in 12th grade. It should be noted, however, that the high proportion of 11th and 12th graders in their age appropriate grade level is partially due to the fact that many children of this age are excluded from this analysis. Approximately 50% of the foster children 16 and older were not enrolled in school at the time of placement and another 5% were in GED programs. Thus, those remaining in high school are more likely to be in the appropriate grade level.

Educational Programs for Children in Foster Care

Effort is made to place children in appropriate learning environments, which match their educational needs. The services provided by special education programs vary depending upon the child’s level of disability. Students with severe disabilities who are not well served in general education classrooms are schooled in separate special education classes called Specialized Instructional Environments (SIE). The majority of SIE classes are in separate schools run by District 75, a citywide district of approximately 20,000 special education students. Children with less severe handicaps who still require separate education are schooled in Modified Instructional Settings (MIS). Most of the MIS classes are in general education schools, not in District 75 schools.

School program at the time of foster care placement was examined for 17,770 children. Children for whom there was no admission/discharge or attendance data and children who were not enrolled or were in pre-kindergarten or GED programs at the time of placement were not included. Figure 4.7 shows the percentage of children that were in each school program at the time they entered care by year of foster care admission and the citywide distributions for each year. The percentage of children receiving special education services was much greater for children placed in foster care than the citywide average. From 20%-23% of the children placed in foster care from 1995 to 1999 were receiving special education services at the time they were placed. This compares with 8% of the children citywide.

Figure 4.7



*This category includes the following settings: physically handicapped services, psychiatric hospitals and residential treatment centers.

**Breakdowns of special education by type citywide were not available for 1999.

The proportion of children entering foster care in MIS, SIE and other special education programs was at least double the proportion of children in those same programs from the citywide population in each year. While the proportion of foster children in MIS programs ranged from 12%-13% for 1995-1998 admission, only 6% of the children citywide were in these programs. The proportion of children in SIE programs among those entering foster in these four years ranged from 4%-5%. This compares to a rate of 1%-2% citywide. Finally, while 3%-6% of the children entering foster care were educated in other special education settings such as psychiatric hospitals and residential treatment centers, this was the case for 0.3%-0.5% of the citywide population.

Standardized Test Scores of Children in Foster Care

Table 4.8 displays the results of the Reading (CTB) and Math (CAT) exams for 6,291 children entering foster care and for all children in the public schools in 1995-1998. All children in NYC BOE schools in grade three through eight, with the exception of those in SIE or MIS programs, are given these tests. This table excludes 1999 because in 1999 the standardized tests were given only to those in 3rd, 5th, 6th and 7th grade. The tests were replaced with state exams for 4th and 8th graders, and those exams do not calculate percentiles.

Table 4.8
Percent at or above grade level in reading and math

Entry Cohort	CTB (Reading Test)* % At or Above Grade Level			CAT (Math Test) % At or Above Grade Level		
	Citywide	Foster Care	Difference	Citywide	Foster Care	Difference
1995	47.5%	19.4%	28.1%	53.3%	21.5%	31.8%
1996	41.6%	19.2%	22.4%	58.5%	26.1%	32.4%
1997	47.3%	22.8%	24.5%	60.4%	31.0%	29.4%
1998	49.6%	25.9%	23.7%	63.1%	34.4%	28.7%

*The reading test given in 1995 was the DRP.

The Table shows that foster children's scores, while far below those of the citywide test-takers, tended to fluctuate in a manner consistent with citywide trends. Because the tests changed over the four years, the important comparison here is the difference between foster care students and the citywide population over time. The trends in reading and math were quite different. From 1995 to 1996, the difference between foster children and the citywide population in reading test scores decreased. However, the next two years remained fairly stable, increasing slightly in 1997 and then decreasing slightly in 1998. In math the difference between foster children and the citywide population increased slightly from 1995 to 1996 and has decreased in each year since then.

Educational Components in ACS Day Care Programs

It is widely acknowledged that high-quality preschool programs for children from low-income families have long-term benefits. Increasingly, researchers emphasize the importance of stimulating cognitive skills in young children as early as possible. A recent review found that participation in day care programs can boost school achievement, enhance earning potential, and decrease involvement with the criminal justice system. Conversely, without child care that is

both stimulating and supportive, low-income preschoolers may experience delayed social and cognitive development.⁴

High-quality day care programs are often unavailable to low-income children. A great majority of these children attend centers that fail to provide the full range of developmental education needed to support their school readiness.⁵ Day care programs and centers must be closely examined to ensure that each child receives adequate care, which encourages growth and creativity.

The division of ACS responsible for ensuring that comprehensive childcare services are provided to eligible families is the Agency for Child Development (ACD). Since its founding, ACD has seen day care as having dual goals: the provision of childcare for families and educational opportunities for children. The belief in the critical importance of the provision of educational opportunities is reflected in stringent funding criteria that include rigorous assessments of educational programs. As a result, all ACD centers have educational components. This indicator assesses the results of routine evaluations of the educational components of these centers.

The data used for this analysis came from the FY 2000 Program Assessment Instrument (PAI). The PAI is a central component of the annual evaluation of the ACD childcare programs. This evaluation process takes into account hundreds of criteria covering the educational program, health and safety, physical environment, food service, supervision and administration, social services and parent involvement. The PAI lays out the criteria for basic compliance and program enrichment standards and measures the program's adherence to these standards. The PAI scores are shared with the Office of Management and Budget and function as an important element in the contracting process. Early childhood education consultants, all former day care directors, administer the PAI.

FY 2000 PAI data was available for 328 of 416 day care centers, contracting with ACD for publicly-subsidized care, that serve infants, toddlers and/or preschool-aged children. As of June 2000, 5,570 infants and toddlers, 33,785 preschoolers as well as 17,193 school-aged children were enrolled in group or family day care programs contracting with ACD. This includes 14,149 children enrolled in day care (group care, family care or informal day care) through the use of ACD vouchers. Vouchers allow parents to choose day care programs or providers not contracting with ACD.

It should be noted that most components of ACD programs are considered educational. In an effort to assess the relative quality of education of day care centers, this indicator reports on four pivotal program components out of a total of 31 measureable areas. The four components are: 1) written statement of goals; 2) comprehensive program planning; 3) staff observation of

⁴ "Long-term outcomes of early childhood programs: analysis and recommendations," in *The Future of Children*. The Center for the Future of Children, The David and Lucile Packard Foundation: Los Altos, CA. Vol. 5 (3), Winter 1995. p. 8.

⁵ 1998 Kids Count Online, "Making Quality Child Care a Reality." The Annie E. Casey Foundation. www.aecf.org/kidscount/kc1998/over2.htm

children; and 4) equipment, toys and material (ET&M). They were rated against basic compliance and program enrichment criteria.

The written statement of goals program component aims to ensure that each day care center clearly states its goals, defines the manner in which it aims to achieve the goals, and regularly reviews and develops all program goals. For example, the PAI looks to see if such goals address the developmental needs of every age group of children served. In addition, the PAI assesses whether or not the written goals are developed and reviewed periodically by the parents, staff and sponsoring board.

The comprehensive program planning indicator refers to the thorough effort of each center to prepare a long-range plan. The plan should also state the factors/steps in which the program can achieve concrete objectives related to its goals. Additionally, detailed explanations of activities for each age group are expected to be provided on a daily basis. Criteria examples include the review and approval of daily planning by the center director and the coordination of the content of activities with the overall plan.

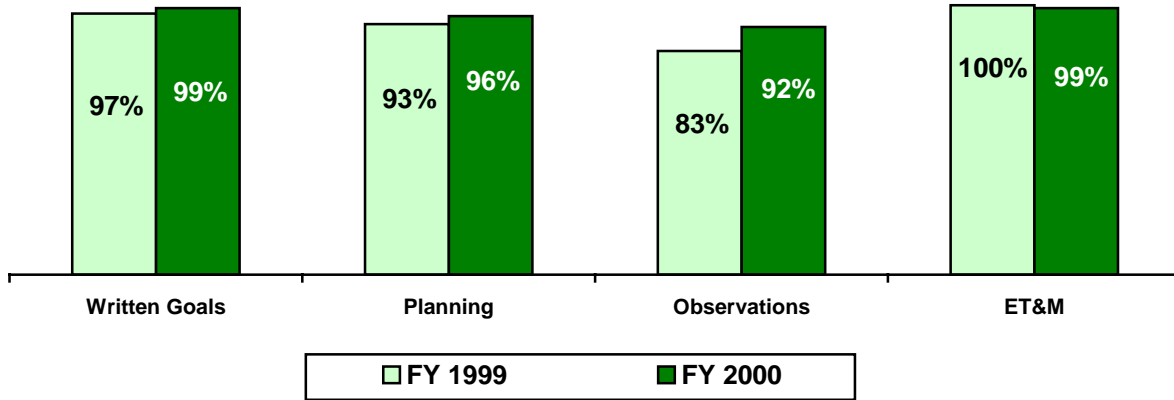
The staff observations of children measure aims to ensure that developmental profiles are made for each child. Teachers are expected to observe the children frequently and provide objective insight into each child's development. The PAI criteria determine the success of this measure by evaluating the center's efforts to regularly update the child's developmental record and to use the information to cater activities suitable for that child. In addition, the PAI rates the detail in which the teachers' written observations provide objective insights into the children's physical, social-emotional and cognitive development.

The equipment, toys and material (ET&M) indicator looks at the availability, safety and developmental appropriateness of all equipment, toys and material in each center. ET&M include both outdoor and indoor learning materials, covering ten general subject areas. An example of the PAI criterion for the ET&M measure is the level in which the equipment attracts, stimulates and encourages exploration.

The results of this analysis indicate that with few exceptions, the ACD day care centers are in compliance with the standards evaluated by the PAI. The overall compliance scores (full basic compliance or greater) were high, 99% scored at this level on the goals component, 96% on planning, 92% on observations and 99% on the equipment, toys and materials measure. In comparison, the overall compliance rates for the written goals, planning and observations all increased from FY 1999 as displayed in Figure 4.8. The greatest increase was seen in the overall compliance rate for staff observations of children, nearly an 11% increase from 83% in FY 1999 to 92% in FY 2000.

Figure 4.8

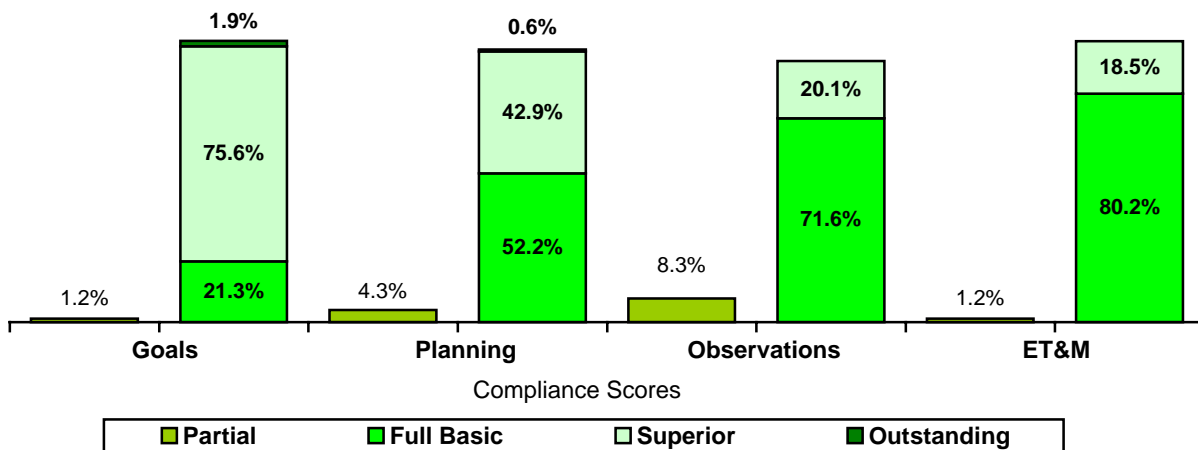
Compliance for Each Program Component by Fiscal Year



As in FY 1999, the centers exhibited best results in the goals component with 251 of the 324 (78%) centers scoring in either the superior or outstanding compliance category (see Figure 4.9). In the comprehensive program planning category, centers scored fairly well. Almost all of the day care centers were rated at either the superior (43%) or basic (52%) levels on this measure. A sizable majority of day care centers were found to comply at the basic level with criteria for the staff observations measure. While over two-thirds of the centers met the basic compliance criteria, a substantial number of centers (8%) were given partial compliance scores. However, this partial compliance score for observations is an overall decrease of 53% from FY 1999. All but four of the centers were given full basic (80%) or superior (19%) scores on the ET&M section of the PAI.

Figure 4.9

Distribution of Day Care Center Scores within Each Program Component



It is important to note that the absence of noncompliance scores and the infrequency of partial compliance scores on these measures can be explained in part by the fact that the PAI scores are used to inform decisions to renew center contracts. A center that fails to demonstrate at least full basic compliance on these measures is unlikely to continue receiving ACD funding. Nevertheless, these scores provide evidence of ACD's success in its efforts to work with the day care centers to provide quality educational environments.

GLOSSARY TO CHAPTER 4

Admission Cohort: The group of children placed in foster care for the first time in a given year.

Age-appropriate Grade Level: When age and grade level are associated in the following manner: five- to six-year olds enrolled in kindergarten or above; seven-year olds enrolled in first grade or above; eight-year olds enrolled in second grade or above; and so on. Children in special education are not subject to the same age-appropriate standards.

Alternative High School: High schools that offer a non-traditional instructional path stressing academic support through smaller settings and a more personalized approach.

Attendance Rates: The sum of half and full days a child is present divided by the total number of days the child was enrolled in school.

Congregate Care: A type of foster care placement that includes agency operated boarding homes, group homes, group residences, and institutional settings.

Foster Boarding Home (FBH): Foster care provided in a family residence.

Kinship Care: Foster care provided by a relative up to the third degree (grandparents, great-grandparents, great-great grandparents, aunts, uncles, great-aunts, great-uncles, siblings and first cousins) and with relatives beyond the third degree, including other people who had a significant prior relationship with the family or child.

Level of Care: Refers to three types of foster care settings in which children may be placed: kinship care, congregate care, and foster boarding home.

Modified Instructional Settings (MIS): Specialized classes for children with less severe handicaps, but who still require separate education from general education classrooms.

Non-educational Transfers: Educational transfers include placements into or out of special education or an alternative high school or graduation from a school. A transfer was labeled “non-educational” when no explanation could be found for the transfer in the BOE data

Placement: Refers to admission into a foster care setting.

Program Assessment Instrument (PAI): A central component of the biannual evaluation of all Agency for Child Development child care programs. The PAI lays out hundreds of criteria covering a wide range of program standards. Evaluators use the PAI to determine basic compliance and program enrichment standards for each child care center.

Specialized Instructional Environments (SIE): Special education classes for students with severe disabilities.

ACRONYMS

ACD: Agency for Child Development
BOE: Board of Education
CD: community district
ET&M: equipment, toys and materials
FBH: foster boarding home
FY: fiscal year
GED: General Equivalency Diploma
MIS: Modified Instructional Setting
PAI: Program Assessment Instrument
RFP: Request for Proposals
SIE: Specialized Instructional Environment

CHAPTER 5

PERMANENCY

PERMANENCY: THE UNDERLYING PRINCIPLE OF PRACTICE

ACS adopted a set of Permanency principles (see Appendix) in September 1999 that articulated its predominant philosophy toward serving families and children. These principles are powerful tools that offer the agency a framework for directing policy, formulating practice guidelines and protocols, and developing staff training. The central tenets of these principles state that all children deserve safe, nurturing permanent families who can provide an unconditional, lasting commitment to them, and that children and families deserve services that meet their needs. Furthermore, the principles demand that individual workers must act with urgency to assure a child a permanent family as quickly as possible and that all involved have a commitment to ensure positive outcomes.

The goal of permanency now infuses all service interventions that make up the New York City child welfare system. Preventive services support permanency by keeping the children at home, intervening with the family to address the issues that create the risk of removal, and working to improve family functioning. In cases where removals are necessary, foster care provides a safe, nurturing and temporary home for a child where a permanency plan should be quickly developed and implemented. Except in cases of severe abuse, reunification with the birth family is the first consideration. However, when it becomes apparent that reunification is not in the best interest of the child, the goal of adoption is pursued. If neither reunification nor adoption is viable, ACS works to ensure that the young person has the necessary supports to have a successful transition into adulthood.

Furthermore, the Federal Adoption and Safe Families Act (ASFA) provides additional impetus to ACS' permanency efforts. This law was passed by the U.S. Congress and signed into law by the president in 1997 to reflect a growing concern that there are too many foster children who linger in care. The law requires agencies to act much more quickly to make sure that children either return to their parents or relatives or are adopted. Pursuant to ASFA the United States Department of Health and Human Services now evaluates the states on certain key permanency-related outcomes. These outcomes are: 1) the percent of children entering foster care within a year of discharge from a previous spell in care; 2) the percent of children in care for less than 12 months who had no more than two placement settings; 3) the percent of children reunified in less than 12 months; and 4) the percent of children adopted within 12 months. In addition to being responsive to its own Permanency Principles and outcome indicators, ACS must be responsive to the dictates of ASFA in managing its permanency initiatives.

This chapter provides trend data on several indicators that illustrate different aspect of ACS' performance toward achieving permanency for the children and families it serves. Several of these indicators are drawn from the ACS Top 12 Outcomes and Indicators, a fact that reinforces the agency's commitment to its permanency principles. These trend data are critical in understanding ACS' success in adhering to its principles. This chapter features analyses on four Top 12 outcome indicators, while two additional analyses supplement this work.

The first section of this chapter considers the experience of siblings in foster care – this is a critical dynamic that affects approximately two thirds of all children in foster care. The next four sections of this chapter deal with different aspects of children's experience with foster care, and each represents a Top 12 outcome. These include Transfers while in foster care, Permanency (or length of stay in foster care), Re-entries into foster care, and Discharge from care to Independent

Living. The next section focuses on the work of the Office of Child Support Enforcement, whose efforts to ensure parental responsibility and financial stability supports directly the goal of permanency. Finally, there is a summary section on compliance with mandated activities for foster care cases.

SIBLING INTACTNESS IN FOSTER CARE¹

ACS' Placement Principles (see Appendix) emphasize that whenever possible, children should be placed with their siblings. Prioritizing the placement of siblings together is part of ACS' effort to make stable placements that maintain family, school and community ties. Although keeping siblings together is a core placement principle, separation of sibling groups is appropriate under certain circumstances. Such conditions occur when placement together is contrary to the health, safety, or welfare of one or more of the siblings. Factors considered in making this determination include: 1) age differences among the siblings; 2) health and developmental differences among siblings; 3) the emotional relationship of the siblings; 4) the siblings' individual service needs; and 5) the attachment of siblings to separate families/locations.

If a child's needs require him or her to be separated from siblings, effort is made to place the children close together to help ensure legally required visitation and communication. In some instances where an emergency placement is necessary, siblings are not placed in the same home because there is no appropriate home with enough vacancies for the entire sibling group. In these cases, post-placement sibling reunification is a priority.

This indicator tracks the intactness of sibling groups placed in foster care. The numbers represent individual children that comprise sibling groups. The term sibling refers to both full- and half-siblings. The data used for this analysis allows siblings to be identified only through child welfare case numbers. In New York City children are assigned to the cases of their biological mothers. Therefore, some siblings may be excluded from this analysis, including half-siblings with different mothers. Children who are freed for adoption are also excluded because a new case number is assigned to the child at the time of freeing, thereby making it impossible to link these children with their siblings. Applicable terms are defined in the glossary to this chapter.

The trend data in Table 5.1 shows the number of children admitted in sibling groups each year. The year of admission is based on the year the first child (for the purposes of this analysis this child is known as the reference child²) in a sibling group entered care. Therefore, when a subsequent sibling enters care in a later year, that event is associated with the year the reference child was admitted. Table 5.1 demonstrates that from 1985 to 1987 the percent of children admitted to foster care with siblings who also spent time in foster care increased from 63% to a high of 69%. It then decreased to a low of 55% in 1995 and increased again to 64% in 1997 and 1998. It should be noted that the numbers for the most recent years, in particular 1999, may be undercounts because not enough time has passed to see the full of effect of additional siblings entering care after the first sibling's entry.

¹ Data Source: Child Care Review Service (CCRS).

² The reference child is the first child in a sibling group to enter care. The oldest child was chosen among several children entering on the same day.

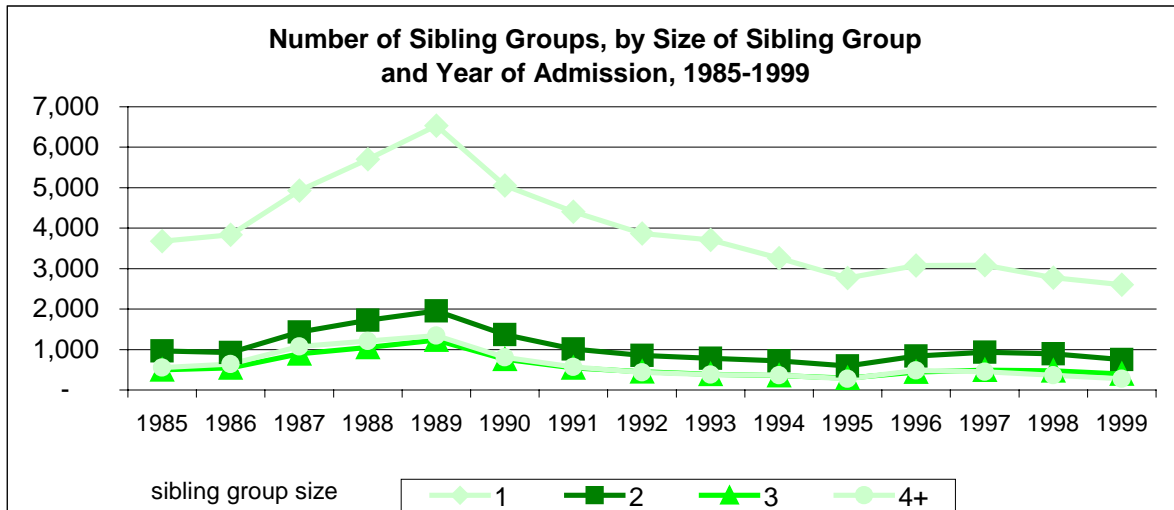
The percent of children in sibling groups of two remained relatively stable at approximately 19% until 1995 after which it began to increase until it reached 23% in 1998. The percent in groups of three and four or more has fluctuated over the years. From 1985 to 1989 the percent in groups of three increased from 15% to 18%. It then decreased to 14% in 1992-1995 after which it increased to 18% in 1998. The percent of children admitted in sibling groups of four or more increased from 28% in 1985 to a high of 33% in 1988. It then decreased to 22% in 1995, increased to 28% in 1996 and appears to be trending down since then. The mean number of siblings per group served by the foster care system was three for each of the years considered in this analysis.

