

Advisory Committee CW 20/21 Meeting #5

September 27th, 2018

2:00pm-4:00pm

Brooklyn Room, 19th Floor

150 William Street, NY

Session Agenda

- *Welcome (Molly Armstrong, Consultant)*
- *Provider feedback on Stakeholder process (Everyone)*
- *Report out on Stakeholder Engagement-Prevention (Kailey Burger, DPS)*
- *Report out on Stakeholder Engagement-Foster Care (Loren Ganoë, FPS)*
- *Where Are We Going? (Jaime Madden, PPM)*
- *Commissioner's Remarks (David Hansell, Commissioner)*
- *Deputy Commissioners' Remarks (Julie Farber, DFPS; Jackie Martin, DPS; Andrew White, DPPM)*

Ground Rules

- Cell Phones should be on silent.
- Meetings will start on time.
- Participants will contribute, encourage exchange of ideas and practice active listening.
- Our values and goals will inform our process.
- Participants are invited to ask questions.
- Participants are ambassadors to the larger community and are encouraged to share whatever is discussed with colleagues and stakeholders.
- Participants will provide requested feedback in a timely manner

Goals and Values

- Delivering high-quality foster care and prevention services that are effective in achieving our goals of safety, permanency and well-being for children and families.
- Addressing gaps in our prevention and foster care service array.
- Incorporating family, youth and community perspective in the planning and designing of child welfare services.
- Improving the alignment of financial and contract structures of the system.

Goals and Values

- Increasing cross system collaboration, particularly as our families transition to services in the community.
- Ensuring access to the entire child welfare (foster care and prevention) continuum in every community.
- Integrating language access, equity, cultural competence, and attention to the emerging populations in all of this work.
- Keeping a lens on provider agency organizational health and organizational capacity.
- Exploring the concept of wellbeing to include critical indicators such as educational success and economic empowerment.
- Being mindful of the supports offered to children, youth and families during transitions, and planning for their success in their communities.

Advisory Committee Expectations

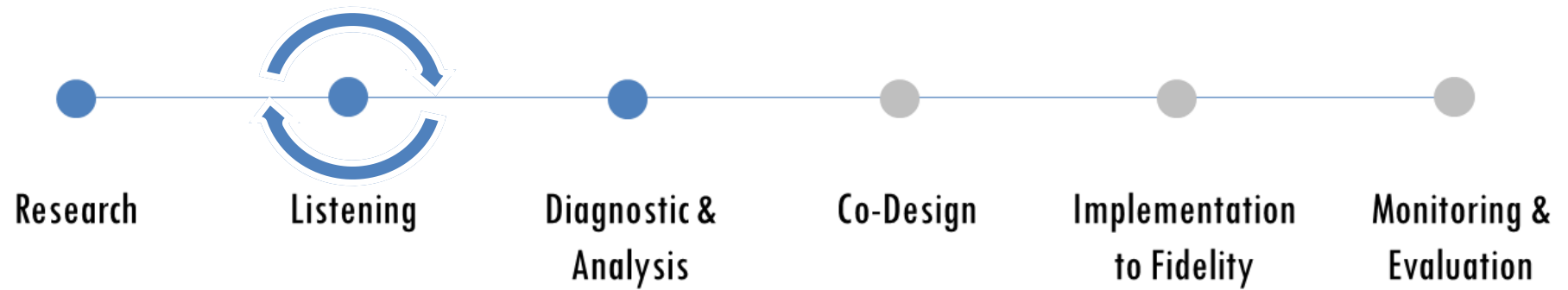
- Meet at least four times in the month of July, 2018, and at least once in September 2018, with the ACS CW 20/21 project team, to discuss child welfare program needs in New York City.
- Meetings will be scheduled for two hours and these meetings will start on time.
- Members will review and comment on all relevant prepared materials, and complete any assigned collaborative work in preparation for the Committee meetings. Participants are invited to ask questions about any materials presented.
- Our values and goals, listed below, will inform our process.
- Committee members are serving as ambassadors to the entire provider community and will share all information received. Committee members will engage not only with their own agency, but with all ACS contracted providers, to gather feedback, suggestions, and ideas.

Prevention Stakeholder Engagement

Child Welfare 20/21
Presentation to Advisory Committee



METHODS



Research & Listening

Research

- Literature Reviews
- Jurisdictional Scan
- Interviews with 130 experts
 - Implementation scientists
 - Model developers
 - Practitioners
 - Researchers