Table 5.1
Admissions by Entry Cohorts and Number of Children in Sibling Groups,
1985-1999

Year	Group Size								Total
	1		2		3		4+		
	N	%	N	%	N	%	N	%	
1985	3,677	37.1%	1,930	19.5%	1,506	15.2%	2,792	28.2%	9,905
1986	3,835	36.2%	1,858	17.5%	1,626	15.3%	3,282	31.0%	10,601
1987	4,924	31.0%	2,870	18.1%	2,688	16.9%	5,381	33.9%	15,863
1988	5,704	31.2%	3,452	18.9%	3,150	17.2%	5,971	32.7%	18,277
1989	6,530	31.4%	3,908	18.8%	3,708	17.8%	6,661	32.0%	20,807
1990	5,056	36.2%	2,744	19.7%	2,196	15.7%	3,953	28.3%	13,949
1991	4,406	40.6%	2,018	18.6%	1,647	15.2%	2,781	25.6%	10,852
1992	3,868	42.9%	1,708	19.0%	1,344	14.9%	2,087	23.2%	9,007
1993	3,709	44.7%	1,560	18.8%	1,167	14.1%	1,869	22.5%	8,305
1994	3,255	43.2%	1,436	19.0%	1,077	14.3%	1,772	23.5%	7,540
1995	2,765	44.9%	1,190	19.3%	870	14.1%	1,337	21.7%	6,162
1996	3,076	36.5%	1,680	19.9%	1,326	15.7%	2,345	27.8%	8,427
1997	3,081	36.0%	1,872	21.9%	1,461	17.1%	2,149	25.1%	8,563
1998	2,780	36.0%	1,782	23.1%	1,419	18.4%	1,739	22.5%	7,720
1999	2,605	39.6%	1,502	22.8%	1,197	18.2%	1,273	19.4%	6,577
Total	59,271	36.5%	31,510	19.4%	26,382	16.2%	45,392	27.9%	162,555

As the percent of children entering foster care with siblings increased in the mid- to- late 1980s, so did the number of sibling groups (see Figure 5.1). In addition, increases in the percentage of children entering care that had siblings were associated with larger overall numbers of children entering foster care. From 1985 to 1989 the number of sibling groups of two increased from 965 to 1,954. Admissions of children in sibling groups of three and four or more children also increased precipitously from approximately 500 to over 1,000. From 1990 to 1995 the numbers of groups of each size decreased each year until they were well below the 1985 counts, and there was a large drop in the total number entries into foster care. During the four years since 1995 there have been some increases in the number of sibling groups entering care and admissions have trended up somewhat.

Figure 5.1



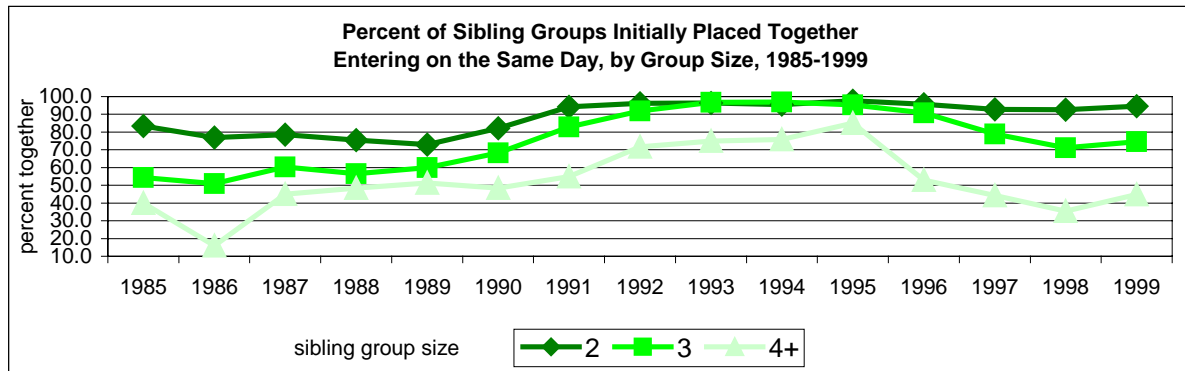
To develop a clearer picture of children in sibling groups, demographic characteristics of the reference child were examined. The mean age of the reference children fell slightly from seven in 1985 to six in 1986 and increased gradually to seven again by 1999. The median age difference between the oldest and youngest children in sibling groups ranged from five to six years for each of the years considered in this analysis. The majority of children in sibling groups were African American. It is impossible to tell, however whether the percentage of children in sibling groups who were African American actually increased or decreased between 1985 and 1999 because of the large and increasing number of children for whom no race/ethnicity was recorded. In 1985 50% of the children admitted who were in sibling groups were African American, 25% Hispanic and 7% White, and for most of the remaining 15% race/ethnicity was unknown. By 1999 the percent of the children in sibling groups who were of unknown race/ethnicity rose to 40, and of those for whom race/ethnicity was known 34% were African American, 27% Hispanic and 4% white.

Keeping sibling groups intact is an important goal of the ACS foster care system. Siblings who enter care on the same day have the best chance of being placed in the same foster home or facility. Overall 43% of the groups of siblings entered care on the same day. Smaller groups were more likely to have all children enter care on the same day than larger groups (54% of groups of two, 43% of groups of three and 24% with four or more siblings).

Figure 5.2 illustrates the percent of sibling groups entering on the same day that are placed together. There was considerable improvement over time in the percentage of sibling groups initially placed together during the years from 1985 to 1999. Among sibling groups of two the percent initially placed together decreased from 83% in 1985 to a low of 73% in 1989. It then increased to a high of 98% in 1995 and by 1999 95% of the children were initially placed together. For sibling groups of three the percent initially placed together increased from 54% in 1985 to a high of 97% in 1994, decreased to 71% in 1998 and increased slightly to 75% in 1999. Similarly the percent of sibling groups of four or more initially placed together increased from 40% in 1985 to a high of 85% in 1995, decreased to 35% in 1998 and increased to 45% in 1999. In contrast, when siblings do not enter care on the same day, the sibling(s) who enter

subsequently are placed in the same facility as the siblings already in care less than a third of the time.

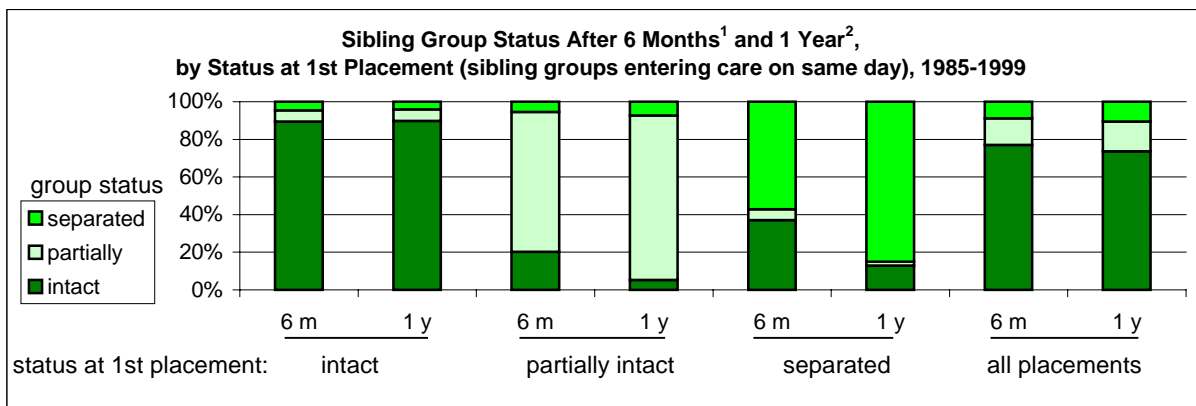
Figure 5.2



The type of placement is also an important factor in determining whether sibling groups will remain intact. Among sibling groups placed on the same day when the reference child was placed in kinship care 92% of the groups were intact in their first placements, compared to 78% in foster boarding homes and 37% in congregate care facilities.

Sibling group placements are quite dynamic even over a six-month period. As seen in Figure 5.3 below, some siblings that enter care on the same day are separated and some are reunited. Among sibling groups that were initially placed together, 11% were separated at six months (6% partially intact and 5% completely separated). Sibling groups that were partially intact at initial placement were intact after six months in 20% of the cases, while 5% were completely separated. Among siblings that were completely separated at initial placement, 37% were intact after six months and 6% were partially intact. It is important to note that the six month and one year status is based only on those sibling groups that still have at least two siblings in care.

Figure 5.3



¹A total of 5,434 sibling groups are excluded because the reference child was discharged or less than two siblings were still in care after six months. Respectively, 34.9%, 39.2% and 49.1% of groups intact partially intact and completely separated at first placement were excluded for this reason.

²A total of 6,701 sibling groups are excluded because the reference child was discharged or less than two siblings were still in care after one year. Respectively, 43.9%, 46.6% and 57.3% of groups intact partially intact and completely separated at first placement were excluded for this reason.

Finally, there is a clear relationship between placement type and sibling unification. Overall, 86% of groups that were initially placed in kinship homes were intact after six months, compared to 75% of those in foster boarding homes and 42% in congregate care. Among groups that were initially intact, 92% of those in kinship homes were still intact after six months, compared to 88% of sibling groups initially placed in foster boarding homes and 75% in congregate care facilities.

TRANSFERS WHILE IN FOSTER CARE (ACS TOP 12)

The belief that all children in foster care deserve stable placements is central to the ACS placement principles. Furthermore, stability promotes faster permanency because there is less disruption in the child's foster care experience. To this end, every effort should be made to minimize the incidence of foster children transferring from one foster home facility to another while in care. If, however, it appears at initial placement that a child's needs are not being met, transfer to a more appropriate placement becomes a priority.

This Top 12 outcome indicator considers the number of children that have transferred from one foster care placement to another and the number of transfers each child has experienced. For the purposes of this analysis, a transfer includes both inter- and intra-agency movements from one foster care setting to another as well as when a child is placed in a new facility upon return from absence or trial discharge. The transfers enumerated for this indicator include both those that are planned and unplanned. In addition, it is important to recognize that insufficient time has elapsed for the 1998 to 1999 admissions data to be complete. As a result, it is likely that many of the children in these admissions groups will experience additional transfers that are not considered for this analysis. Relevant terms are defined in the glossary to this chapter.

The vast majority (85%) of the children admitted into foster care during the years from 1985 to 1999 experienced only one admission spell. Approximately 24,000 children experienced two or more spells during this time period. Table 5.2 demonstrates the relationship between admissions spell and the number of transfers children experienced during a given spell for children with four or less admissions spells. Overall, the proportion of children who experienced no transfers decreased from 57% in the first spell to 52% in the second and a low of 49% among those children with a fourth spell.

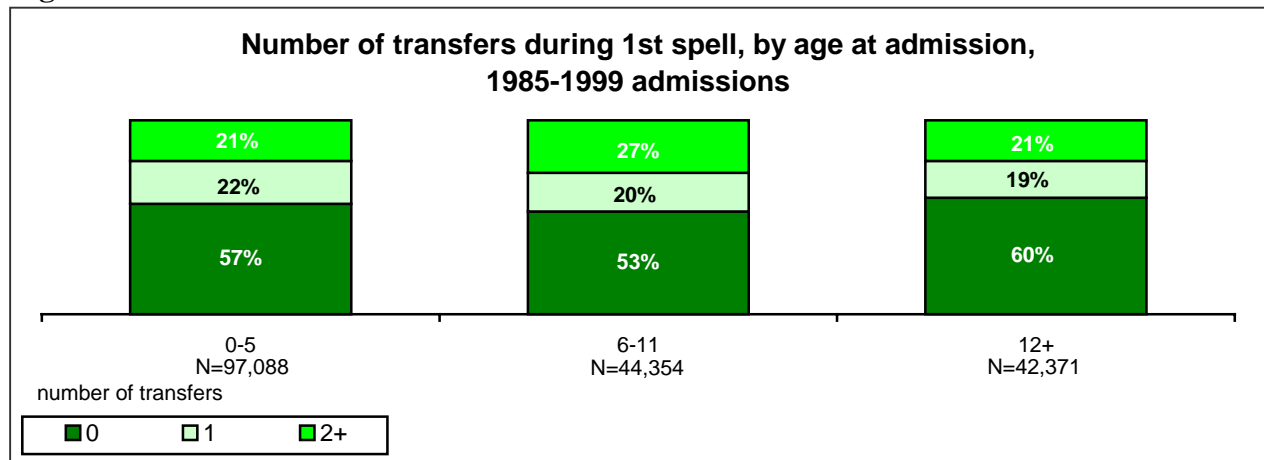
While ideally a child should experience no transfers in their foster care placement, one transfer in a spell is often necessary and is therefore considered acceptable. Thus, a more appropriate measure of stability is the percent of children with one or less transfers. The percent of children with none or one transfer during their first spell dipped from 79% in 1985 to 74% or 73% from 1986 to 1988 and increased again to 78% in 1989. The proportion with less than two transfers ranged from 76% to 80% from 1990 through 1997. The percent of children with less than two transfers for all years combined decreased from 78% for the first spell to 73% in the second, 71% in the third and 70% in the fourth spell. The proportion of children who were transferred from one placement to another two or more times increased from 22% in the first spell to 30% during the fourth spell.

Table 5.2

Transfers by admission cohort, 1st through 4th child spells³, 1985-1999

Spell/# of Transfers	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Total
1st Spell																
0	60%	53%	50%	50%	57%	61%	60%	60%	60%	57%	57%	55%	57%	61%	68%	57%
1	19%	21%	23%	24%	21%	19%	19%	18%	19%	21%	19%	21%	22%	22%	21%	21%
2+	21%	26%	28%	26%	22%	21%	21%	22%	22%	23%	24%	24%	22%	18%	11%	22%
N	8,681	9,258	13,888	16,351	19,616	14,307	11,660	9,878	9,392	8,550	7,297	9,846	10,433	9,868	8,576	167,601
2nd Spell																
0	49%	48%	48%	48%	52%	52%	54%	50%	55%	52%	53%	59%	59%	61%	70%	52%
1	21%	21%	21%	23%	19%	21%	20%	22%	21%	20%	22%	22%	21%	21%	21%	21%
2+	30%	32%	31%	30%	29%	27%	26%	28%	24%	28%	24%	20%	20%	18%	9%	27%
N	2,494	2,409	2,341	2,426	2,928	2,201	1,714	1,463	1,289	1,179	914	1,059	948	622	361	24,348
3rd Spell																
0	45%	50%	51%	47%	47%	48%	57%	48%	54%	62%	51%	61%	63%	64%	70%	50%
1	21%	21%	20%	19%	25%	22%	17%	25%	22%	13%	22%	21%	19%	28%	25%	21%
2+	33%	30%	29%	33%	28%	31%	26%	28%	24%	24%	27%	18%	18%	8%	5%	29%
N	653	596	429	454	490	376	266	211	192	189	112	133	83	39	20	4,243
4th Spell																
0	45%	58%	46%	46%	51%	45%	51%	43%	45%	59%	55%	42%	46%	75%	100%	49%
1	19%	17%	29%	19%	24%	29%	27%	14%	26%	7%	18%	29%	27%	25%		21%
2+	35%	25%	26%	35%	26%	26%	22%	43%	29%	33%	27%	29%	27%			30%
N	175	162	77	91	89	65	45	37	38	27	22	24	11	4	1	868

Figure 5.4



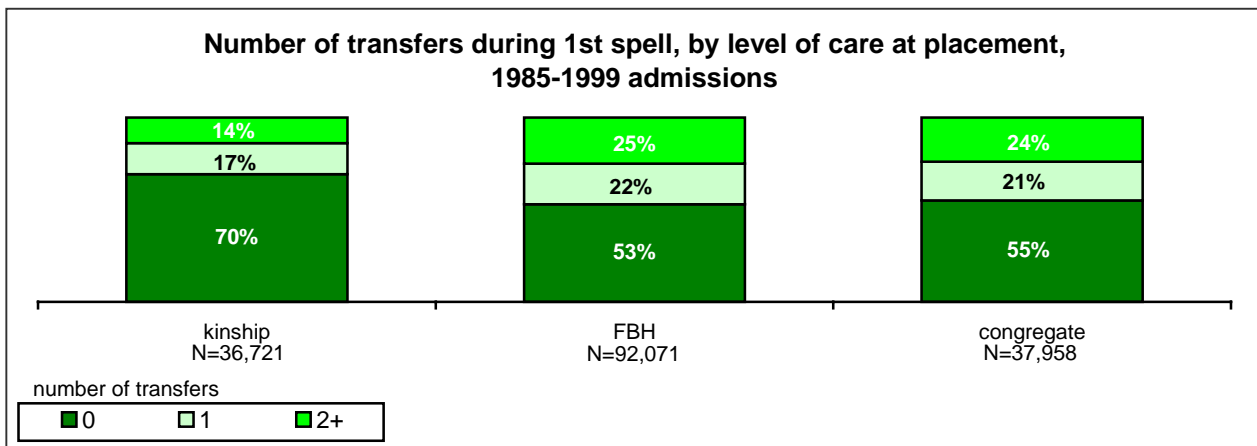
Considering a child’s demographic characteristics promotes a better understanding of factors that may be associated with transfers while in care. During the first spell elementary school-aged children, 6-11 years old, had the least stable placements with 73% experiencing less than two transfers (see Figure 5.4). Among the youngest children (0-5 years) and the adolescents (12-17 years) 79% were transferred only once or not at all during the first spell in foster care. Stability in foster care placement also varied according to the children’s race/ethnicity (data not shown). During the first spell in foster care African American children had the least stable placements

³ A foster care spell is defined as the time between a given child’s foster care placement and discharge to birth family, adoption, independent living or transition to adult services.

with 75% experiencing one or less transfers. Seventy-nine percent of Hispanic children were transferred just once or not at all. And, white children had the most stable placements with 81% remaining in their initial placement or moving once. It is important to keep in mind that race/ethnicity was missing for 27% of the children admitted to their first spell in foster care from 1985 to 1999, thereby leaving considerable room for uncertainty as to the true relationship of race/ethnicity and transfers in foster care placements.

The level of care that a child is placed in also appears to play an important role in the stability of the placement. As illustrated in Figure 5.5, children initially placed in kinship homes during their first spell in foster care are by far the most stable, with 87% experiencing less than two transfers. Children initially placed in FBHs and congregate care facilities are approximately equally likely to be subjected to transfers, with 75% and 76%, respectively being transferred once or not at all.

Figure 5.5

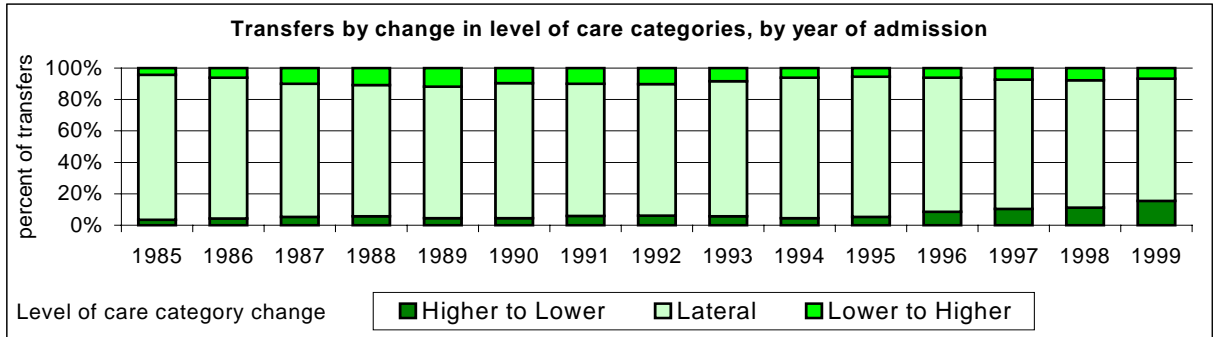


When the level of care at first placement is compared with that at last placement for children with at least one transfer, most children are found to remain in the level of care they were initially placed in (data not shown). Children who moved from kinship placements to another level of care were most likely to move to FBHs. Children who moved from FBH placements were most likely to move to kinship care. And, those children initially placed in congregate facilities that moved from one level of care to another, most commonly moved to FBH placements. Since 1996, the largest absolute numbers of children moving from one level of care to another were those moving from FBHs to kinship homes.

The levels of care that children were transferred to and from were grouped to identify those transfers that were lateral, higher to lower or lower to higher in terms of level of care. Higher to lower transfers, which involve moves from more restrictive to less restrictive placements, are considered desirable, and include moves from congregate to kinship, congregate to FBH and FBH to kinship. Lateral transfers are considered less desirable, and include those transfers to and from the same level of care. This type of transfers are less desirable because, though it is certainly plausible that a lateral movement occurred to better serve the needs of the child, it raises the question as to why these needs could not be met in the prior foster setting. Finally, lower to higher transfers are generally viewed as least desirable and involve moves from less restrictive to more restrictive settings including FBH to congregate, kinship to congregate and

kinship to FBH. A move to a higher level of care may be in the best interest of the child; however, the goal is always to serve children in the least restrictive setting as possible. As illustrated in Figure 5.6 the vast majority of transfers from 1985 to 1999 were lateral (78%-92%). Over this time period the proportion of transfers that were from higher to lower levels of care increased from 4% to 15%, fueled by the recent increase in transfers from FBH to kinship. The proportion of lower to higher transfers increased from 4% in 1985, peaked at 12% in 1989 and decreased to 7% in 1999.

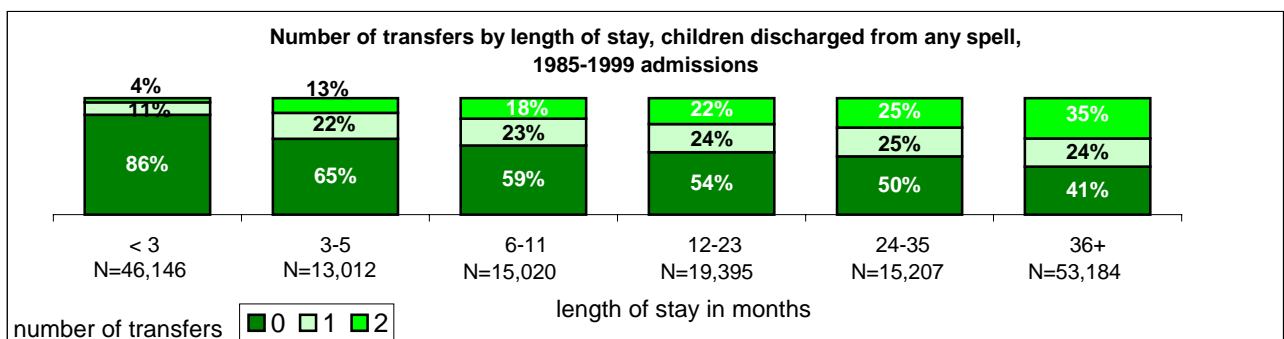
Figure 5.6



The majority of transfers occurred within the first three months of foster care (data not shown). Overall, 29% of the transfers in all spells starting in 1985-1999 took place within the first month of placement and another 21% occurred in 1-3 months. Twenty-six percent of the remaining transfers were within 6-12 months of placement and the remaining 24% occurred over a year from when the children were placed.

Figure 5.7 illustrates that the more time children spend in foster care, the more likely they are to be transferred from one foster home to another. Eighty-six percent of the children who were in care for less than three months remained in their initial placement. The percent of children with no transfers decreased consistently from 65% for those in care 3-5 months to 41% for those who spent more than three years in foster care. It is interesting to note that while most transfers occur within the first three months in care, most children with a length of stay of three months or less have no transfers. This suggests that children who are transferred within the first three months are likely to stay in care longer than those who have no transfers are.

Figure 5.7



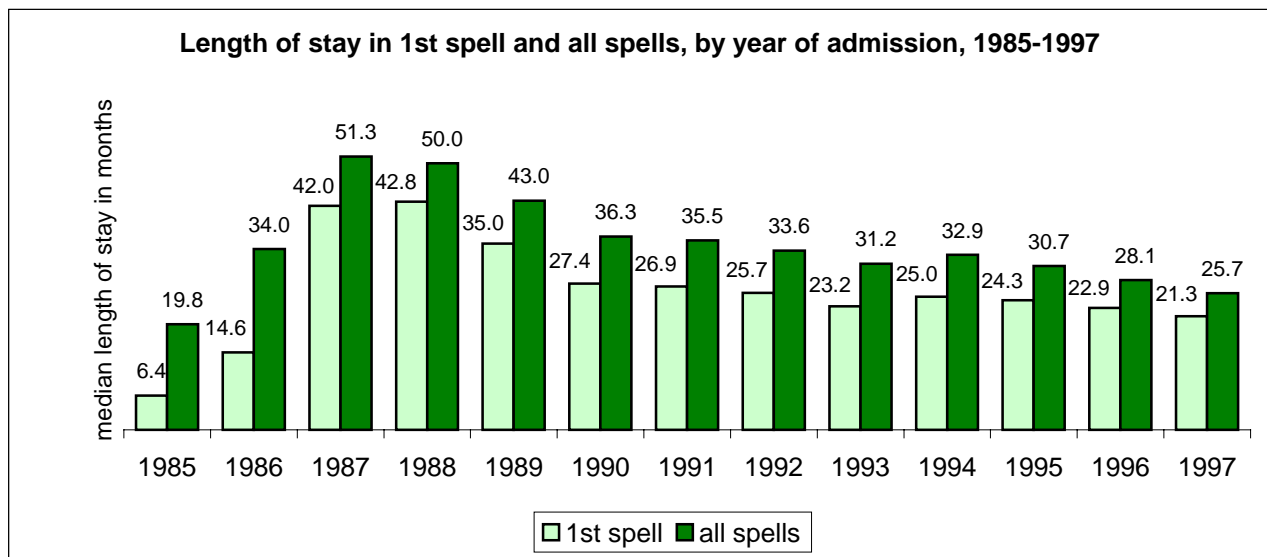
PERMANENCY (ACS TOP 12)⁴

The central mission of ACS Foster Care services is to find and support safe, loving, permanent homes for every child in need in NYC. To this end, effort is made to keep foster children's families engaged in planning for services so that children can return safely to their homes as soon as possible. The agency also commits substantial resources toward expediting the adoption process so as to achieve timely, permanent placement for children whose parents cannot provide a stable and nurturing environment.

This analysis evaluates the amount of time children spend in foster care. This Top 12 outcome indicator focuses specifically on the median length of stay for children discharged from their first foster care spells⁵ to reunification and to adoption. Other related or supplemental information is incorporated into the section in order to offer a more complete understanding of the system's performance on this critical measure. Relevant terms are defined in the glossary to this chapter.

Figure 5.8 illustrates the median⁶ length of the first spell and all spells for all children first admitted into foster care in the years from 1985 to 1997 as of June 2000, and provides an overview of this issue. Length of stay is the time between admission and discharge or between admission and absence or trial discharge if followed immediately by a discharge. The length of stay for all spells is the sum of the time spent in the first and subsequent spells; time spent between spells, outside of the foster care system, is not included in this calculation.

Figure 5.8



⁴ Data Source: Child Care Review Service (CCRS).

⁵ The first foster care spell is defined as the time between a given child's first foster care placement and discharge to birth family, adoption, independent living or transition to adult services. A child who is transferred from one placement to another before discharge is counted among those remaining in their first spell.

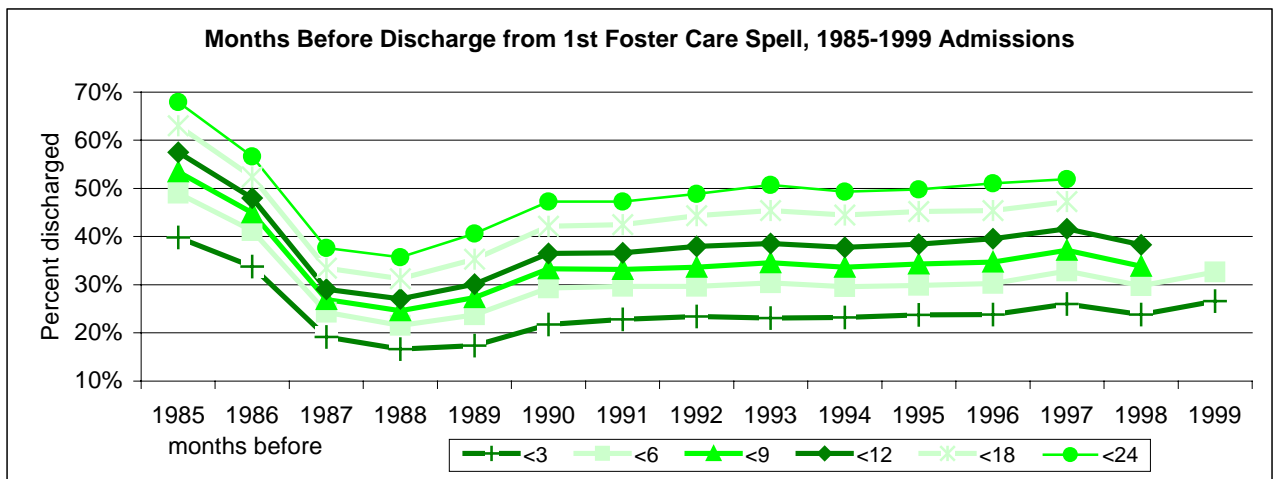
⁶ The median represents the duration of time in care of the child whose discharge occurs when exactly 50% of the children have been discharged. Therefore, at least 50% of the children in the entry cohort have to be out of care to calculate this median. More than 50% of the children in the 1998 and 1999 cohorts remained in foster care as of June 2000, consequently no median length of stay could be calculated for these years.

As illustrated in Figure 5.8, the median duration of time spent in the first spell of foster care increased from a low of approximately six months for children first placed in 1985 and peaked at approximately 42 months (three and one half years) for the 1987 and 1988 cohorts. The duration of the first spell then declined 27% between the 1989 and 1992 cohorts (from 35.0 to 25.7 months), stabilized at roughly 24 months (two years) for the 1993 to 1996 cohorts and then dropped to 21 months for children first admitted in 1997.

The median duration of total time in care over all spells was consistently higher than the time spent in the first spell. The total time in care increased from a low of 19.8 months for children first admitted to foster care in 1985 to a high of 51.1 months for the 1987 cohort. The median decreased thereafter to a low of 25.7 months for the children first admitted in 1997, the most recent group for which this data is available.

Figure 5.9 depicts the percent of children in each cohort discharged from their first spell within 3, 6, 9, 12, 18 and 24 months of admission. As can be seen, the proportion of children discharged within each time period dropped precipitously for the 1985 to 1987 cohorts, increased for those admitted in the late 1980's and has remained relatively stable for the cohorts admitted throughout the 1990's. During the 1990's almost one quarter of the children admitted to their first spell in foster care were discharged within three months of placement and roughly half were discharged within 24 months.

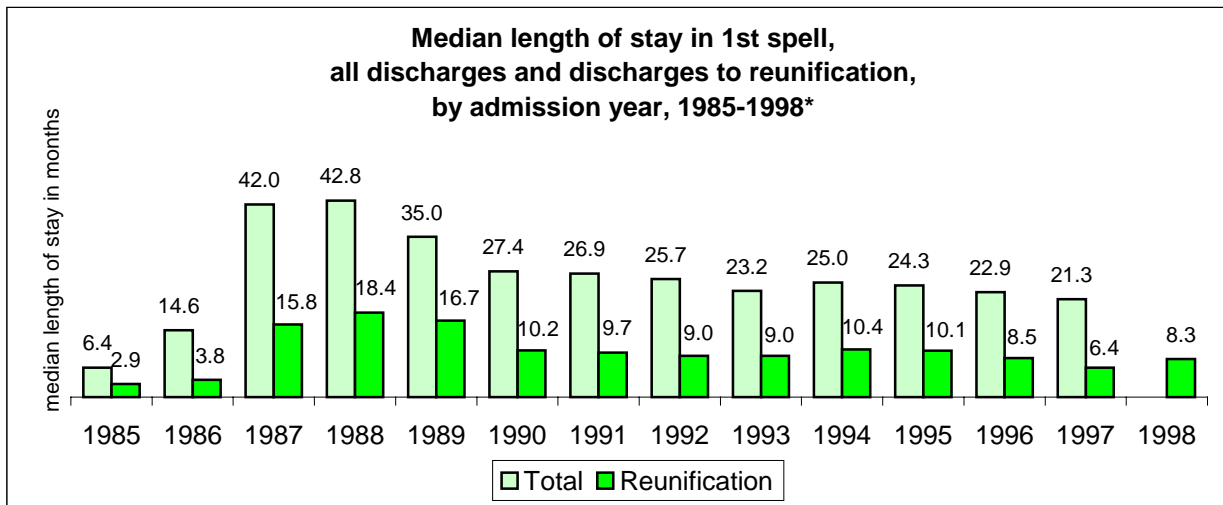
Figure 5.9



The analysis now narrows its focus to the two critical discharge destinations (reunification and adoption) that are the focus of the Top 12 outcome indicator. These discharge destinations have distinct discharge patterns. Figure 5.10 illustrates the length of time spent in the first spell of foster care for all children and those discharged to reunification (parent, relative or primary resource person). The time spent in the first spell was consistently far greater for children discharged to all destinations than for those discharged to reunification. The median length of stay before discharge to reunification increased from a low of three months in 1985 to a high of 18 months for the 1988 cohort. It then decreased to ten months in 1990 and remained at nine or ten months until 1997 when it dropped to just over six months followed by 1998 when the median time to reunification increased to eight months. Among the 1990s admissions cohorts fully one third of the children discharged to reunification or with a goal of reunification were

discharged within three months of admission and approximately 70% spent less than two years in foster care.

Figure 5.10



*The median length of stay before discharge to reunification for the 1993 through 1998 cohorts was estimated based on the assumption that 60% of all children who entered care would eventually be discharged to reunification. Therefore, 60% of all children who entered care was used as base to calculate the median length of stay.

Different types of placements have historically shown distinctive discharge patterns. To assess the association between placement and discharge patterns in these admission cohorts, the relationship between length of time in care before discharge to reunification and level of care at initial placement was assessed (data not shown). Of those children that were discharged to reunification or had a goal of reunification, children initially placed in kinship homes spent far longer in their first foster care spell than children initially placed in FBHs or congregate facilities. While the percent of children leaving kinship homes for reunification within three months ranged from 3% to 12% during the 1990s, well over a third left FBHs and congregate facilities within this time. Likewise, approximately one quarter left kinship homes for reunification within one year during the 1990s, while one half to three quarters of the children discharged to reunification or with a goal of reunification left FBHs and congregate care within a year.

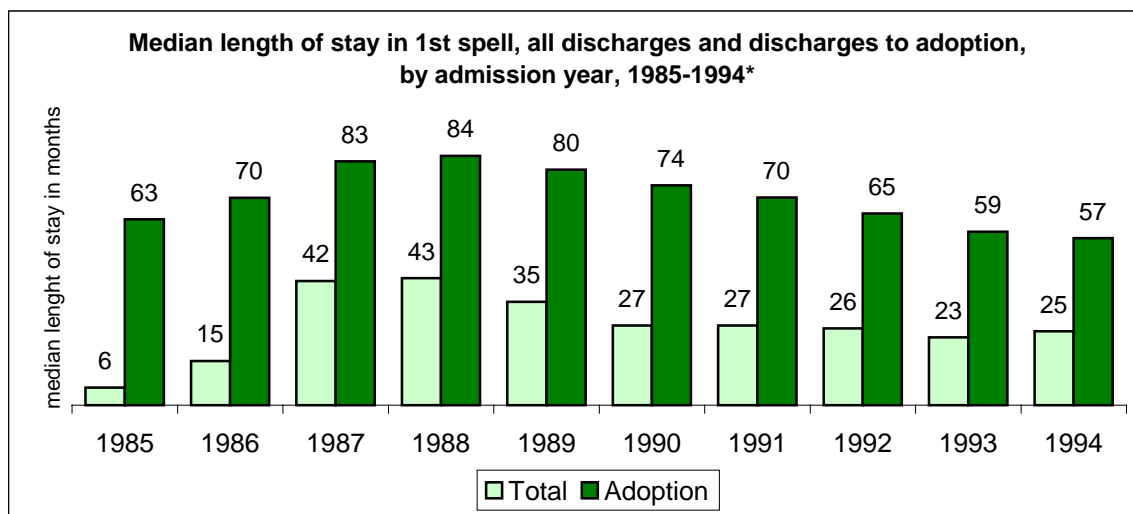
The time in care before discharge to reunification also varied by the demographic characteristics of the children (data not shown). White children spent considerably shorter time in their first spells of foster care than their African American and Hispanic counterparts. During the 1990s 35%-55% of the white children who had a goal of reunification or were discharged to reunification spent less than three months in care and 58%-80% were discharged within a year. This compares to Hispanic and African American children who spent longer periods in care before being discharged to reunification. Among Hispanic children with a goal of reunification or discharged to reunification, 26%-39% spent less than three months in care and 47% -59% were discharged within a year. The experience for African American children was that 26%-34% left to reunification within three months, and 46%-53% did so within a year.

The amount of time spent in the first spell of foster care before reunification also varied by the age the children were when they were first admitted to care (data not shown). The older the

children were when they first entered care the more quickly they were discharged to reunification. During the 1990s 54%-73% of the children who were 12 or older at the time of admission and had a goal of reunification or were eventually discharged to reunification, spent less than a year in care. This compares 43%-52% of the children who were 6-11 and 39%-49% of those that were 0-5 years old.

Children who were eventually discharged to adoption spent, by far, the most time in their first foster care spell. Figure 5.11 depicts the median length of time spent in the first spell of foster care for all children and those discharged to adoption. The time spent in the first spell was consistently far greater for children discharged to adoption than for those discharged to all destinations. The median length of stay before discharge to adoption increased from 63 months for the children first admitted in 1985 to a high of 84 months for the 1988 cohort. It then decreased slightly each year to reach a low of 57 months in 1994, the last cohort for which this median is available. Among the 1990s admissions cohorts, less than one third of the children who were discharged to adoption or had a goal of adoption were discharge within 48 months of placement.

Figure 5.11



*The median length of stay before discharge to adoption for the 1993 and 1994 cohorts was estimated based on the assumption that 22% of all children who entered care would eventually be discharged to adoption. Therefore, 22% of all children who entered care was used as base to calculate the median length of stay.

The relationship between level of care at initial placement and length of time in care before discharge to adoption was assessed to develop a better understanding of the foster care experience of children who are adopted (data not shown). Of those children who were adopted or had a goal of adoption, children initially placed in kinship homes spent longer in their first foster care spell than children initially placed in FBHs and congregate facilities. Of the children initially placed in kinship care from 1990-1996, 5%-27% were adopted within 48 months. This was the case for 6%-30% of those initially placed in congregate facilities and 23%-32% of the children initially placed in FBHs.

The time spent in foster care before adoption also varied by the children's race/ethnicity (data not shown). White children spent considerably less time in care before adoption than their African American and Hispanic counterparts. Of the children admitted to their first spells from

1990 to 1996, 35%-54% of the white children discharged to adoption or with a goal of adoption were adopted within 48 months of placement. In contrast 16%-30% of the African American children and 17% -30% of the Hispanic children who had a goal of adoption or were discharged to adoption were adopted within 48 months of initial placement.

Children's age at initial placement was also associated with the time it took to be discharged to adoption (data not shown). The greatest proportion of children discharged to adoption within 48 months of initial placement of those with a goal of adoption or discharged to adoption was among children 12 or older at initial placement. For children admitted in 1990-1996 33%-44% of children 12 or older were adopted within 48 months. These however, represent only a very small number of children, only 145 of whom were 12 or older at placement and had a goal of adoption or were discharged to adoption. Among children who were five or younger when they were first placed in foster care and were discharged to adoption or had a goal of adoption 18%-33% were adopted within 48 months. This was the case for 9%-23% of the children that were 6-11 years old when they were first placed.

RE-ENTRIES INTO FOSTER CARE⁷ (ACS TOP 12)

The primary goal of permanency planning is to expedite the child's transition into a safe, stable, nurturing and permanent home. A child's return, or re-entry, to foster care suggests that the original effort at permanency was not successful. Consequently, the incidence of children re-entering foster care is an important barometer for evaluating the system's success at achieving its most important outcome - permanency.

This section considers all of the subsequent entries experienced by each child admitted to foster care from 1985 to 1999 as of June 2000. This perspective offers a comprehensive view of system performance and provides a context for measuring the Top 12 Re-entry indicator. For the purpose of the Top 12 outcome indicator, the analysis has a more limited scope. The Top 12 perspective focuses on children who were discharged to a reunification or adoption destination and then re-enter foster care within 12 months of that discharge. By applying this more specific definition, the results are easier to interpret and compare and more relevant to case practice. The longer a child and her family are out of contact with the system, the more difficult it becomes to associate an outcome like a re-entry to system performance. Relevant terms for this analysis are defined in the glossary to this chapter.

The total number of children who entered foster care for the first time between 1985 and 1999 is presented in Table 5.3 (First Admissions). These totals are comprised of children who have, to date, had no subsequent entries, one, two, and three or more subsequent entries. To illustrate, 7,297 children entered foster care in 1995 for the first time. Of this population, 5,447 have been discharged from their first spell, 83% of those discharged have experienced no re-entry to date, 15% re-entered once, 2% re-entered twice, and 0.4% re-entered three or more times. For each year, the percentage of all new foster care admissions that subsequently re-entered the system is provided.

⁷ Data Source: Child Care Review Service (CCRS).

Table 5.3 and Figure 5.12 reveal considerable variability over the past decade, both in the number of new admissions to foster care and the frequency with which children have re-entered the system. For example, the number of children admitted to foster care for the first time increased 60% between 1985 and 1987 climbed steadily and reached a peak in 1989.

Conversely, the proportion of children who re-entered foster care at some point in time declined 11 percentage points from 1985 to 1987. It is particularly notable that during the years from 1988 to 1999 the proportion of children experiencing re-entries has remained between 11%-17%. It is important to note, however, that the re-entry rates for children admitted in recent years are likely to increase substantially as more opportunity for re-entry accrues with time.

These inverted circumstances are largely attributable to the composition of the foster care population. Prior to 1987, the total foster care population had a larger percentage of children placed in congregate care facilities. Congregate care admissions are generally older children. While these children spend the shortest amount of time in care, they more often experience multiple entries. This phenomenon reflects the elevated 1985 and 1986 re-entry rates (29% and 27%, respectively).

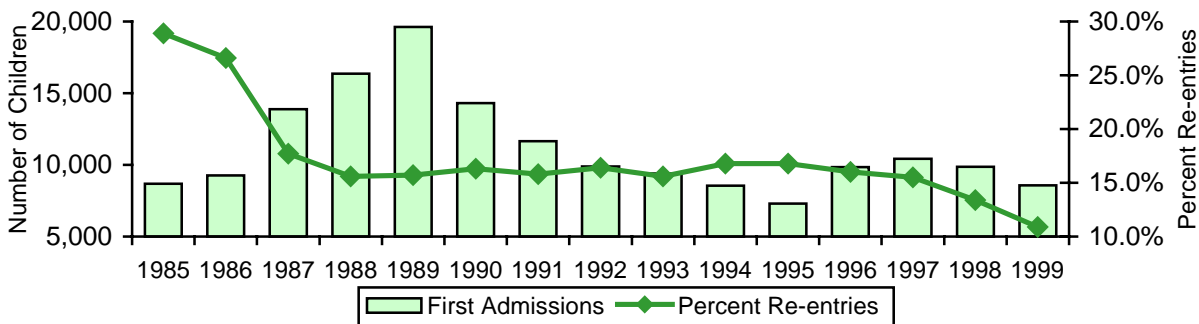
Table 5.3

Subsequent Entries of Foster Care Children by First Admissions, 1985-1999

Year	First Admissions N	Discharges N	No Re-entries %	Any Re-entries %	1 Re-entry %	2 Re-entries %	3+ Re-entries %
1985	8,681	8,616	71.1%	28.9%	21.4%	5.5%	2.0%
1986	9,258	9,055	73.4%	26.6%	20.0%	4.8%	1.8%
1987	13,888	13,251	82.3%	17.7%	14.4%	2.7%	0.6%
1988	16,351	15,510	84.4%	15.6%	12.7%	2.3%	0.6%
1989	19,616	18,606	84.3%	15.7%	13.1%	2.2%	0.5%
1990	14,307	13,504	83.7%	16.3%	13.5%	2.3%	0.5%
1991	11,660	10,856	84.2%	15.8%	13.3%	2.0%	0.4%
1992	9,878	8,941	83.6%	16.4%	14.0%	1.9%	0.4%
1993	9,392	8,245	84.4%	15.6%	13.3%	1.9%	0.5%
1994	8,550	7,010	83.2%	16.8%	14.1%	2.3%	0.4%
1995	7,297	5,447	83.2%	16.8%	14.7%	1.7%	0.4%
1996	9,846	6,625	84.0%	16.0%	14.0%	1.6%	0.4%
1997	10,433	6,117	84.5%	15.5%	14.1%	1.2%	0.2%
1998	9,868	4,657	86.6%	13.4%	12.5%	0.8%	0.1%
1999	8,576	3,317	89.1%	10.9%	10.3%	0.6%	0.0%

Figure 5.12

Re-entry Rate of First Admissions Population, 1985-1999

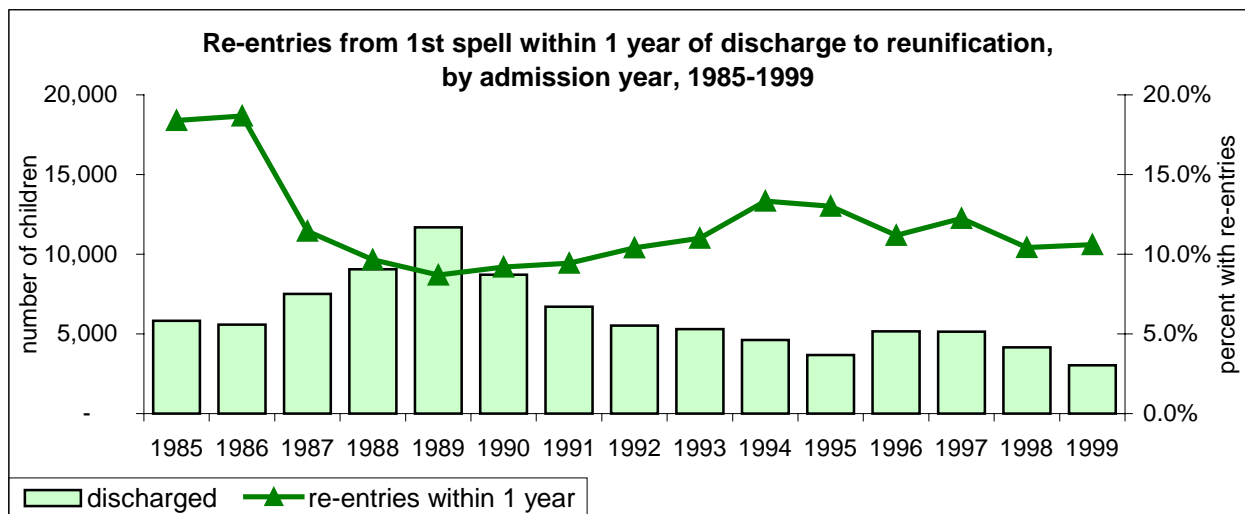


Another circumstance affecting re-entries over this time period was the 1986 Eugene F. decision that substantially expanded the number of children placed with relatives in foster care. This circumstance, coupled with the advent of the crack-cocaine epidemic in the late 1980's, caused a surge in the total foster care population. Kinship admissions are generally younger children who, as noted in the Permanency section of this chapter, consistently have the longest lengths of stay in care. As a result, children in kinship care are likely to experience far fewer repeated entries than children in congregate care settings. The influx of kinship admissions beginning in 1987 has thus driven down the overall re-entry rate.

Although re-entry after discharge to adoption is an important component of the ACS Top 12 re-entry indicator, we are currently unable to track children after they are adopted. Therefore, rather than looking at skewed data, the balance of this analysis will be limited to re-entries after discharge to reunification (discharge to parent, relative or primary resource person).

The remainder of this section focuses on the re-entries that meet the ACS Top 12 definition of this outcome indicator. As illustrated in Figure 5.13 the percent of children who were discharged to reunification from their first foster care spell and returned to foster care within a year of that discharge decreased from a high of 19% in 1985 and 1986 to low of 9% in 1989. It then increased to 10% for the children first admitted in 1992 and remained between 10% and 13% for the remaining admissions groups.

Figure 5.13

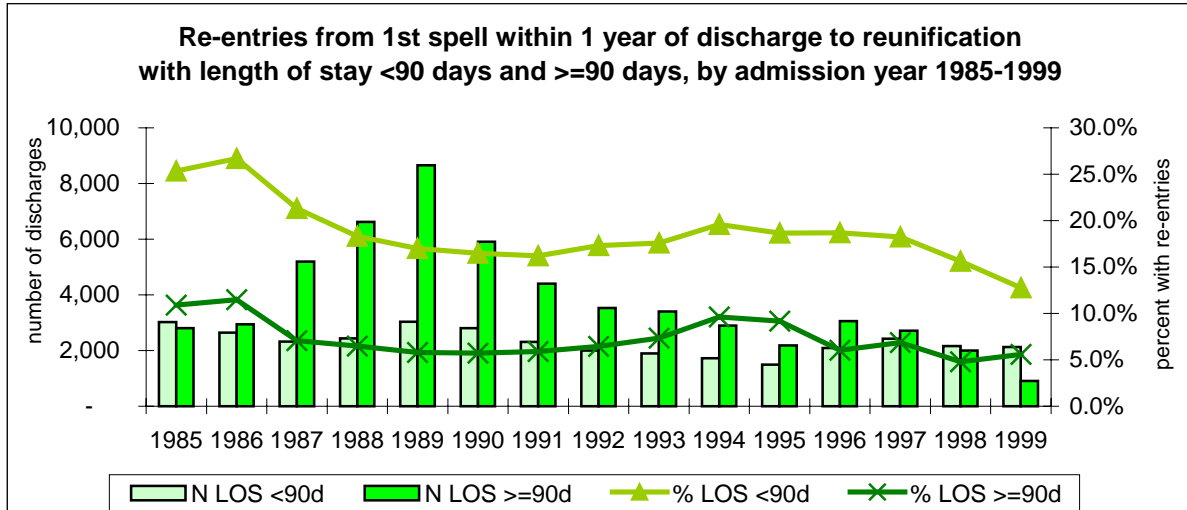


The percent of children with re-entries after being discharged to reunification tended to be higher for children discharged from their second or greater spell in care (data not shown). For example, for children first admitted in 1996, 11% of those discharged from their first spell returned to care within a year and 20% discharged from their second or greater spell re-entered.

Figure 5.14 demonstrates that children who are discharged to reunification after shorter stays in foster care are consistently far more likely to re-enter care within a year of discharge. For every admissions cohort the children who stayed in foster care for less than 90 days were over twice as likely to re-enter care as those who stayed for three months or more. For example, for children

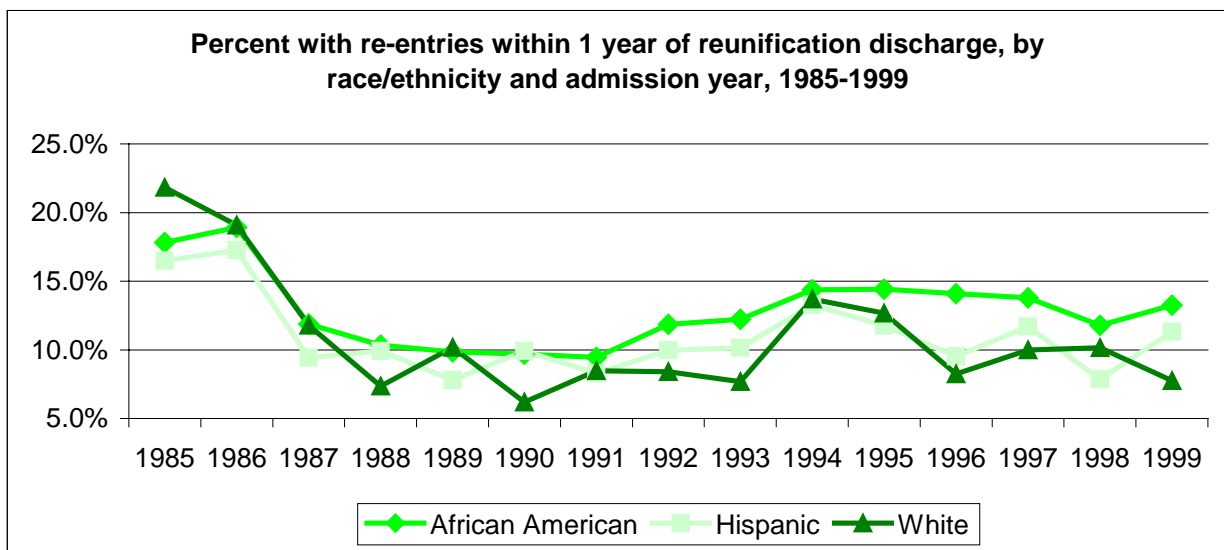
first admitted to foster care in 1995 and subsequently discharged to reunification, 19% of those who stayed in care for less than 90 days re-entered care, whereas only 9% of those who stayed 90 days or more returned.

Figure 5.14



Re-entry rates after reunification also varied by demographic characteristics of the children. As illustrated in Figure 5.15 African American children were generally the most likely to re-enter care within a year of a reunification discharge and white children were generally the least likely to re-enter. When children are grouped by their age at the time of discharge to reunification (data not shown), 6-11 year olds are found to have the least re-entries within a year of discharge and children 12 and older have the most. For example, for children admitted in 1997 12% of the five and younger, 10% of the 6-11 year olds and 15% of the children 12 and older returned to care within a year of discharge.

Figure 5.15



Re-entry rates within a year of discharge to reunification also varied by the level of care of the placement the children were discharged from (data not shown). Re-entry rates were consistently much lower for children discharged from kinship homes. Re-entry rates for children discharged from FBHs and congregate facilities were generally similar with somewhat higher rates more often seen among children discharged from congregate facilities. For example, among children first admitted to foster care in 1995 and subsequently discharged to reunification 5% of those discharged from kinship homes, 14% from FBHs and 16% from congregate facilities returned to care within a year of discharge.

CHILDREN AGING OUT OF FOSTER CARE TO INDEPENDENT LIVING (ACS TOP 12)

All foster children, ideally, should be discharged to a permanent family, either their birth families, relatives, or adoptive families. However, foster children, as they grow older, often discover that the possibilities of returning to their parents or of being adopted diminish. Each year, nationwide, approximately 25,000 youth “age-out” of the foster care system to adulthood.⁸ Many are unprepared for the self-sufficiency and responsibility that comes with adulthood. ACS seeks to limit the incidence of young adults aging out of foster care to independent living to only those situations in which this truly is the best, or only viable, outcome for the youth.

ACS works to prepare foster children for adulthood through the Independent Living (IL) Program. The IL program helps older foster teens make the transition to adulthood by providing assistance in the areas of education, employment, housing and basic life skills. ACS seeks to ensure that all youth in foster care with a goal of discharge to IL, or who are deemed eligible for IL services, receive all of the services required by New York State and New York City. The core of all IL services involves preparing youth to successfully transition to living self-sufficiently in their communities as they exit from foster care. Program areas include college counseling, job training and placement, tutoring, and skill development.

This ACS Top 12 outcome indicator considers the number of children who ultimately age out of the system to independent living from their first foster care spell for children entering care from 1985 through 1999. In addition, this section provides supplemental analysis of the characteristics of children currently in foster care who have a planned permanency goal (PPG) of IL.

Table 5.4 depicts the discharge trends based on first entry cohorts since 1985. When reviewing this table, it is important to keep in mind that as the year of admission to foster care gets closer to the present, an increasing proportion of the children who will eventually be discharged to each destination type are still in care. This is especially true for discharge destinations that are typically associated with a longer length of stay, such as adoption and IL.

The table illustrates the proportion of children discharged from their first spell to their own responsibility peaked at roughly 8% for the 1986 cohort and has decreased steadily for the entry cohorts to follow. Reunification is consistently the most common discharge destination. The percent discharged from their first spell to be reunified ranged from 67% for the 1985 group to

⁸ “The Graduates,” *Advocasey: Documenting Programs that Work for Kids and Families*. Winter 2000. <http://www.aecf.org/publications/advocasey/winter2000/graduates/grad3.htm>

36% of the children admitted in 1999. The percent discharged to adoption increased from 14% for the 1985 group to a high of 25% for those admitted in 1988 and has decreased thereafter.

Table 5.4
Percent distribution of discharge destinations from 1st spells, by admission year, 1985-1999

	Number placed	Discharged destination					Still in 1 st Foster Care Spell
		Reunification	Adoption	IL	AWOL	Institute/ Other	
1985	8,681	67.2%	13.9%	6.9%	4.4%	7.0%	0.6%
1986	9,258	60.4%	17.7%	7.5%	3.6%	8.7%	2.0%
1987	13,888	54.2%	24.9%	7.3%	2.3%	6.8%	4.5%
1988	16,351	55.5%	25.1%	6.7%	2.0%	5.6%	5.0%
1989	19,616	59.7%	22.6%	5.4%	1.7%	5.6%	5.0%
1990	14,307	61.1%	21.6%	4.3%	1.9%	5.8%	5.4%
1991	11,660	57.7%	22.4%	4.1%	2.5%	6.5%	6.8%
1992	9,878	56.1%	21.6%	3.7%	2.6%	6.7%	9.3%
1993	9,392	56.6%	19.1%	3.3%	2.9%	6.2%	12.0%
1994	8,550	54.3%	16.0%	3.0%	3.5%	5.5%	17.7%
1995	7,297	50.4%	12.6%	2.5%	4.2%	5.1%	25.1%
1996	9,846	52.6%	6.5%	1.6%	3.1%	3.7%	32.5%
1997	10,433	49.5%	2.5%	1.0%	2.4%	3.5%	41.0%
1998	9,868	42.4%	0.6%	0.5%	1.5%	2.4%	52.5%
1999	8,576	35.7%	0.0%	0.2%	1.3%	1.7%	61.0%

Consideration of the distribution of destinations by discharge cohorts is an informative, alternative perspective to entry cohort. This offers a view of who is leaving foster care in the most recent time periods. For the past six years (1994-1999), the percentage of children exiting foster care to independent living or to his or her own responsibility has hovered at 7% to 8% (data not shown). This represents roughly 800-1,000 young adults a year. During the past 10 years discharge cohorts have experienced a shift in the percent exiting to reunification and to adoption. The percent discharged to reunification decreased from 72% in 1990 to a low of 50% in 1997. However, in the past two years, discharges to reunification have increased 12% from the 1997 mark to 56% in 1999. The percent discharged to adoption increased from 10% to 30% over this same period. This shift is due largely to ACS' effort to finalize adoptions for children who have been in care for lengthy stays, many of whom were in kinship settings. When comparing discharge cohorts to entry cohort, the difference in perspective is telling. It is the children from the large entry cohorts in the late 1980's and early 1990's who remained in care several years that largely are the source of the discharges to the destinations of independent living and adoption for recent discharge cohorts.

A total of 3,122 children, who were still in their 1st spell of foster care as of June 2000, had their most recent PPG of discharge to Independent Living. For this subset of the in-care population, the largest group of them entered care between the ages of six and nine years, as depicted in Table 5.5. Over 2,400 of these children were between the ages of 14 and 18 years when their permanency planning goal was changed to Independent Living. At the end of FY 2000, 2,586 of these children were 16 years or older.

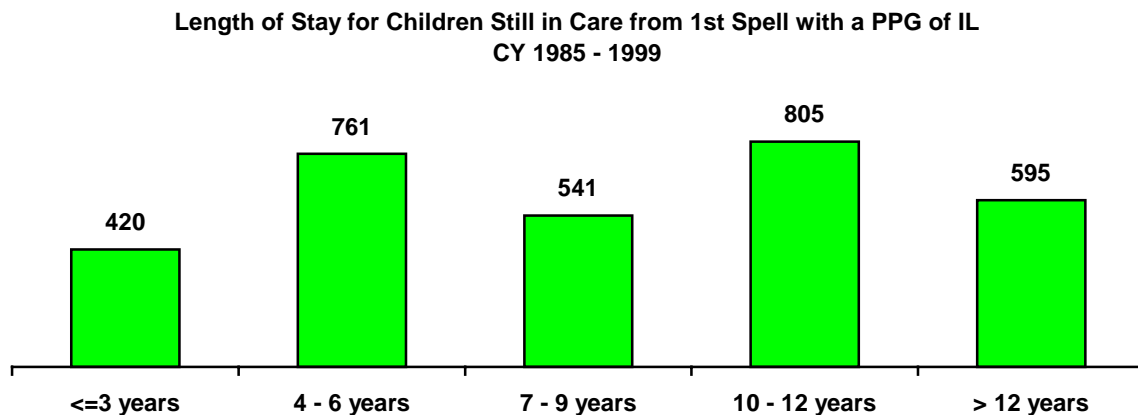
Table 5.5
Age and PPG change to IL, In 1st Foster Care Spell as of June 30, 2000

	Age at Admission into First Spell	Age at time PPG changed to IL	Current Age as of June 30, 2000
<1 year	52 (1.7%)	1 (0.0%)	1 (0.0%)
1 – 5 years	600 (19.2%)	12 (0.4%)	4 (0.1%)
6 – 9 years	908 (29.1%)	48 (1.6%)	8 (0.3%)
10 – 13 years	863 (27.6%)	436 (14.5%)	95 (3.0%)
14 – 15 years	461 (14.8%)	1,361 (45.3%)	428 (13.7%)
16 – 18 years	238 (7.6%)	1,081 (36.0%)	1,579 (50.6%)
>18 years	0 (0.0%)	63 (2.1%)	1,007 (32.3%)
Total	3,122	3,002*	3,122

*The difference in totals is a result of children with no indication of change to IL PPG or children who were given an IL PPG at the time of admission.

The length of stay for the 3,122 children who were still in care from their 1st spell with PPG's of IL varies from less than 3 years to stays exceeding 12 years (see Figure 5.16). The greatest proportion (26%) of the in-care population has been in care for a stay between 10 and 12 years. Almost 600 children have been in care for over 12 years.

Figure 5.16



Of the children who were still in care from their 1st spell and have a PPG of IL, 54.8% are African American. Hispanics comprise 18.6% of this group and whites comprise 3.3%. The remaining 23.3% of the children are either of other ethnic backgrounds or their race/ethnicity is unknown. This distribution is consistent with the overall foster care population.

Nearly 40% of IL children still in the first spell as of June 2000 were in foster boarding homes. Over a 1,000 (34%) of these children were in congregate care settings, and the remaining 26% were in kinship homes. These proportions are heavily skewed toward congregate settings. As of June 2000, 13% of the entire foster care population were placed in congregate care facilities whereas 34% of those with a PPG of IL are placed in congregate care settings – children with an IL PPG are nearly three times as likely to be in a congregate care. This finding is also consistent with the fact that the congregate population tends to be older youth.

Currently, there are 4,207 children with a PPG of IL still in care in either a 1st or higher-order spell. Of the 3,122 who are still in care from their 1st spell, 1,862 (60%) have experienced at least one absence without leave (AWOL) episode during their stay in care (see Table 5.6). Less than half (425) of the remaining 1,085 children in higher-order spells, have experienced at least one AWOL episode. One likely explanation for this discrepancy between 1st and higher order spells is that the children who have returned to care typically have shorter length of stays and, consequently, less opportunity to have an AWOL episode.

Table 5.6
History of AWOL Episodes for Children with PPGs of IL CY 1985 – 1999

# of AWOLs	Children with AWOL episodes			
	from 1 st spell		from higher order spells	
1	1,862	(59.6%)	425	(39.2%)
2	881	28.2%)	277	(25.5%)
3	433	3.9%)	160	(14.7%)
4	271	8.7%)	113	(10.4%)
5	161	5.2%)	75	(6.9%)
6 – 10	293	9.4%)	126	(11.6%)
11 – 20	70	(2.2%)	27	(2.5%)
> 20	9	0.3%)	6	(0.6%)

CHILD SUPPORT

Financial constraints on single-parent households put greater stresses on family functioning and place children at risk of poverty and increasing welfare dependency. Concern for the well being of these children drives the work of the NYC Office of Child Support Enforcement (OCSE). The goal of this program is to strengthen families and reduce welfare dependency by ensuring that non-custodial parents live up to the responsibility of supporting their children. OCSE aims to mitigate risks to children and families by locating absent parents, establishing the paternity of children born out-of-wedlock, and pursuing the establishment, collection, enforcement and distribution of support from absent parents. The OCSE Program is a joint endeavor involving federal, state, and local cooperative efforts. By supporting the objective of stability for such vulnerable families, the goal of permanency is also served.

In FY 2000 NYC's OCSE worked on behalf of 260,725 children to help obtain legally owed financial support from non-custodial parents. In FY 2000, OCSE collected a total of \$366.91 million in child support.⁹

CHILD SUPPORT ORDERS AND COLLECTIONS¹⁰

This analysis considers the total number of new and active child support orders that were obtained between Fiscal Years 1990 and 2000 and collections related to these orders. This information is categorized by orders received for families receiving Public Assistance (PA) and

⁹ Office of Child Support Enforcement Special Monthly Mayor's Management Report Update: FY 2000.

¹⁰Data Source: Office of Child Support Enforcement, Fiscal Years 1990-2000.

for families not receiving PA. The total amount collected reflects money received from active support orders for NYC families only. Relevant terms are defined in the glossary to this chapter.

Since FY 1990, the number of new support orders issued per year has increased 89% (see Table 5.7). The number of new orders to families on PA increased 29% while the number of child support orders to families not on PA increased 250%. Likewise, the total amount of dollars collected increased over two-fold. The amount collected for families on PA increased 84%, and the amount collected for families not on PA increased over four-fold.

Table 5.7 Number of Child Support Orders Obtained,* FY 1990 - 2000

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	% change 1990-2000
New Orders												
Total	11,822	14,847	15,842	17,771	16,489	14,042	17,572	21,315	24,289	21,699	22,303	88.7%
PA	8,636	10,334	10,582	11,968	11,244	8,569	11,540	13,881	15,813	11,746	11,164	29.3%
Non PA	3,186	4,513	5,260	5,803	5,245	5,473	6,032	7,434	8,476	9,953	11,139	249.6%
% PA	73%	70%	67%	67%	68%	61%	66%	65%	65%	54%	50%	
Active Orders												
Total	N.A.	N.A.	116,272	123,844	128,019	131,529	139,042	149,308	161,352	169,589	179,329	54.2%**
PA	53,742	59,145	63,922	67,899	69,416	65,930	65,227	65,327	63,476	56,446	48,909	-9.0%
Non PA	N.A.	N.A.	52,350	55,945	58,603	65,599	73,815	83,981	97,876	113,143	130,420	149.1%**
% PA	N.A.	N.A.	55%	55%	54%	50%	47%	44%	39%	33%	27%	
Collections												
Total (\$millions)	\$106.14	\$127.92	\$159.54	\$179.09	\$189.24	\$196.78	\$218.19	\$256.17	\$287.14	\$319.23	\$366.91	245.7%
PA	\$54.20	\$65.73	\$81.98	\$90.85	\$93.58	\$88.79	\$91.18	\$100.75	\$101.24	\$97.85	\$99.67	83.9%
Non-PA	\$51.94	\$62.19	\$77.56	\$88.25	\$95.65	\$108.00	\$127.01	\$155.42	\$185.90	\$221.38	\$267.24	414.5%

N.A. = Not Available

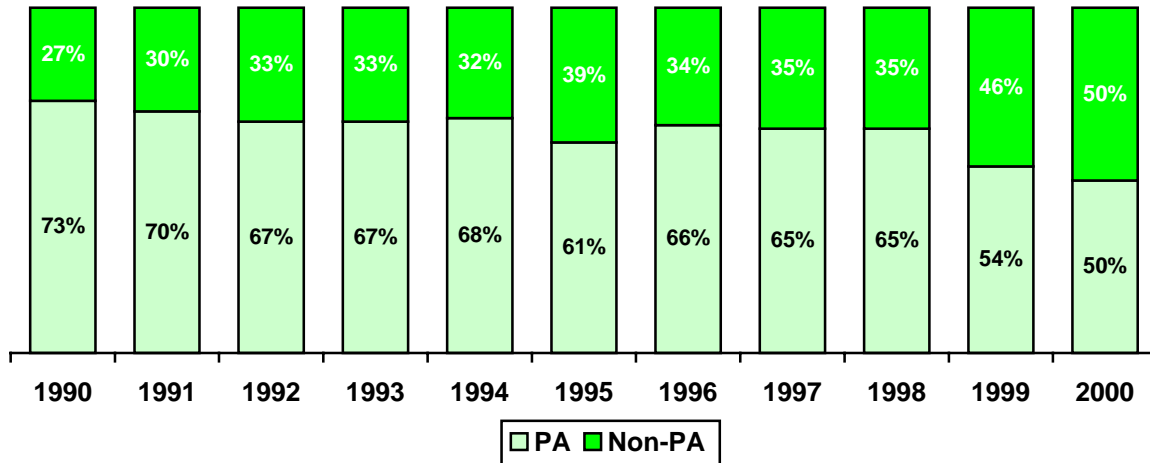
* Includes orders and collections for children residing in NYC. Collections on behalf of children residing outside NYC with non-custodial parent in NYC are not included. If included, collections in FY 2000 would total \$403.65 million.

**These figures represent the percent change in support orders from 1992 to 2000.

The total number of orders obtained by families receiving PA increased 36% during the FY 1990-FY 2000 time period. Still, the percentage of orders obtained by PA families decreased 32% from 73% in 1990 to 50% in 2000, with a dramatic decrease from 1998 to 1999 (see Figure 5.17). The OCSE reports that an estimated 50% or more of the non-PA families currently receiving support were previously on PA. This suggests that a majority of these non-PA families are at the margin of economic poverty, and child support payments have become an important factor in their ability to subsist independent of welfare.

Figure 5.17

New Support Orders Obtained, by Public Assistance Status, FY 1990-2000

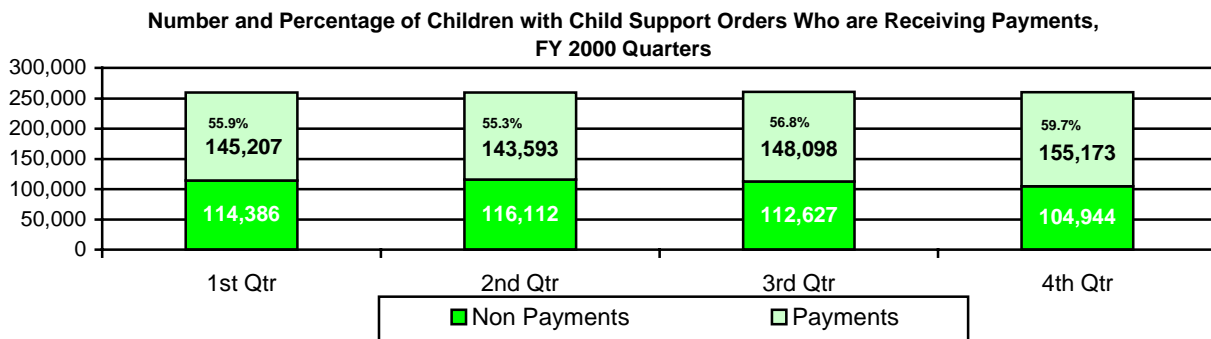


PARENTAL COMPLIANCE WITH SUPPORT ORDERS¹¹

This indicator measures the number of children who received support payments from their non-custodial parents during a given quarter. The data is reported as a ratio of children receiving at least one support payment to the total number of children with support orders.

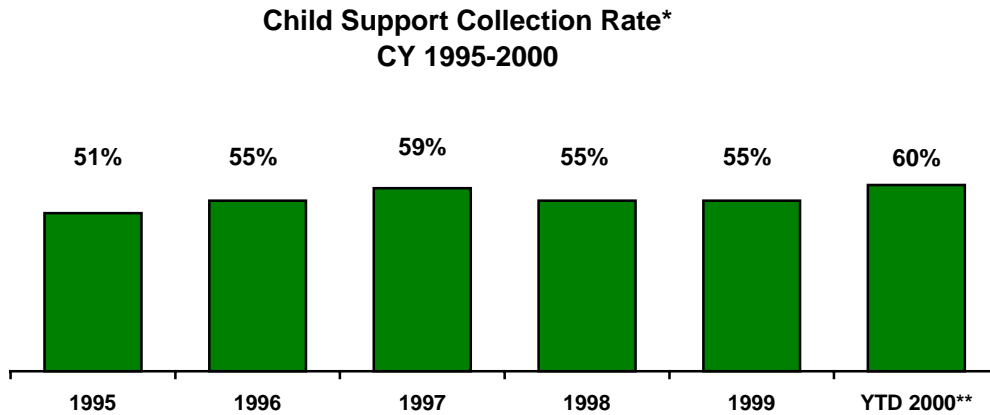
Figure 5.18 depicts the percentage of children receiving financial support from their non-custodial parents for the four quarters of FY 2000. As the figure illustrates, for the 4th Quarter, approximately 60% of all children with support orders received support payments during that quarter and 40% received none. In addition, Figure 5.19 illustrates an 18% improvement in the collection rate from 1995 to 2000.

Figure 5.18



¹¹ Data source: NYC Office of Child Support Enforcement.

Figure 5.19



* Total dollars collected for current support as a percentage of total dollars owed. Percentages represent cumulative data, based on a calendar year.

** Year to date 2000 includes data through June 2000.

ACS COMPLIANCE WITH CRITICAL STATE AND FEDERAL REQUIREMENTS RELATED TO FOSTER CARE

State and federal law contain many requirements for activities related to a child's stay in foster care. Timely compliance with these requirements is a critical indicator of an agency's service quality. The state and federal government frequently review compliance, with the possibility of loss of state or federal reimbursement if compliance is not found. In addition, the Title IV-E of the Social Security Act, as amended by the Adoption and Safe Families Act (ASFA) contains eligibility requirements that must be met in order to obtain federal foster care funding. This affords the federal government the opportunity to conduct audits related to the availability of pertinent categorical eligibility documentation in both ACS case records and in the State systems of record. The activities for which ACS is responsible that are subject to state and/or federal requirements include: 1) re-certification and re-approvals of foster homes; 2) filing appropriate and timely legal petitions; 3) completion of Uniform Case Records for both foster care and preventive care populations; and 4) Photolisting Registration.¹²

¹² Pursuant to Section 153-d of the Social Services Law, certain activities are subject to State sanctions in cases where specified deadlines are not met. When this occurs, State funds may be withheld from the City's children's services programs. Currently, there is a moratorium of on 153-d sanctions. Until the fall of 1999, the New York State Department of Social Services (NYS-DSS) produced a monthly sanction report that measured the level of ACS compliance with imposed State requirements. Contained in each report is the total number of 153-d sanctionable events, displayed according to type of activity. It is important to note that NYS-DSS calculated compliance rates based upon an end of the month, point-in-time measurement system. This method does not take into account the lapse in time that often occurs between filing reports and entering this data into the computer system. In many cases, activities are indeed achieved in a timely manner, yet they are regarded as sanctionable events as they are not data entered by the end of the month. Although the State allows ACS a six-month period to enter this data, compliance rates are not revised to reflect these changes. As a result, the compliance rates presented in the sanction reports are significantly lower than actual compliance rates.

Certification and Approval of Foster Homes

All foster care facilities are certified and must be re-certified (for non-kinship foster homes) or re-approved (for kinship foster homes related up to the 3rd degree) annually and must have a current authorization. This section reports the number of facilities that are unauthorized, have expired certifications, or require re-certification/ re-approval for any other reason during each time period.

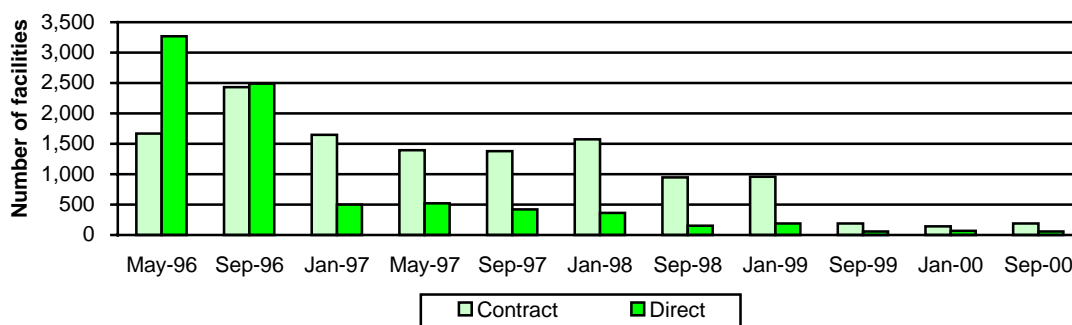
The number of facilities in need of re-certification/re-approval during each time period is shown by type of facility (i.e., direct care or contract) (see Table 5.8 and Figure 5.20). The number of contract care facilities in 1998 and 1999 was estimated based on the ratio of children to facilities in May 29, 1999.

Table 5.8
Number of Foster Care Facilities Needing Re-certification/Re-approval, 1996- 2000

	1996		1997		1998		1999		2000	
	May	Sept.	Jan	Sept.	Jan.	Sept.	Jan	Sept.	Jan.	Sept.
Direct Care Facilities										
Number of facilities	3,267	2,491	499	420	364	154	192	58	71	58
Children in facilities	4,776	3,642	729	720	616	254	303	88	115	88
Contract Care Facilities										
Number of facilities	1,669	2,433	1,646	1,379	1,576	946	956	189	144	187
Children in facilities	2,565	3,740	2,530	1,972	2,972	1,785	1,803	524	353	422

Figure 5.20

Number of Foster Care Facilities Needing Recertification, By Care Type, May 1996 - September 2000

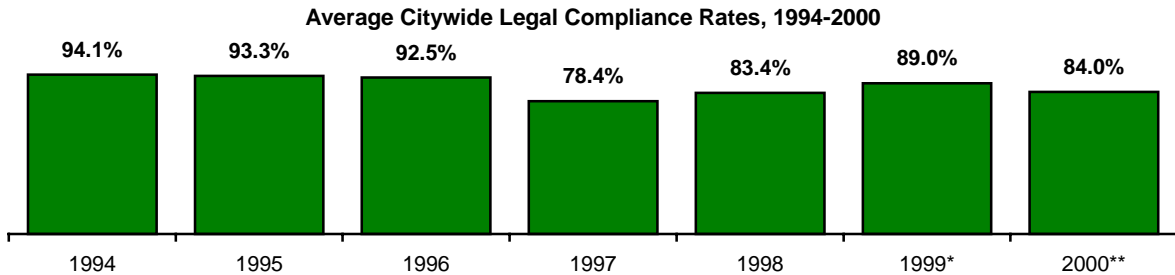


The number of direct foster care facilities, including foster homes, that were unauthorized, had expired certifications, or required re-certification for any other reason decreased 98% between May 1996 and September 2000. The number of contract agency facilities needing re-certification decreased 89% from September 1996 to September 2000. This dramatic improvement is a result of sustained concerted efforts by ACS to bring these requirements into compliance.

Legal Petitions

When children are placed in foster care, either voluntarily by their caretaker(s), or involuntarily to ensure their safety and well-being, a series of legal petitions must be filed by ACS caseworkers to document the child's case activity. Average yearly citywide compliance rates are provided in Figure 5.21. Table 5.9 reflects the average number of legal sanctions processed per month among all divisions for failing to file legally mandated petitions.

Figure 5.21



*Average compliance rates for 1999 are based on data from the months of January to September.

**Average compliance for 2000 is based on May, June and Sept. 2000.

Table 5.9

**Average Number of Legal Sanctionable Items*,
by Type of Petition (per month) and Percent of Total 1994-2000**

Year	Initial Placement Status (Voluntary/ Involuntary)		Voluntary Placement: Request for Courts Approval and Review of Placement		Extensions		Court Petitions for Freed Children		Average Monthly Total Sanctionable Items
	N	% of sanctionable items	N	% of sanctionable items	N	% of sanctionable items	N	% of sanctionable items	
									3,091
1994	436	15.7%	1,201	43.2%	N.A.	N.A.	1,143	41.1%	2,780
1995	524	17.8%	1,137	38.7%	N.A.	N.A.	1,279	43.5%	2,940
1996	639	20.7%	1,052	34.0%	N.A.	N.A.	1,400	45.3%	3,091
1997	579	6.5%	1,063	12.0%	3,916	44.2%	3,307	37.3%	8,865
1998	262	4.0%	907	13.7%	3,099	46.9%	2,338	35.4%	6,066
1999**	136	3.3%	650	16.0%	2,003	49.2%	1,285	31.5%	4,074
2000***	119	2.6%	382	8.4%	3,285	72.1%	773	17.0%	4,559

* The categories presented in this table consist of the following legal activities:

Initial Placement Status: Filing Petition and Obtaining Order; Signed Voluntary Agreement.

Voluntary Placement (Request for Approval and Review): 358a Petition; 392 Initial Petition.

Extensions (prior to being freed for adoption): 1055 Initial Petition; 1055 Subsequent Petition.

Adoptions: 392 Initial Petition after Freeing for Adoption; 392 Initial Petition after Placement in Adoptive Home; 1055-a Initial Petition after Freeing for Adoption; 1055-a Initial Petition After Placement in Adoptive Home; 1055-a Subsequent Petition After Freeing for Adoption or Placement in Adoptive Home.

**1999 include months January to August only. They have been revised since last published.

***2000 includes May, June, September and October.

N.A. = Not Applicable

The total number of sanctionable legal petitions increased between 1994 and 1997, principally due to the introduction of sanctions for the first time for late extensions of placements (1055), and late reviews of children freed for adoption (1055-a).

ACS has made tremendous efforts to improve compliance levels and reduce the overall number of legal sanctionable events. This is reflected in the compliance rates achieved in recent years. Since 1997, the citywide compliance rate has risen 13.5%, from 78.4% to 89%. ACS staff continues to exert a collective effort to remove all legal sanctions to effect the organization's goal of full compliance.

Lapsed Legal Authority

ACS' legal authority to place and retain a child in foster care must be extended at regular intervals, usually every 12 months. Legal dispositions granting authority are entered into the NYS Child Care Review Service (CCRS) and tracked in the Benefit Insurance and Control System (BICS). The number of children for whom legal authority was lapsed in a given month during 1997 to 2000 is provided in Table 5.10.

Table 5.10
Number of Children in Foster Care for whom Legal Authority Lapsed, Direct and Contract Care, 1997-2000¹³

	Jan-97	Jul-97	Jan-98	Jul-98	Feb-99	Jul-97	Dec-99	Nov-00	% change 1/97-11/00	% change 1/97-9/00
Direct Care	1,241	964	1,132	433	276	186	154	276	-78%	-88%
Contract Care	9,536	6,238	3,691	3,322	2,562	2,220	2,371	3,458	-63%	-75%

The data in Table 5.10 demonstrates that the number of children in both direct and contract foster care for whom legal authority lapsed decreased sharply from the beginning of 1997 to the end of 2000. The number of children in direct foster care for whom legal authority had lapsed decreased 78% from 1,241 in January 1997 to 276 in December 2000. Similarly, the number in contract foster care with lapsed legal authority was reduced 63% from 9,536 to 3,458. These improvements are largely due to efforts to file for extensions in placement within proper time frames thereby resulting in increased opportunities to have hearings prior to extension deadlines. Increased timeliness in the data entry of the related legal dispositions entered into CCRS has also contributed these improvements. There were, however, substantial increases from 1999 to 2000. In November of 2000, the foster care population subject to a Legal Authority requirement was expanded to include children absent from care or on trial discharge. The result of this change along with more restrictive regulatory requirements for determining reimbursement contributed to the observed increase in children lacking legal authority.

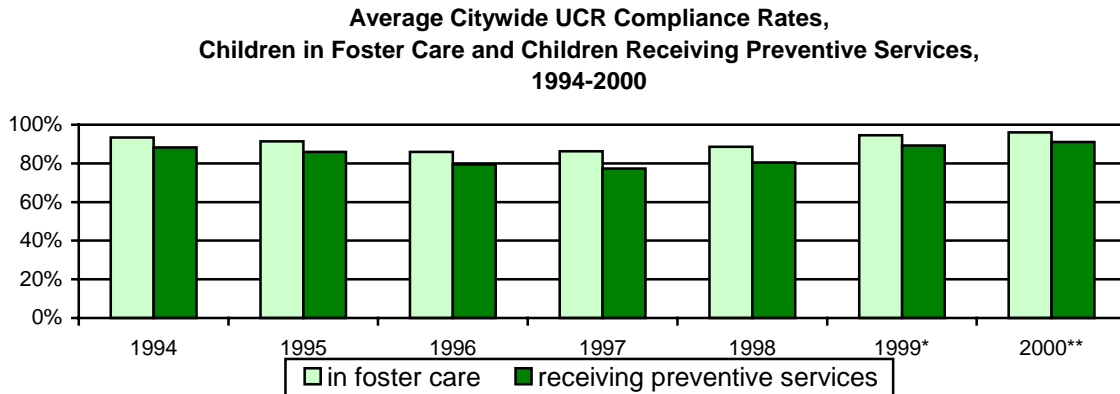
Uniform Case Record (UCR)

As soon as a report of abuse or neglect has been indicated, or within 30 days of a child's placement in foster care or preventive services, a Uniform Case Record (UCR) must be completed. The purpose of the UCR is to chronicle the goals and objectives that are established for each ACS case. Specific UCR activities include a Plan Amendment (reflecting the modifications of goal activity), a 30-Day Plan, a 90-Day Plan, and subsequent 6-Month Plans. Average yearly citywide compliance rates for both the foster care population and the preventive care population is provided in Figure 5.22.

¹³ Data source: Benefit Insurance and Control System (BICS).

As Figure 5.22 illustrates, average UCR compliance rates for children in foster care fell by 7.5 percentage points between 1994 and 1996 and increased by 10.1 percentage points from 1996 to 2000. Likewise, average UCR compliance rates for children receiving preventive services decreased 10.8 percentage points between 1994 and 1997 and increased 13.7 percentage points between 1997 and 2000.

Figure 5.22



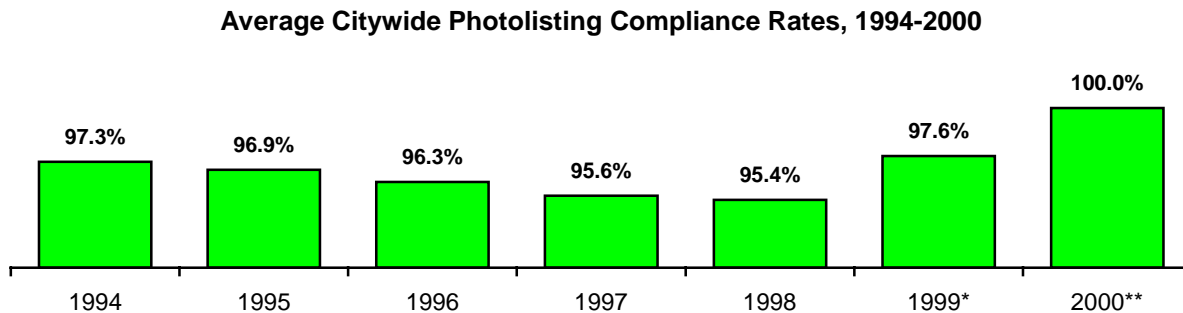
*Averages for 1999 include the months from January to August only.

**Foster care data is for 2000 is for May, June, September and October; preventive data for 2000 is for the months of June and October only.

Photolisting Registration

The State requires that ACS submit a photograph of all children who have been freed for adoption, but have not been placed in a pre-adoptive home. Photographs are displayed in the State Blue Book, a mechanism for photolisting children in need of pre-adoptive homes. Average yearly compliance rates attained by the city are provided in Figure 5.23.

Figure 5.23



*Average compliance rates for 1999 include only the months of January to August.

**Compliance in 2000 is based on May, June, September and October data.

Figure 5.23 reveals that, overall the citywide photolisting compliance rate has been very high with some moderate fluctuations. The average citywide photolisting compliance rate decreased

slightly during the years from 1994 to 1998 from 97.3% to 95.4% and increased to 100% in 2000.

GLOSSARY TO CHAPTER 5

Active Support Order: Support orders outstanding on the last day of the reporting period.

Admission cohort: The group of children placed in foster care for the first time in a given year.

Adoption and Safe Families Act (ASFA): A Federal law was passed by the U.S. Congress and signed into law by the president in 1997 to reflect a growing concern that there are too many foster children who linger in care. The law requires agencies to act much more quickly to make sure that children either return to their parents or relatives or are adopted.

Child Support Collection Rate: Total dollars collected for current support as a percentage of total dollars owed.

Congregate care: A type of foster care placement that includes agency operated boarding homes, group homes, group residences, and institutional settings.

Discharge: Recorded exit from a foster care setting.

Foster boarding home: Foster care provided in a family residence.

Intact sibling group: All of the siblings in a sibling group of the specified size are in the same facility.

In care as of 6/00: Percentage of children from the entry cohort who were in care as of June 2000. This includes children who were not discharged from the first spell as well as those who were discharged and re-entered.

Kinship Care: Foster care provided by a relative up to the third degree (grandparents, great-grandparents, great-great grandparents, aunts, uncles, great-aunts, great-uncles, siblings and first cousins) and with relatives beyond the third degree, including other people who had a significant prior relationship with the family or child.

Legal Petitions: Petitions that ACS caseworkers are legally mandated to file to document the foster child's case activity.

Level of care: Refers to three types of foster care settings in which children may be placed: kinship care, congregate care, and foster boarding home.

Median length of stay for 1st spell: The median duration of care of the child whose discharge occurs when exactly 50% of the children admitted in that cohort have been discharged. For example, for a cohort of 100 children, the median length of stay equals the length of time from entrance into care until discharge from care of the 50th child.

Median total length of stay: The total length of stay for each child is summed across all spells. This includes time in care only. Time between spells is not included. The median represents the duration of the total time in care (in years) in the exact middle of the distribution (50% of total duration's were longer and 50% were shorter). However, some durations may be truncated

because children who are currently out of care may reenter later, lengthening their total time in care.

New Support Order: Support orders initiated during the current fiscal year.

Partly separated sibling group: Some of the siblings in a sibling group of the specified size are in separate facilities.

Placement: Refers to admission into a foster care setting.

Permanency planning goals: Each child in foster care must at all times have a goal of one of the following: discharge to parent, discharge to primary resource person/relative, adoption, or independent living.

Photolisting registration: A State requirement that ACS submit a photograph of all children who have been freed for adoption, but have not been placed in a pre-adoptive home. Photographs are displayed in the State Blue Book.

Re-entry: Subsequent entries into foster care after being discharged from first admission.

Re-entry rate: The percentage of all new foster care admissions that subsequently re-entered the system.

Reference child: The first child in a sibling group to enter care. When more than one sibling enters care on the same day, the oldest child is the reference child.

Separated sibling group: All of the siblings in a sibling group of a specified size are in separate facilities.

Sibling group: Group of two or more full- and/or half-siblings.

Sibling separation rates: Percentage of sibling groups that were partially and fully separated.

Spell: The time between foster care placement and discharge to birth family, adoption, independent living or transition to adult services.

Transfer: Refers to a planned or unplanned movement of a child from one foster care placement into another. The analysis includes both inter- and intra-agency movements from one foster care setting to another. For example, a child going from one foster home to another within the same agency is counted the same as if he were going to another level of care or to another agency.

Uniform Case Record: As soon as a report of abuse or neglect has been indicated, or within 30 days of a child's placement in foster care or preventive services, a Uniform Case Record (UCR) must be initiated. The purpose of the UCR is to chronicle the goals and objectives that are established for each ACS case.

ACRONYMS

ASFA: Adoption and Safe Families Act

AWOL: Absent without Leave

CCRS: Child Care Review Service

DFY: Division for Youth Services

FBH: Foster Boarding Home

OCSE: Office of Child Support Enforcement

PA: Public Assistance

PRP: Primary Resource Person

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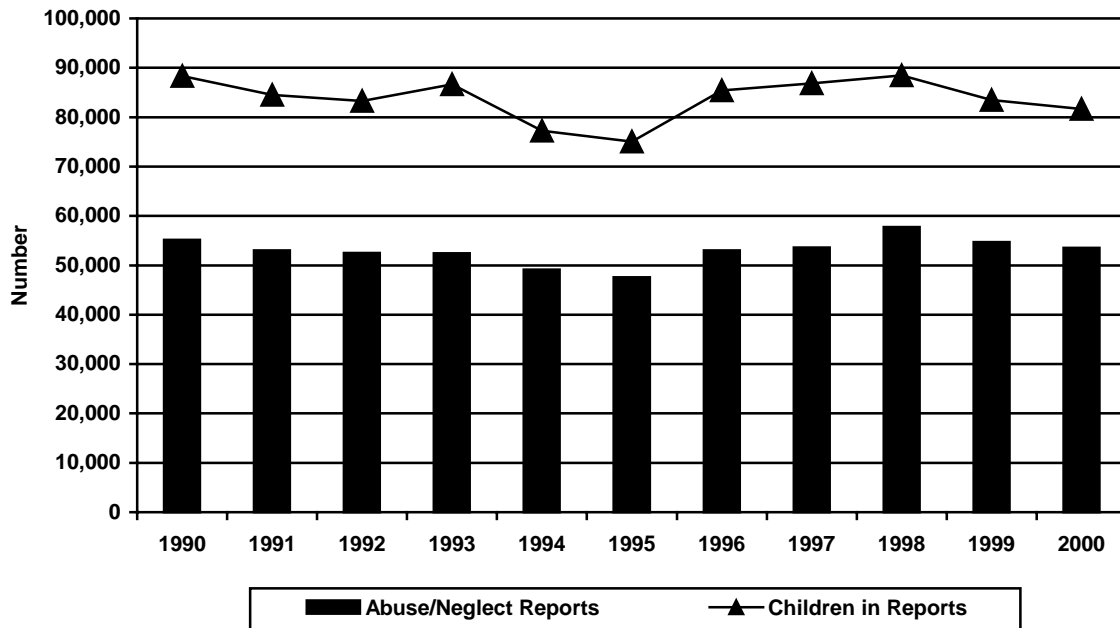
Abuse and Neglect Reports FY 1990-2000

Abuse/Neglect Reports: This represents the total number of all reports recorded by the State Central Register (SCR), for the Fiscal Year received.

Children: This represents the total of all children in reports.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	%change 1990-2000
Abuse/Neglect Reports	55,158	52,985	52,504	52,458	49,129	47,571	52,994	53,567	57,732	54,673	53,540	-2.9%
Children	88,334	84,540	83,295	86,651	77,238	75,017	85,432	86,852	88,444	83,447	81,673	-7.5%

Number of Abuse/Neglect Reports and Number of Children in Reports



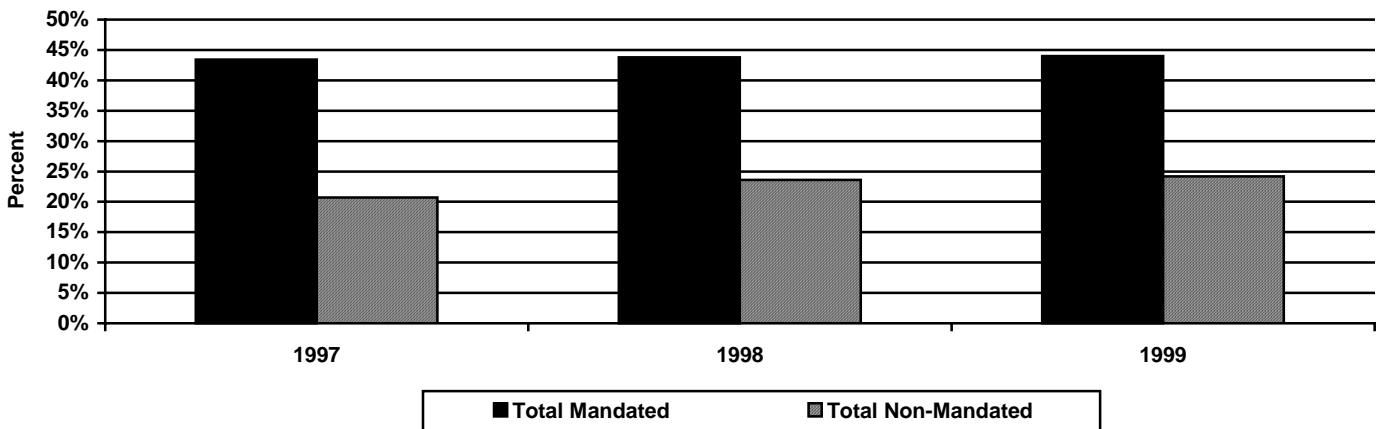
Data Source: SCR Monthly Reports

Abuse/Neglect Reports by Reporting Source, CY 1997-1999

	1997		1998		1999	
	Total Reports	Indication Rate*	Total Reports	Indication Rate	Total Reports	Indication Rate
Total Mandated	38,036	43.4%	37,125	43.8%	36,071	44.0%
Child Day Care Personnel	0.2%	44.8%	0.4%	47.6%	0.2%	48.5%
Education Personnel	25.7%	54.3%	23.7%	52.2%	25.8%	52.2%
Legal, Law Enforcement or Criminal Justice Personnel	12.6%	31.7%	12.5%	33.4%	12.4%	34.2%
Medical Personnel	9.7%	54.7%	5.7%	56.0%	5.3%	57.5%
Mental Health Personnel	2.1%	34.0%	2.3%	33.0%	2.4%	33.3%
Social Services Personnel	17.0%	37.6%	21.6%	44.6%	20.7%	40.0%
Total Non-Mandated	18,394	20.7%	18,999	23.6%	17,882	24.2%
Parents	1.9%	18.8%	3.7%	19.7%	3.5%	20.8%
Other Relatives	7.4%	27.2%	5.6%	34.4%	5.0%	32.4%
Friends and Neighbors	4.6%	15.3%	3.8%	16.0%	3.8%	16.8%
Substitute Care Providers	0.5%	31.1%	0.7%	39.2%	0.7%	37.9%
Other	6.1%	15.3%	7.8%	16.3%	8.1%	18.1%
Anonymous or Unknown Reporters	12.1%	27.2%	12.2%	31.2%	12.1%	32.3%
ALL REPORTS	56,430	36.0%	56,124	37.0%	53,953	37.5%

***Indicated Abuse/Neglect Reports:** This represents the percent of reports, determined upon investigation to have credible evidence of abuse or neglect.

**Indicated Abuse/Neglect Reports:
Mandated and Non-Mandated Reporting Sources**



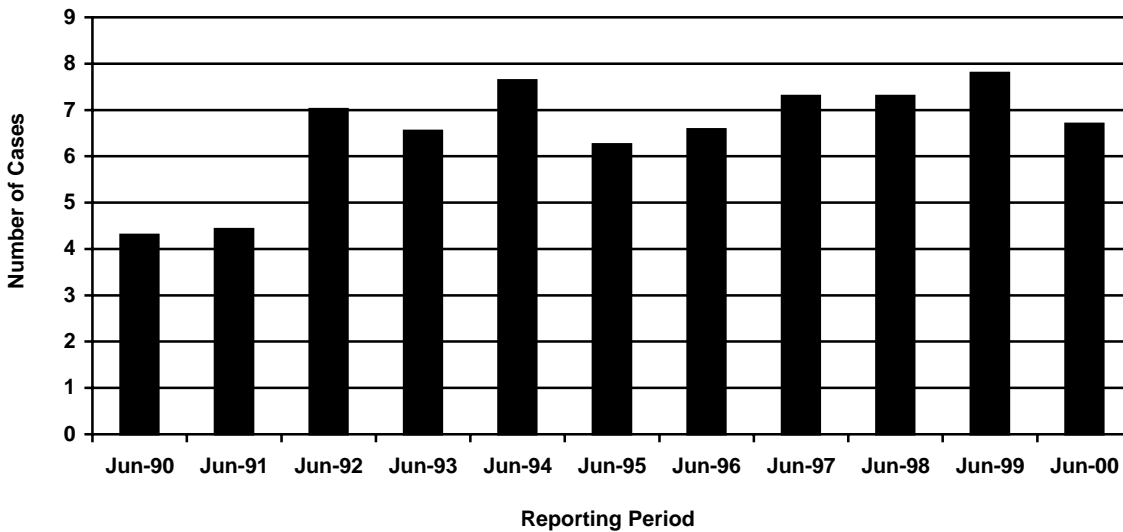
Data Source: CONNECTIONS

New Cases per Protective/Diagnostic (P/D) Worker per Month (Pending Rate), FY 1990-2000

New Cases: This figure represents the actual number of pendings (new cases) per available P/D worker during the June reporting period.

	Jun-90	Jun-91	Jun-92	Jun-93	Jun-94	Jun-95	Jun-96	Jun-97	Jun-98	Jun-99	Jun -00
New Cases per (P/D) Worker	4.3	4.4	7.0	6.6	7.6	6.3	6.6	7.3	7.3	7.8	6.7

New Cases per P/D Worker



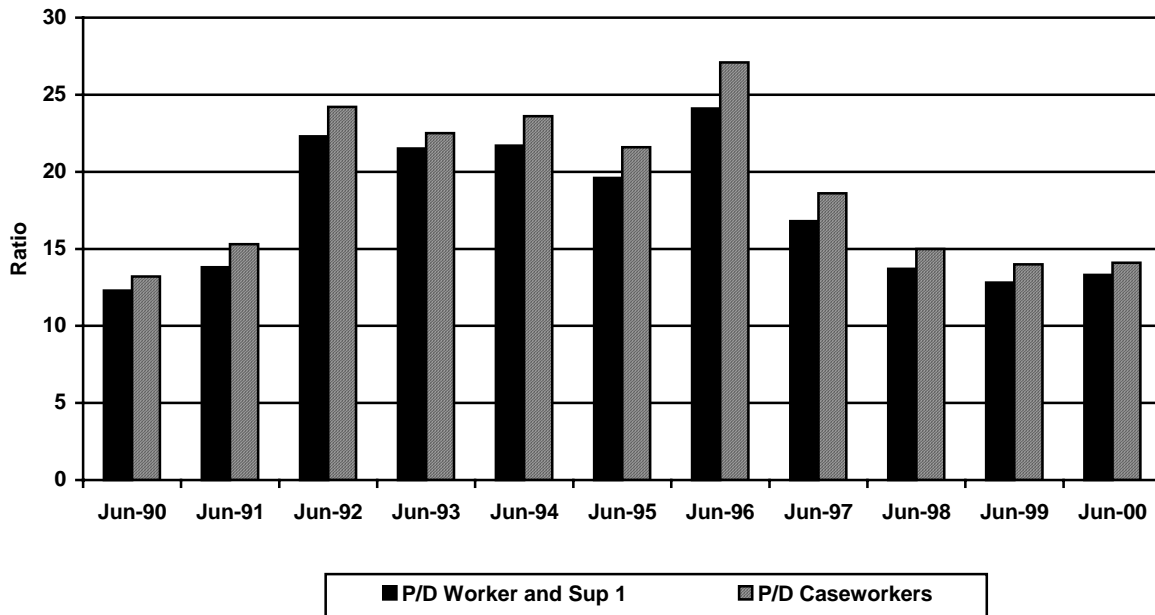
Data Source: ACS Office of Management, Development & Research (OMD&R) Internal Report

Caseload Size: Protective/Diagnostic (P/D) Worker & Supervisor 1, and Protective/Diagnostic Caseworker, FY 1990-2000

Caseload Size: This figure represents the actual number of cases that were carried by each P/D worker at a point in time during the June reporting period.

	Jun-90	Jun-91	Jun-92	Jun-93	Jun-94	Jun-95	Jun-96	Jun-97	Jun-98	Jun-99	Jun-00
P/D Worker and Supervisor 1	12.3	13.8	22.3	21.5	21.7	19.6	24.1	16.8	13.7	12.8	13.3
P/D Caseworker	13.2	15.3	24.2	22.5	23.6	21.6	27.1	18.6	15.0	14.0	14.1

Number of Cases per P/D Worker and Supervisor 1, and P/D Caseworker



Data Source: ACS Office of Management, Development & Research (OMD&R) Internal Report

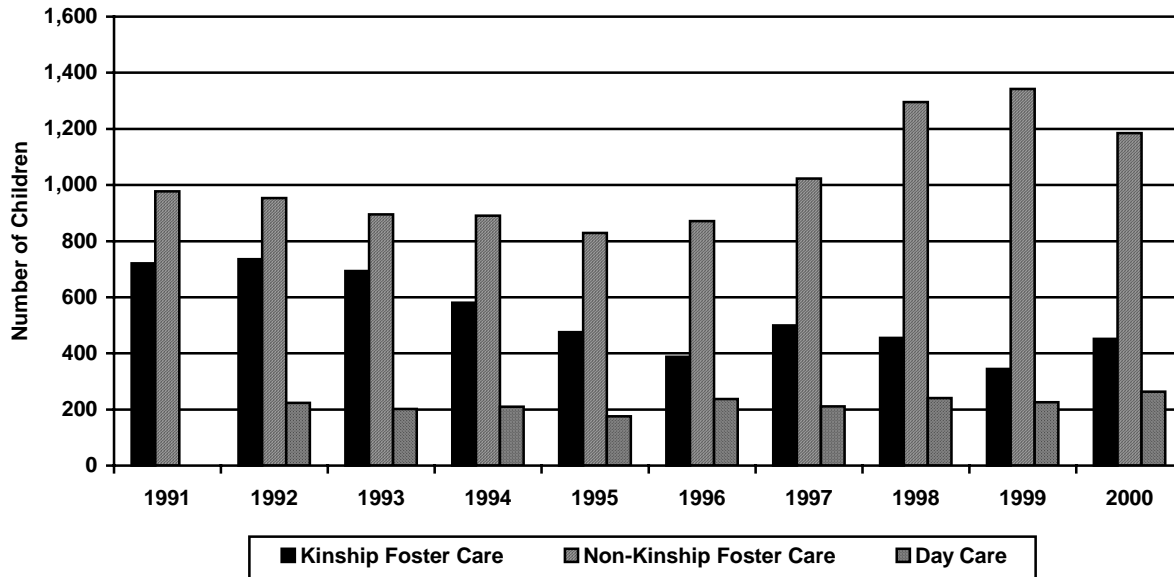
Cases Assigned to the Office of Confidential Investigation (OCI): Kinship and Non-Kinship Foster Care and Day Care, FY 1991-2000

Office of Confidential Investigation (OCI): OCI's function is to investigate abuse/neglect reports of children in foster boarding homes, approved relative homes, and day care.

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Kinship Foster Care	721	735	693	580	476	388	499	455	344	452
Non-Kinship Foster Care	977	953	895	891	829	871	1,023	1,295	1,342	1,185
Day Care	NA	223	202	210	176	237	211	241	226	263
Total	1,698	1,911	1,790	1,681	1,481	1,496	1,733	1,991	1,912	1,900
Percent Indicated	27.3%	18.2%	17.1%	15.9%	13.6%	14.0%	14.7%	12.1%	14.4%	29.2%

NA=not available

**Cases Assigned to OCI
Kinship/Non-Kinship Foster Care and Day Care**



Data Source: OCI Monthly Statistics/OMDR monthly report

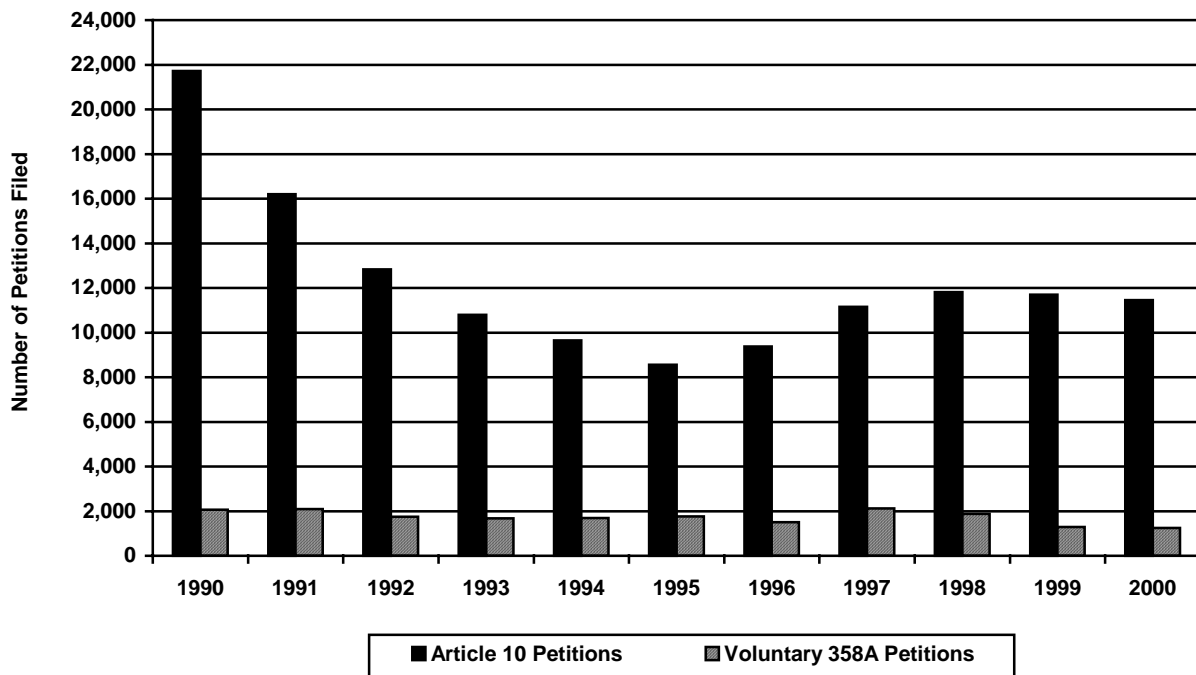
Article 10 Petitions and Voluntary 358A Petitions Filed Annually, FY 1990-2000

Article 10 Petition: This refers to the number of documents filed in Juvenile or Family Court at the beginning of an abuse or neglect case. The petition sets forth the allegations which, if true, form the basis for court intervention.

Voluntary 358A Petition: This refers to the number of documents filed by a parent or guardian in Family Court that transfers the care and custody of a child to an authorized agency.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Article 10 Petitions Filed	21,719	16,200	12,837	10,798	9,646	8,554	9,381	11,154	11,820	11,703	11,456
Voluntary 358A Petitions Filed	2,069	2,093	1,744	1,682	1,692	1,764	1,508	2,122	1,880	1,288	1,244

Article 10 Petitions and Voluntary 358A Petitions Filed



Data Source: ACS Legal Services: Article 10 Petition Report and 358A Petition Report/ OMDR monthly report

Number of Families Receiving Preventive Services: Direct Preventive/Contract Preventive, FY 1990-2000

Direct Preventive Services: This represents three types of services including primarily Court Ordered Supervision cases, as well as Homemaking and Housing Subsidy. Homemaking and Housing Subsidy cases pertain only to families who are receiving no other ACS services; they are relatively small subset of the total number of families receiving direct preventive services. Most families receiving Homemaking or Housing Subsidy services are receiving them as part of either direct or contract foster care or Purchased Preventive services and as such are counted in those categories.

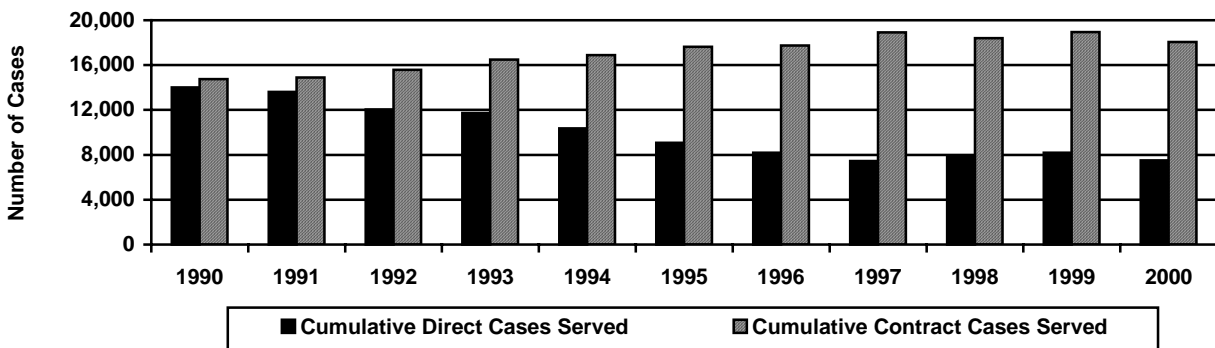
Contract Preventive Services: This represents preventive services provided by community-based agencies under contract with ACS.

New Cases: This represents the total number of new cases opened during the current Fiscal Year.

Cumulative Cases: This represents the number of cases carried over from the previous Fiscal Year in addition to new cases opened during the current Fiscal Year. The number represents the total number of families served at some point in time during the current Fiscal Year.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
ACS Direct Preventive Services											
New Direct Cases Opened	7,918	6,287	5,763	6,001	5,065	4,294	3,733	3,727	4,369	4,637	4,246
Cumulative Direct Cases Served	14,001	13,602	12,030	11,722	10,351	9,067	8,192	7,448	7,800	8,188	7,512
Contract Preventive Services											
New Contract Cases Opened	7,397	7,570	8,026	8,404	8,610	8,862	8,674	8,852	8,821	9,341	8,153
Cumulative Contract Cases Served	14,742	14,886	15,564	16,484	16,897	17,618	17,743	18,912	18,416	18,936	18,052
Total: Direct and Contract Services											
New Cases Opened	15,315	13,857	13,789	14,405	13,675	13,156	12,407	12,579	13,190	13,978	12,399
Cumulative Cases Served	28,743	28,488	27,594	28,206	27,248	26,685	25,935	26,360	26,216	27,124	25,564

**Cumulative Number of Cases Served:
ACS Direct and Contract Preventive**

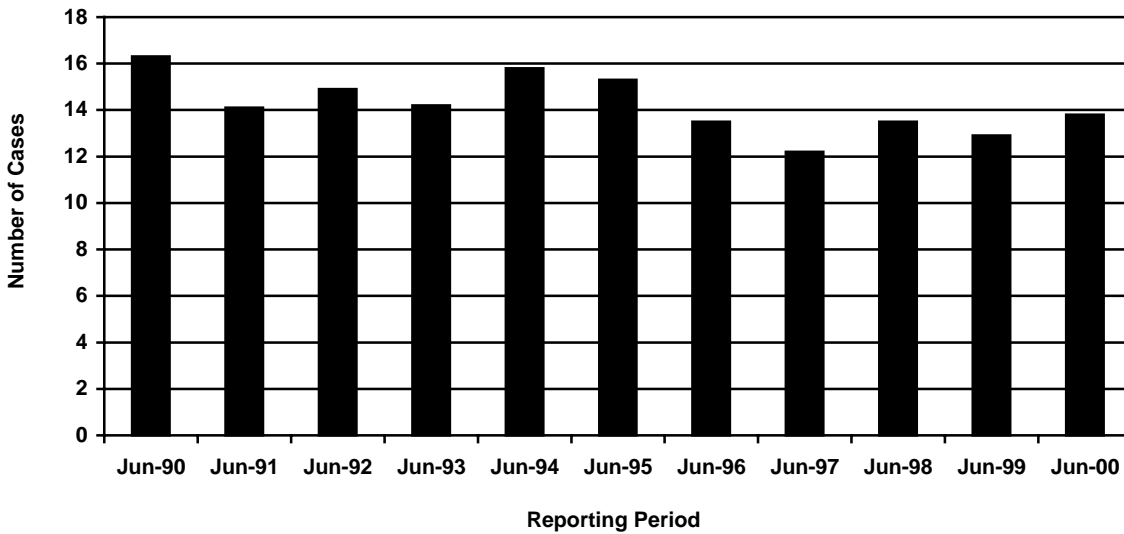


Court Ordered Supervision (COS) Caseload Size, FY 1990-2000

Caseload Size: This figure represents the actual number of cases per assigned COS Child Protective Specialist and Child Protective Specialist Level 1 during the June reporting period.

	Jun-90	Jun-91	Jun-92	Jun-93	Jun-94	Jun-95	Jun-96	Jun-97	Jun-98	Jun-99	Jun-00
COS Caseload	16.3	14.1	14.9	14.2	15.8	15.3	13.5	12.2	13.5	12.9	13.8

COS Caseload



Data Source: ACS Office of Management, Research & Development (OMD&R) Caseload Report

Family Preservation Program (FPP), FY 1992-2000

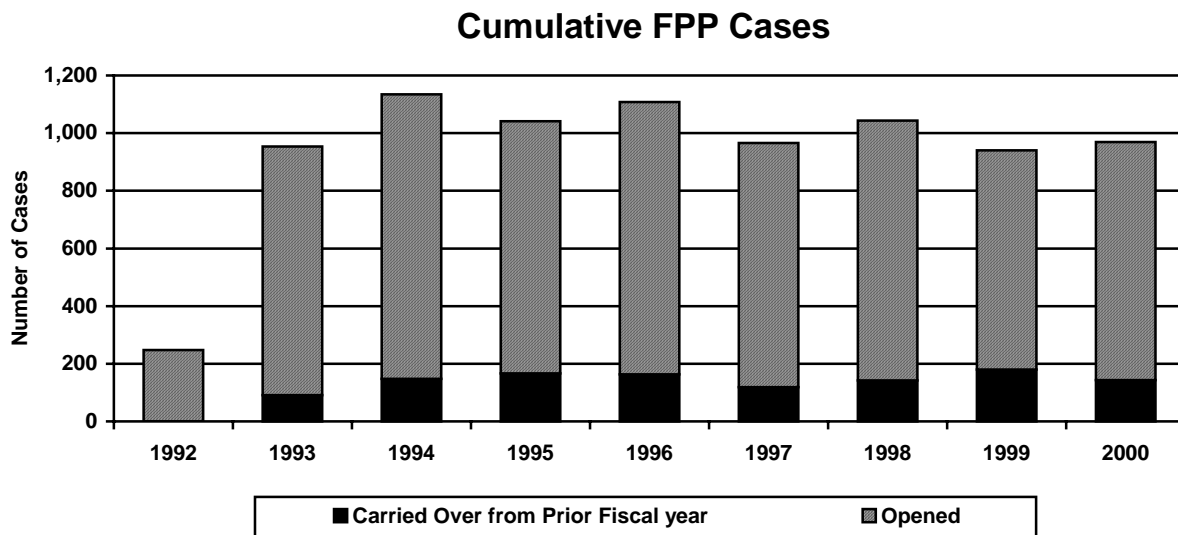
Family Preservation Program: FPP is a direct preventive service, yet is not included in the Direct Preventive Services count since it is an intensive, short-term program that is usually followed by Contracted Preventive Services. As such, FPP cases are counted separately.

Cases Opened: This represents the total number of new cases opened during the current Fiscal Year.

Cumulative Cases: This represents the number of cases carried over from the previous Fiscal Year in addition to new cases opened during the current Fiscal Year. The number represents the total number of families served at some point in time during the current Fiscal Year.

Note: Since FPP workers can only serve two families at a time, the number of families at any point in time is dependent on the number of FPP workers available.

	1992	1993	1994	1995	1996	1997	1998	1999	2000
Cases Carried Over from Prior Year	NA ¹	91	148	167	163	119	142	180	143
Cases Opened	248	863	987	874	945	847	902	760	826
Cumulative Cases	248	954	1,135	1,041	1,108	966	1,044	940	969



Data Source: ACS Monthly Report

¹ There were no cases carried over from the prior fiscal year in FY92 because the program began in 12/91.

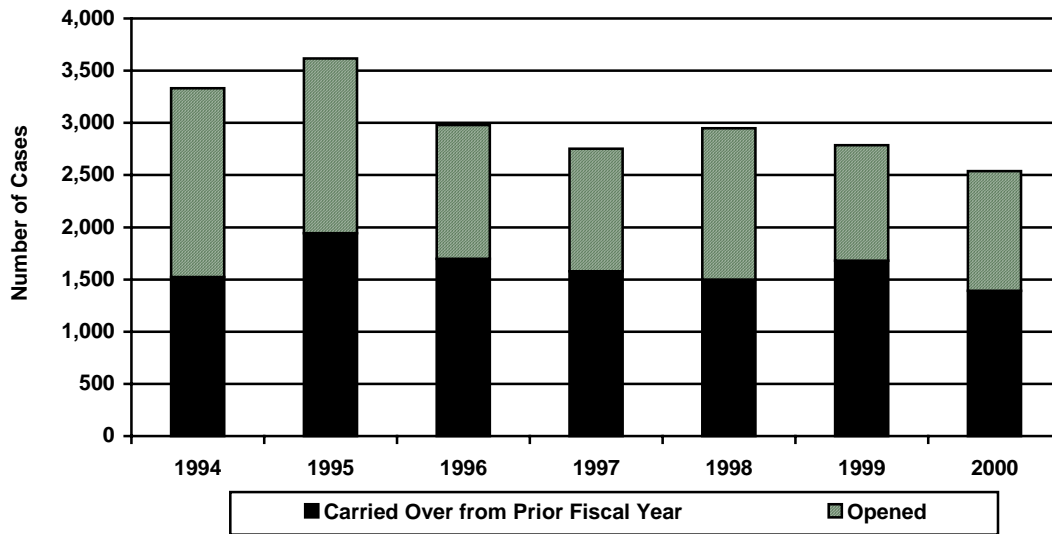
Teenage Services Act (TASA), FY 1994-2000

Cases Opened: This represents the total number of new cases opened during the current Fiscal Year.

Cumulative Cases: This represents the number of cases carried over from the previous Fiscal Year in addition to new cases opened during the current Fiscal Year, as such the number is the total number of families served at some point in time during the current Fiscal Year.

	1994	1995	1996	1997	1998	1999	2000
Cases Carried Over from Prior Fiscal Year	1,524	1,943	1,698	1,580	1,498	1,681	1,392
Cases Opened	1,807	1,673	1,281	1,174	1,451	1,105	1,147
Cumulative TASA Cases	3,331	3,616	2,979	2,754	2,949	2,786	2,539

Teenage Services Act (TASA) Cumulative Cases



Data Source: ACS TASA Monthly Report

Homemaking Cases, FY 1996-2000

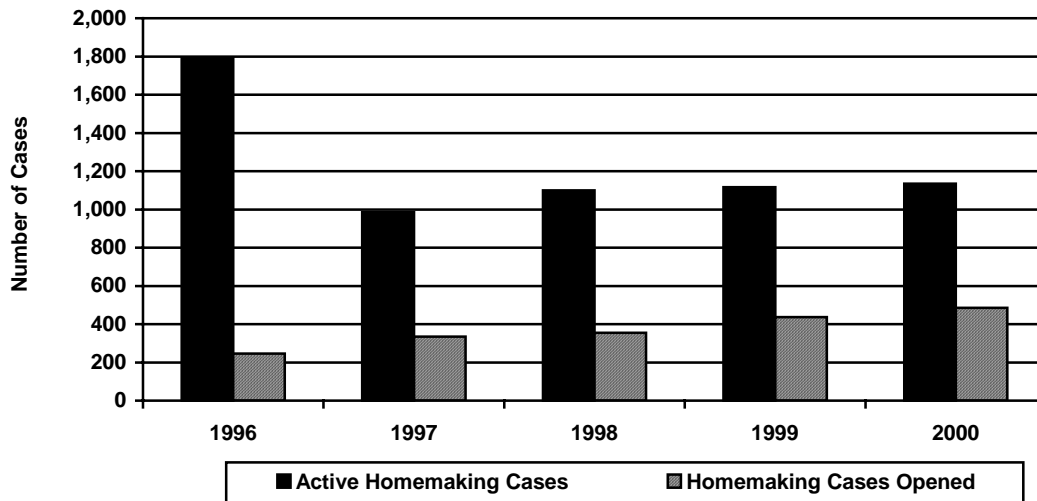
Homemaking: Includes the entire spectrum of families whose cases are either receiving homemaking services exclusively, or are receiving homemaking as a component of foster care or preventive services.

Cases Opened: represents the total number of new cases opened during the current Fiscal Year.

Active Cases: represents the total number of cases open on the last day of the June reporting period.

	1996	1997	1998	1999	2000
Homemaking Cases Opened	246	334	355	436	485
Active Homemaking Cases ¹	1,794	986	1,100	1,116	1,135

New and Active Homemaking Cases



Data Source: ACS Division of Family Home Care Monthly Report

¹ The number of homemaking cases declined after 1996 as a result of the Block Grant budget cuts.

Number of Families Receiving Housing Subsidy Services: Preventive/Foster Care Cases, FY 1994-2000

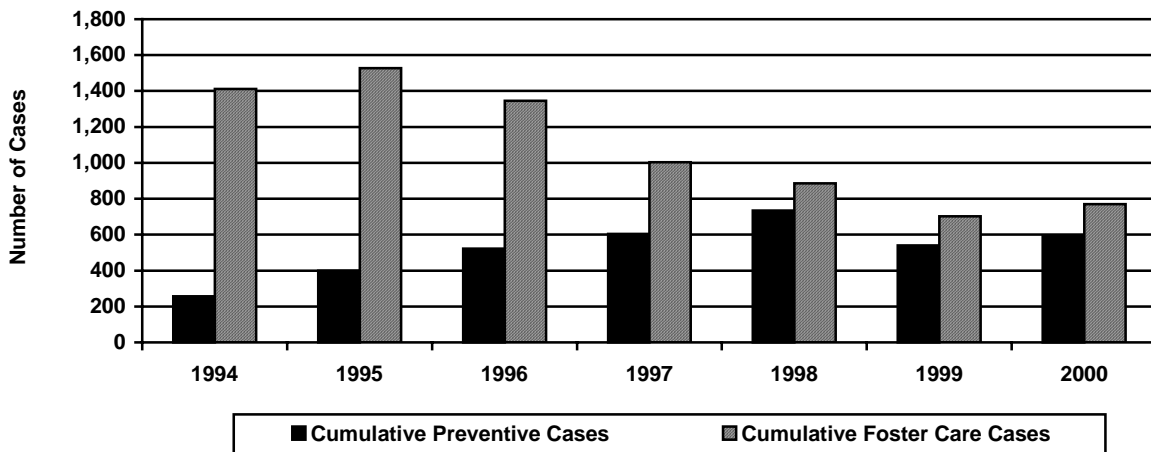
Housing Subsidy Services: includes the entire spectrum of families whose cases are receiving housing services exclusively (and counted as part of the Direct Services count) or are receiving housing subsidy as a component of foster care or Purchased Preventive Services.

New Cases: represents the total number of new cases opened during the current Fiscal Year.

Cumulative Cases: represents cases carried over from the previous Fiscal Year in addition to new cases opened during the current Fiscal Year, as such the number is the total number of families served at some point in time during the current Fiscal Year.

	1994	1995	1996	1997	1998	1999	2000
Preventive Cases							
New Preventive Cases Opened	189	154	169	151	203	183	210
Cumulative Preventive Cases Served	256	400	522	604	735	540	594
Foster Care Cases							
New Foster Care Cases Opened	443	429	289	201	256	195	302
Cumulative Foster Care Cases Served	1,411	1,528	1,346	1,003	886	702	770
Total: Preventive and Foster Care Cases							
New Cases Opened	632	583	458	352	459	378	512
Cumulative Cases Served	1,667	1,928	1,868	1,607	1,621	1,242	1,364

Cumulative Housing Subsidy Cases Preventive and Foster Care



Data Source: Housing Subsidy Monthly Progress Report

NYC Foster Care Population: Multi-Year Demographic Picture, CY 1977-2000

Period Ending	Active Population	Level of Care			Sex		Age			Discharge Objective			Mean Yrs. in Care		
		Instit.	Group	FFC*	Kinship**	Male	Fem	0-5	6-11	12+	Return Home	Adopt		Indep. Living	Other
6/00	32,470	6.4	7.0	60.5	26.1	51.3	48.7	30.5	33.8	35.7	51.0	36.5	11.6	0.9	4.0
12/99	36,648	5.5	6.9	60.6	27.0	51.3	48.7	31.5	34.5	34.0	53.1	33.8	10.6	2.5	4.0
12/98	38,279	5.3	6.3	60.7	27.7	51.2	48.8	32.0	35.0	33.0	53.2	34.4	10.1	2.3	4.1
12/97	41,198	4.8	6.0	56.6	32.6	51.2	48.8	32.5	35.3	32.2	50.9	38.0	10.1	1.0	4.2
12/96	41,669	5.2	5.2	53.4	36.2	51.2	48.8	32.9	35.5	31.6	47.1	42.1	10.0	0.8	4.4
12/95	41,969	5.2	5.0	49.2	40.6	51.4	48.6	34.2	35.0	30.8	44.7	44.6	10.2	0.5	4.4
12/94	45,554	4.9	5.1	47.8	42.2	51.4	48.6	37.2	33.3	29.5	46.8	43.4	9.3	0.5	4.1
12/93	47,509	4.9	5.1	47.4	42.6	51.2	48.8	40.7	31.6	27.7	51.1	40.0	8.3	0.6	3.7
12/92	48,061	4.7	4.9	47.0	43.4	51.3	48.7	43.8	30.0	26.2	56.8	34.2	7.6	1.4	3.2
12/91	49,163	4.6	5.4	45.6	44.4	51.6	48.4	45.8	29.6	24.6	64.8	26.1	6.9	1.7	2.8
12/90	45,772	4.7	5.8	47.9	41.6	51.6	48.4	47.1	29.5	23.4	71.9	19.1	7.1	1.9	2.4
12/89	39,460	5.7	6.8	51.1	36.4	51.8	48.2	47.8	29.4	22.8	73.3	14.5	9.0	3.2	2.0
12/88	29,319	7.6	8.9	57.6	25.9	52.1	47.9	45.8	29.6	24.6	63.4	14.8	13.1	8.7	2.0
12/87	19,768	12.2	13.1	74.7	N/A	53.5	46.5	40.4	27.9	31.7	58.5	17.3	13.3	10.9	2.3
12/86	17,166	14.1	15.1	70.8	N/A	55.5	44.5	31.6	26.3	42.1	44.6	20.7	17.5	17.1	3.0
12/85	16,618	15.0	14.8	70.2	N/A	55.4	44.6	29.2	25.0	45.8	35.5	18.1	21.7	24.7	3.1
12/84	16,230	15.1	14.8	70.1	N/A	55.9	44.1	27.4	23.7	48.9	36.1	22.6	26.4	14.9	3.6
12/83	16,960	15.6	14.8	69.6	N/A	56.9	43.1	25.1	22.7	52.2	35.0	25.1	27.4	12.5	4.0
12/82	18,391	15.1	14.0	70.9	N/A	56.2	43.8	24.1	23.1	52.8	33.6	27.2	26.0	13.2	4.3
12/81	19,201	16.2	13.2	70.6	N/A	56.6	43.4	23.3	24.1	52.6	35.5	26.2	24.1	14.2	4.5
12/80	20,003	17.3	12.8	69.9	N/A	57.3	42.7	21.7	24.8	53.5	35.8	26.0	22.4	15.8	4.7
12/79	21,121	20.9	13.0	66.1	N/A	57.6	42.4	19.3	24.7	56.0	37.9	24.1	22.8	15.2	4.9
12/78	22,472	22.5	12.9	64.6	N/A	57.5	42.5	18.9	26.1	55.0	35.6	24.5	22.2	17.7	5.0
12/77	23,557	24.9	12.9	62.2	N/A	57.8	42.2	18.0	27.7	54.3	N/A	N/A	N/A	N/A	5.1

Data Sources: ACS Office of Management, Development & Research for Active Population and Level of Care from 12/84 to present. All other data pertaining to this period is from the New York State Child Care Review Service System. Figures for 1977 to 1983 were retrieved from the Child Welfare Information System.

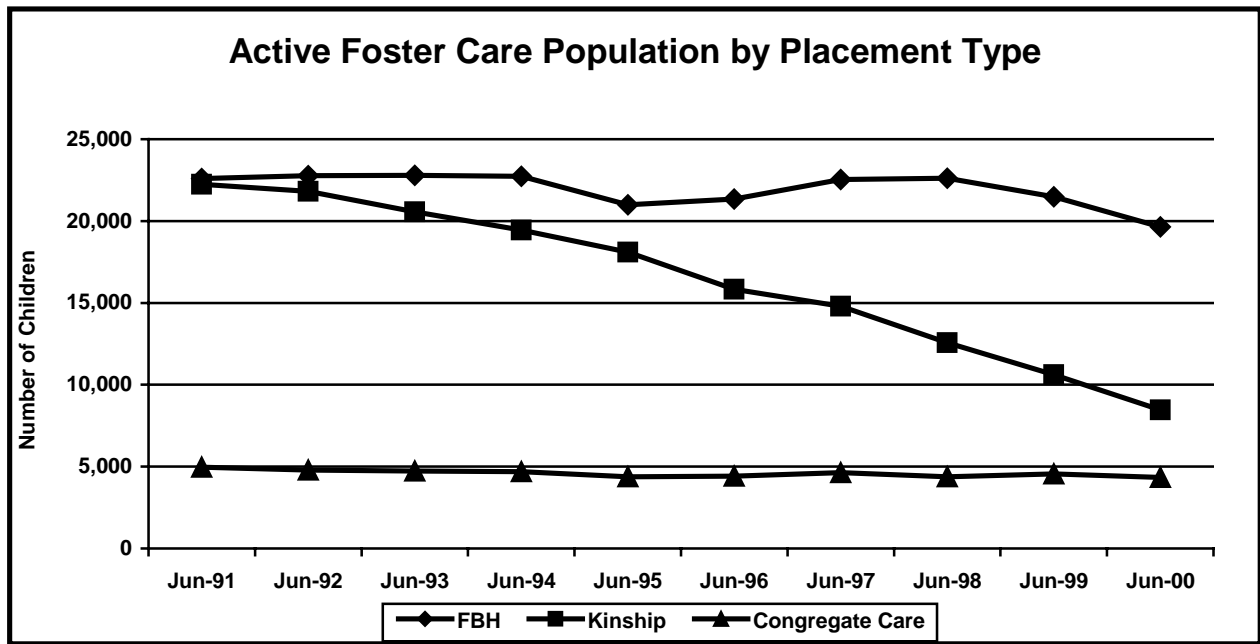
*FFC = Family Foster Care

***Kinship data collection began 12/88.

Active Foster Care Population, FY 1991-2000

Active Population: Total number of children in all foster care facilities operated by direct and contract foster care agencies on the last day of the June reporting period.

	Jun-91	Jun-92	Jun-93	Jun-94	Jun-95	Jun-96	Jun-97	Jun-98	Jun-99	Jun-00	% change 1991-2000
Total Active Foster Care Population	49,814	49,365	48,086	46,855	43,484	41,594	41,981	39,563	36,658	32,470	-34.8%
FBH	22,604	22,764	22,788	22,727	20,994	21,338	22,546	22,609	21,475	19,654	-13.1%
Kinship Care	22,250	21,815	20,571	19,445	18,106	15,836	14,804	12,573	10,622	8,471	-61.9%
Congregate	4,960	4,786	4,727	4,683	4,384	4,420	4,631	4,381	4,545	4,360	-12.1%



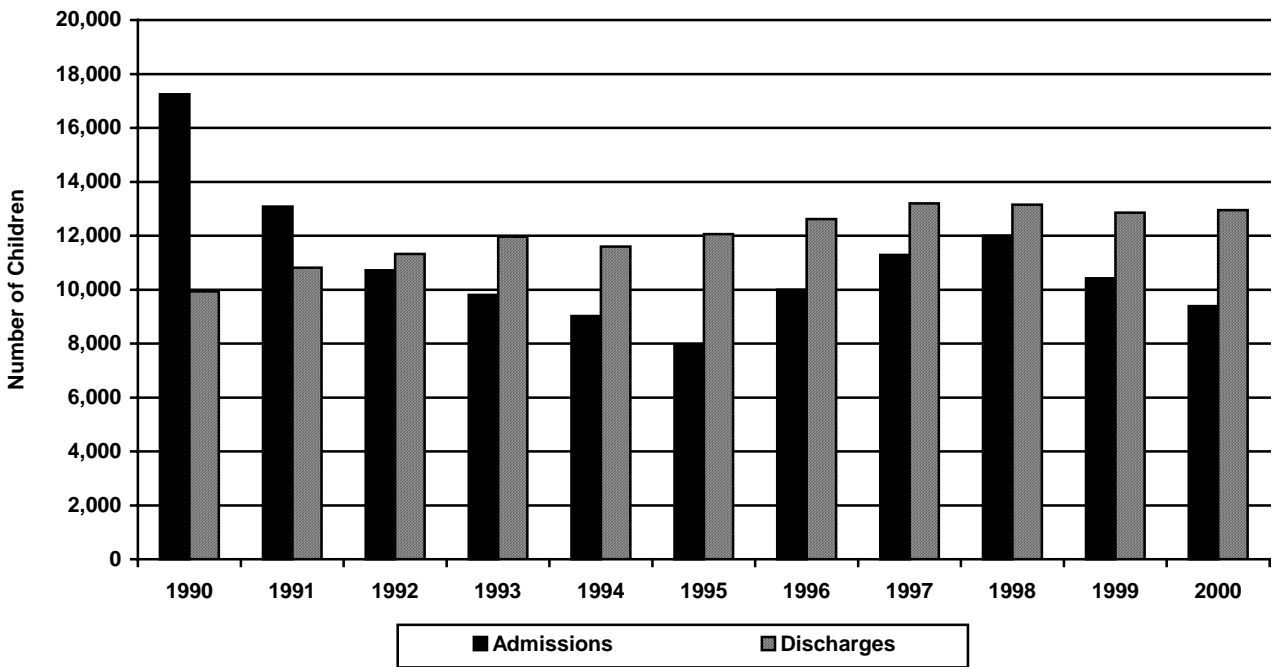
Foster Care: Admissions and Discharges, FY 1990-2000*

Admissions: this represents the total number of children admitted into foster care cumulative for each Fiscal Year, read on a six month data lag.

Discharges: This represents the total number of children discharged from foster care cumulative for each Fiscal Year, read on a six month data lag.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000*
Admissions	17,252	13,075	10,723	9,809	9,022	7,949	9,996	11,284	12,000	10,418	9,390
Discharges	9,932	10,809	11,326	11,961	11,592	12,057	12,614	13,194	13,157	12,854	12,954

Number of Foster Care Admissions and Discharges



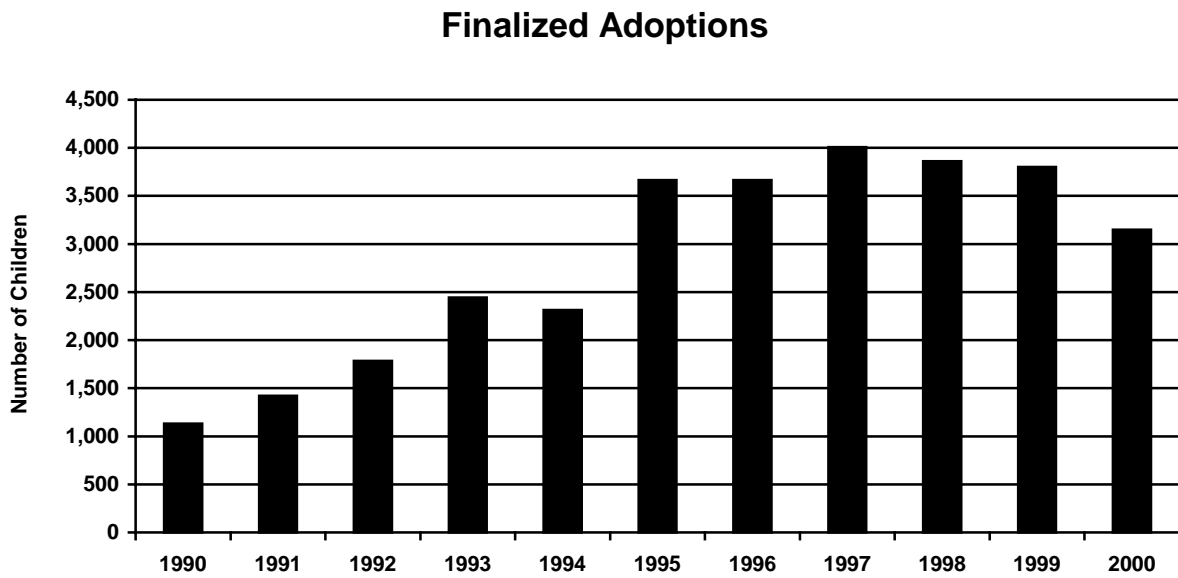
Data Source: Child Care Review Service

* Admission and discharge numbers estimated for FY 2000

Finalized Adoptions, FY 1990-2000

Finalized Adoptions: The represents the total number of children whose adoptions were finalized through direct or contract agencies for the Fiscal Year being measured.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Finalized Adoptions	1,130	1,421	1,784	2,443	2,312	3,665	3,665	4,009	3,860	3,800	3,148



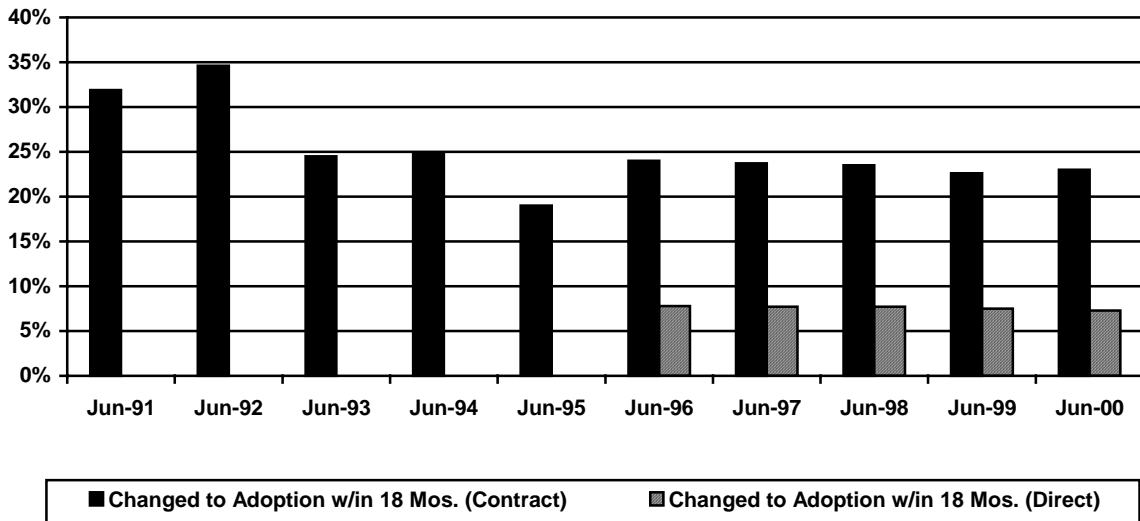
Data Source: ACS Adoption Case Management Monthly Report

Percent of Children Whose Goal Changed to Adoption Within 18 Months, FY 1991-2000

Percent of Children Whose Goal Changed: The figure represents the proportion of children, in contract and direct foster care facilities, whose original goal was changed to adoption within 18 months of entry into foster care.

	Jun-91	Jun-92	Jun-93	Jun-94	Jun-95	Jun-96	Jun-97	Jun-98	Jun-99	Jun-00
Goal Changed to Adoption w/in 18 Months (Contract Foster Care)	31.9%	34.6%	24.5%	24.9%	19.0%	24.0%	23.7%	23.5%	22.6%	23.0%
Goal Changed to Adoption w/in 18 Months (Direct Foster Care) ¹	N/A	N/A	N/A	N/A	N/A	7.8%	7.7%	7.7%	7.5%	7.3%

Percent of Children Whose Goal Changed to Adoption Within 18 Months



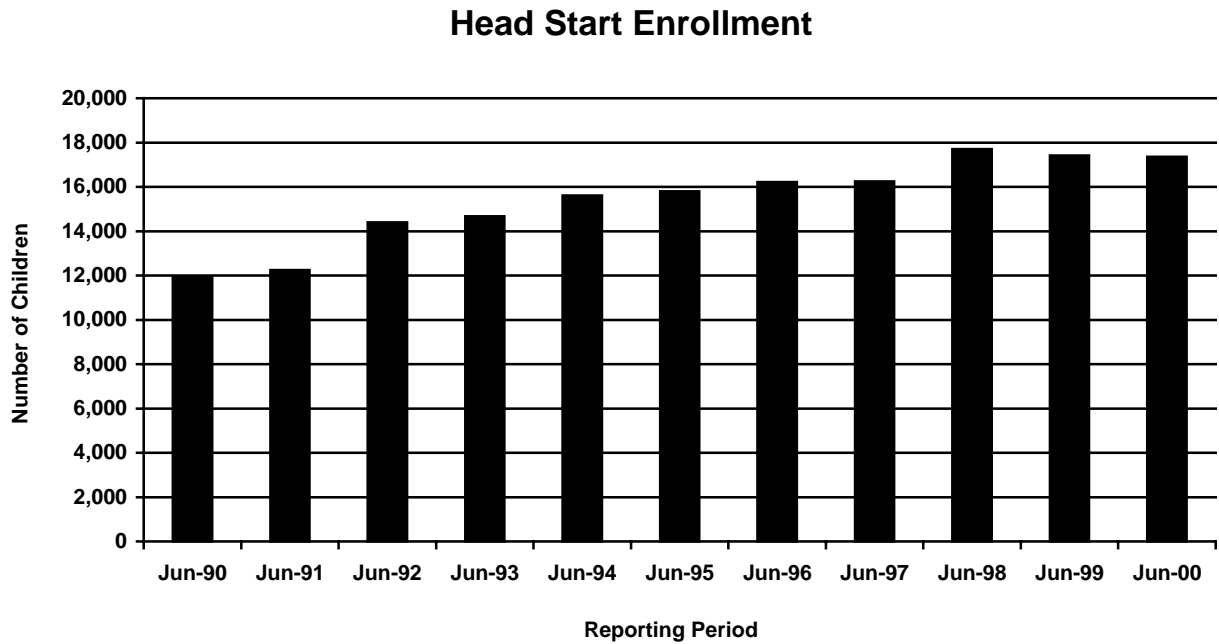
Data Source: Child Care Review Service (CCRS)

¹ Data was not collected until FY 1996.

Head Start Enrollment, FY 1990-2000

Enrollment: This represents the total number of children who received Head Start services during the June reporting period.

	Jun-90	Jun-91	Jun-92	Jun-93	Jun-94	Jun-95	Jun-96	Jun-97	Jun-98	Jun-99	Jun-00	% change 1990-2000
Enrollment	11,931	12,241	14,402	14,666	15,614	15,793	16,219	16,239	17,710	17,409	17,356	+46%



Data Source: Head Start Monthly Enrollment and Attendance Report

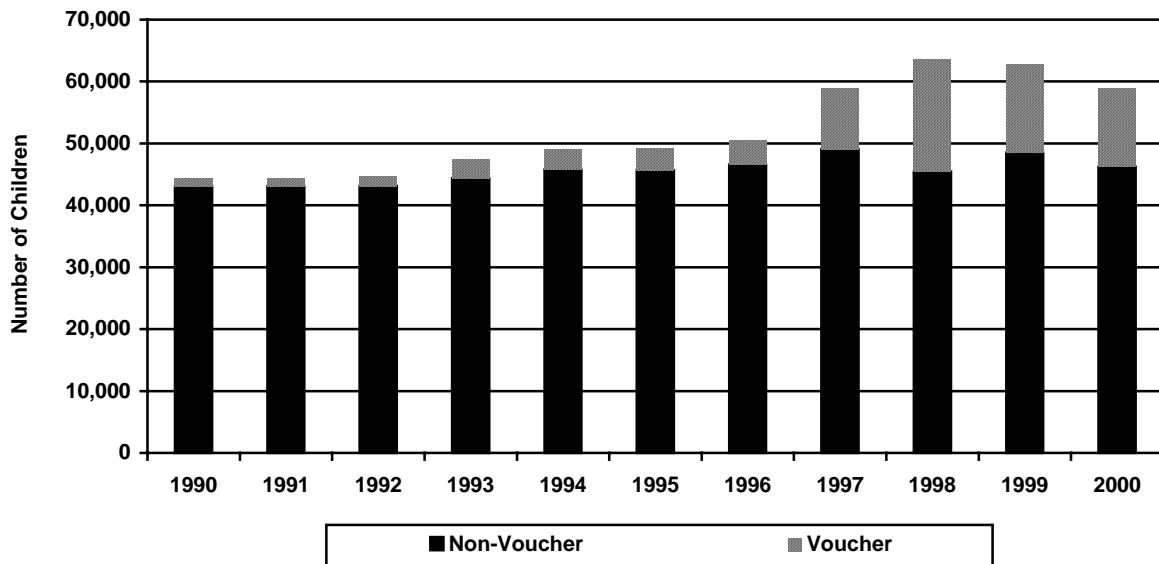
Children Enrolled in Agency for Child Development (ACD) Subsidized Day Care, FY 1990-2000

Overall Enrollment: This represents the total number of children who received ACD Day Care Services during the June reporting period.

Voucher Enrollment: This represents a subset of overall enrollment, the total number of children who received ACD Day Care Services with voucher payment.

	Jun-90	Jun-91	Jun-92	Jun-93	Jun-94	Jun-95	Jun-96	Jun-97	Jun-98	Jun-99	Jun-00
Overall Enrollment	44,306	44,350	44,673	47,448	49,073	49,240	50,507	58,927	63,613	59,008	56,549
Voucher Enrollment	1,314	1,342	1,532	3,103	3,329	3,601	3,920	9,861	18,180	14,224	12,710

ACD Enrollment



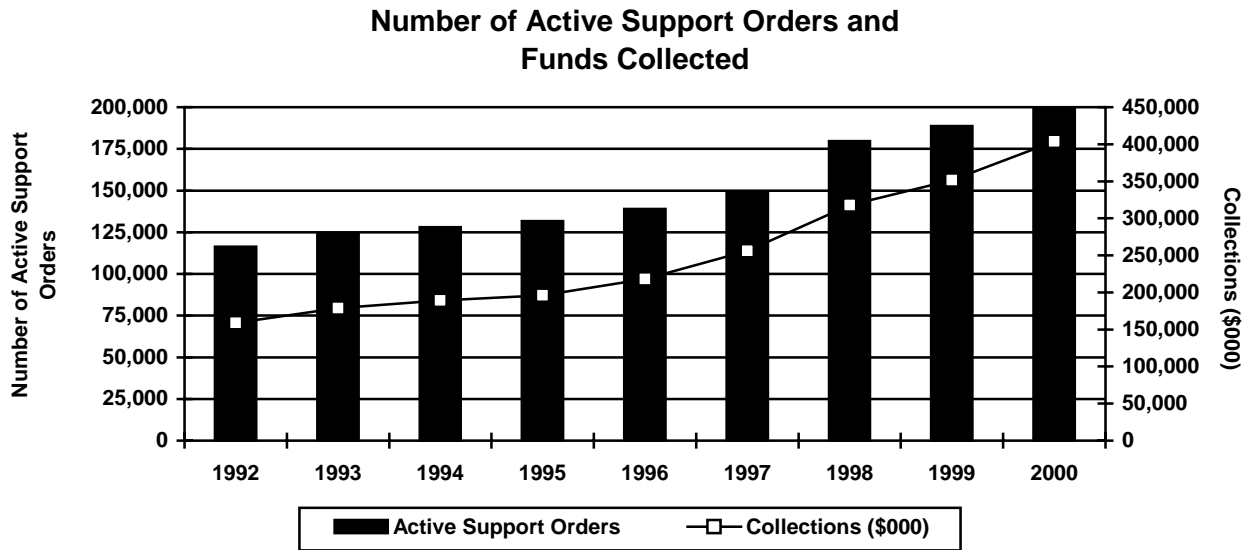
Data Source: Internal Agency for Child Development Report

Child Support Enforcement Active Support Orders and Collections, FY 1992-2000

Active Support Orders: This represents the total number of active support orders on the last day of the June reporting period.

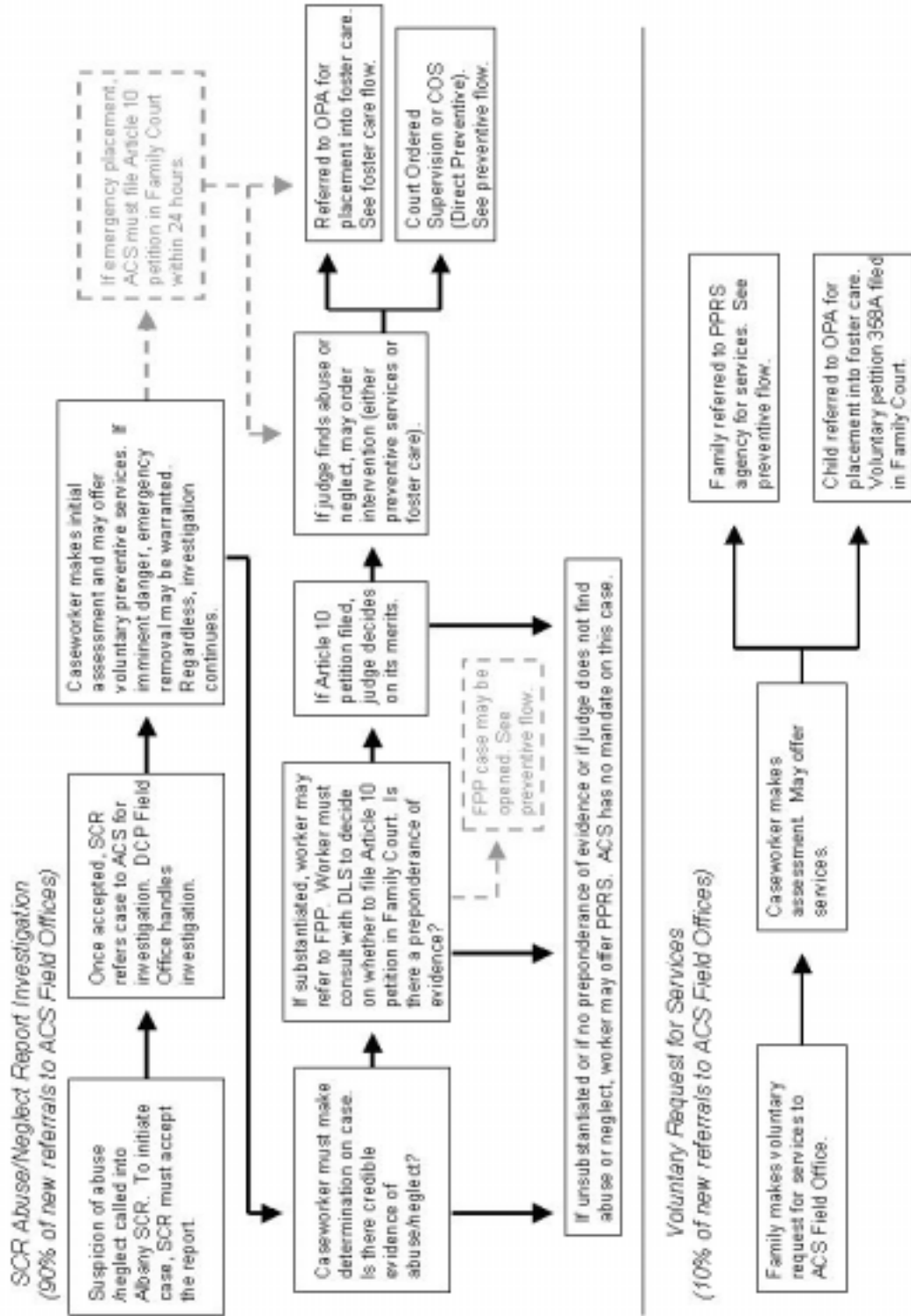
Collections (\$millions): This represents the amount of funds received from active child support orders.

	1992	1993	1994	1995	1996	1997	1998	1999	2000
Active Support Orders	116,272	123,844	128,109	131,629	139,042	149,308	179,574	188,648	199,279
Collections (\$millions)	\$159.54	\$179.09	\$189.24	\$196.78	\$218.19	\$256.17	\$317.6	\$351.70	\$403.65



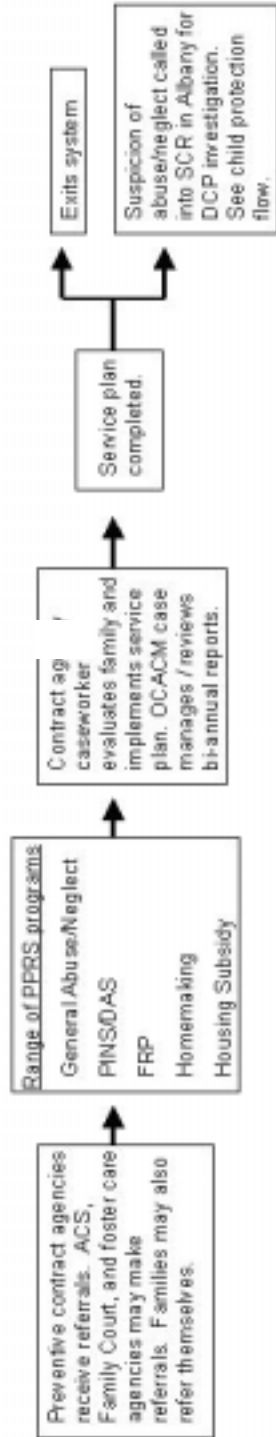
Data Source: Office of Child Support Enforcement

CHILD PROTECTION



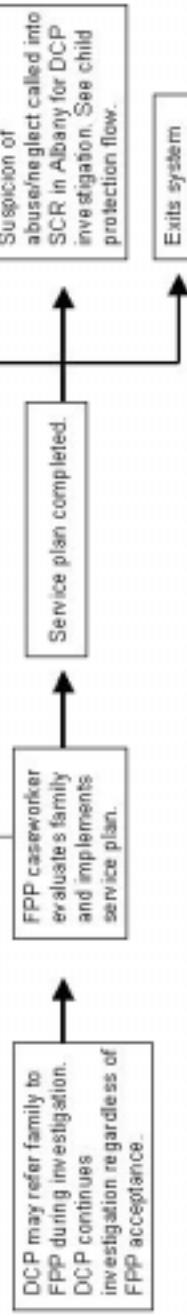
PREVENTIVE SERVICES

Purchased Preventive Services (PPRS)



Direct Preventive Services

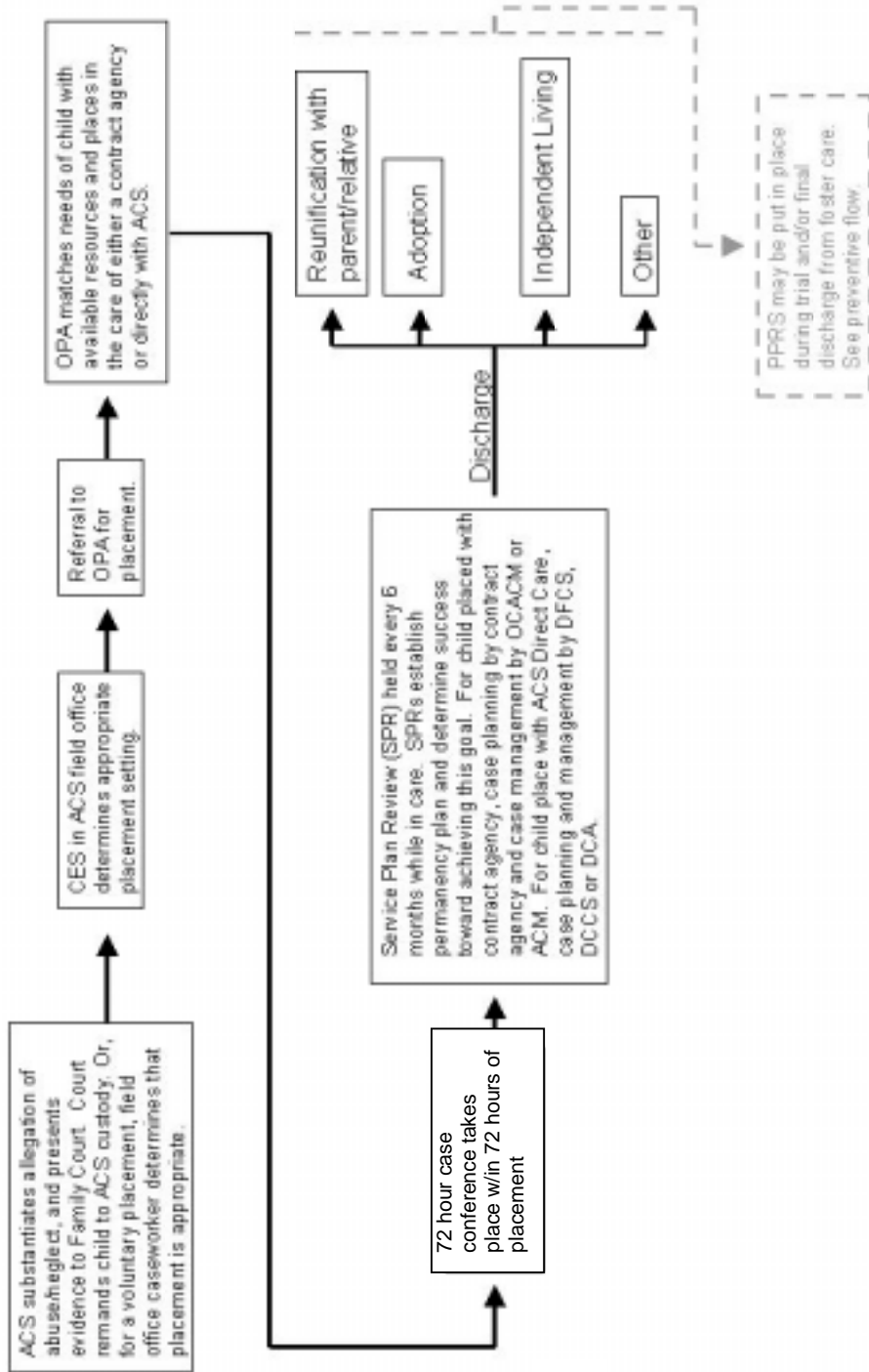
ACS Family Preservation Program (FPP)



Court-Ordered Supervision (COS)



FOSTER CARE



GLOSSARY TO FLOW CHARTS

Article 10 Petition: Provides for court intervention in a family to protect a child from abuse and neglect.

Child Evaluation Specialist (CES): Professionals with Masters in Social Work positioned throughout ACS who do assessments of children's needs.

Court Ordered Supervision (COS): Family Court's dispositional recommendation to monitor families' progress with specialized counseling services. COS Units help in monitoring as well as in coordinating all other preventive services the families may be receiving.

Family Preservation Program (FPP): Service that provides intensive short-term, at-home crisis intervention and family preservation services through trained caseworkers that work with only two families at a time. This program is for high-risk families who are part of a child protection case.

Family Rehabilitation Program (FRP): Program that serves families for whom parental substance abuse is a problem. FRP's are available for parents involved in a child protective case. However, parents, not involved with ACS, who are seeking drug or alcohol rehabilitation can apply directly to a community-based program for services.

Homemaking: A preventive service medically prescribed whose goal is to prevent placement of children or to discharge children from foster care. The Homemaker assists the entire household with chores and may serve as a teacher for the parent, permitting the family to remain together.

Housing Subsidy: Rental assistance payments that are designed to help prevent foster care placement or accelerate the return of children to their families who were placed in care due to inadequate housing or homelessness. The subsidies are available to parents with children in foster care and parents with children at risk of being placed in care.

Investigation Conclusions: For each report of abuse or neglect investigated by ACS, a determination must be made within 60 days of the initial report as to whether the case was indicated or unfounded.

Persons in Need of Supervision/Designated Assessment Services (PINS/DAS): State mandated programs, funded by ACS, that have the goal of diverting families and children under 16 years of age from Court placement through community-provided counseling services. DAS programs provide a comprehensive assessment, short-term preventive services, and referral to general preventive or other community-based provider based on assessed need.

Preventive Services: Designed to ensure that at-risk children remain safe in the home and to prevent them from entering foster care. These services, provided by ACS and its network of contract social service organizations, include: professional counseling, parenting skills training, substance abuse treatment, homemaking services, or housing assistance.

Safety Assessments: ACS caseworkers investigating reports of abuse or neglect must submit a preliminary assessment of the safety of all children in a family within seven days of receiving the initial report.

State Central Register (SCR): The official repository for the receipt of calls reporting suspicion of child abuse or neglect for the State of New York.

Uniform Case Record: As soon as a report of abuse or neglect has been indicated, or within 30 days of a child's placement in foster care or preventive services, a Uniform Case Record (UCR) must be completed. The purpose of the UCR is to chronicle the goals and objectives that are established for each ACS case.

Voluntary 358A Petition: Provides for court intervention as a result of the parent having signed the voluntary placement agreement (W864).

Voluntary Request for Services: Parents may voluntarily request for services or placement of a child in foster care at ACS field offices. ACS usually refers families to preventive services before accepting a voluntary placement.

ACRONYMS

ACM: ACS Adoption Case Management Unit

ACS: Administration for Children's Services

CES: Child Evaluation Specialist

COS: Court Ordered Supervision

DCA: ACS Direct Care Adoption

DCCS: ACS Direct Congregate Care Services

DCP: ACS Division of Child Protection

DFCS: ACS Direct Foster Care Services

DLS: ACS Division of Legal Services

FPP: Family Preservation Program

FRP: Family Rehabilitation Program

OCACM: ACS Office of Contract Agency Case Management

OCSE: ACS Office Child Support Enforcement

OPA: ACS Office of Placement Administration

PINS/DAS: Persons in Need of Supervision/Designated Assessment Services

PPRS: Purchased Preventive Services

SCR: State Central Register

NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES

Top 12 Outcomes and Indicators

Top 7 Child Welfare Outcomes	ACS Goal
1. Increase Effective Preventive Interventions	A child who can be served safely at home should not come into care.
2. Faster Permanency (Reunification and Adoption)	A child should be reunified with a safe family as quickly as possible. [Children with a goal of reunification should be reunified within 15 months , and children with the goal of adoption should have their adoption finalized within 27 months .]
3. Low Replacements	A child should not have to move while in care [except to meet the service needs of the child and/or sibling reunification.]
4. Low Re-entry into Foster Care from Reunification and Adoption	A child who is reunified or adopted should not reenter care.
5. Low Reabuse of Children who Come into Contact with the Child Welfare System	A child served by ACS protective, preventive, foster care, and adoption services should not suffer new abuse from their caretakers, whether parents or foster parents.
6. Reduce the Number of Children Aging Out of the System to IL	Every child leaving care should have a permanent family.
7. Ensure Effective Delivery of IL Services	Every child aging out of care should have a high school diploma or GED, be enrolled in higher education or have a job, and have a place to live.

Top 5 Child Welfare Process Indicators	ACS Goal
1. Community-based Services	Every child and family should receive services in their own community.
2. Neighborhood-based Placements	Excluding a kin placement and safety exception, every child should be placed with his or her siblings in their own community and stay in the same school.
3. Case Conferences	Case conferences should be held at all critical points and fully attended.
4. Service Plan Reviews	All SPRs should be fully attended and timely documented in the UCR.
5. Reimbursements	All state/federal reimbursements should be maximized.

An **indicator** is a quantifiable and measurable aspect of some process, which can be at the beginning (inputs), middle (process indicators), or end (outcome indicator).

An **outcome** is the result desired from a process.

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.

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 provide 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

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.