Listening

Focus Groups with Providers and Families

- 14 focus groups
- 200+ people engaged

Design Activities at Community Events

- 2 community events
- 65+ people engaged

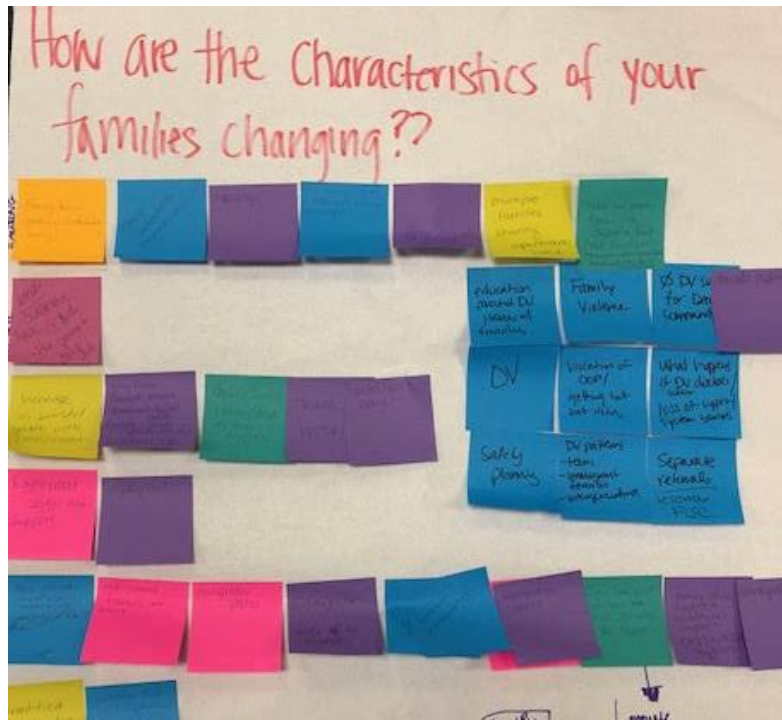
Surveys

- 39 survey responses

Experts Recommended by the Advisory Board

CBS reached out to all those individuals and organizations recommended by the Provider Advisory Board. The people listed below agreed to be interviewed.

Name	Affiliation	Name	Affiliation
Shirley Berger	NYC Department of Health and Mental Hygiene	Dr. Darcy Lowell	Child First
Gregory Brender	United Neighborhood Houses	Dr. Anne Mauricio	Arizona State University
Steven Cohen	Center for the Study of Social Policy	Dr. Velma Murry	Vanderbilt University
Dr. Greta Doctoroff	Yeshiva University	Dr. Liza Pappas	NYC Independent Budget Office
Dr. Yannine Estrada	University of Miami	Mary Peniston	Child First
Dr. Mark Feinberg	Pennsylvania State University	Dr. Richard Spoth	Iowa State University
Dr. Qin Gao	Columbia University	Jennifer Rees	University of Washington School of Nursing
Dr. Anne Gill	University of Pittsburgh	Dr. Barbara Wasik	Temple University
Tyisha Jackson <i>*being scheduled</i>	Good Shepherd Services The New School	Abby Wilson	Children's Trust of South Carolina
Dr. Steven Kurtz	Kurtz Psychology	Nicole Young	First Five-Santa Cruz County
Vanessa Leung	Panel for Education Policy	Dr. Mary Beth Shinn	Vanderbilt University



FAMILY VOICE

4
2
150+

PARENT FOCUS GROUPS
FAMILY/COMMUNITY EVENTS
PARENTS, FAMILIES, AND COMMUNITY MEMBERS ENGAGED

FAMILY VOICE

Community Strengths

Physical Activities
for children –
dance, sports,
karate, and hockey

Diverse and strong
families

Homebase services

Churches

Free activities for
children

Hope, great hearts,
we want to be
agents of change

Libraries, medical
centers, and mass
transit

Parks, beaches,
adult centers

Schools both public
and charter

Community Needs

More access to
home care
resources

Getting kids to
open up
emotionally

Training for CPS to
enter homes better

Need supermarkets
with affordable
healthy foods

More services for
homeless people

More recreational
services for youth
such as sports and
music.

Navigating
government
systems and
benefits

Help building
relationships with
children

Learning how to
make time for self

Parenting classes

Childcare help like
preschools and
daycare programs

Finding doctors for
children with
special needs

Opportunities for ACS

Marketing and
branding to
decrease the fear
of ACS

Quarterly
evaluations on
ACS/DCP
caseworkers

Parenting with
parents to learn
and understand
DPS

ACS should have
gatherings and
workshops for
people to get
information

Create a platform
for information
sharing about
community
programs and
services

How can all the
great services of
ACS/Community
get spread out to
the community?

Parenting with
parents to learn
and understand
DPS

FAMILY VOICE INSIGHTS



Families want and need access to family-centered activities for kids to build relationships in safe environments and parents to meet other parents.



It is difficult for parents to find people to help watch their kids when they need time alone or away. They find it especially difficult to find help during times of transition — first couple weeks back to school, end of school and beginning of summer, in particular.



Parents have developed expertise navigating some systems, housing in particular. Still, they need help accessing and navigating city resources and supports — jobs, public benefits, child care, medical care for children with special needs.



Parents have concrete needs that are unmet or under met — diapers, baby food, clothes, furniture beyond beds



PREVENTION PROVIDER VOICE

10 FOCUS GROUPS
23 PREVENTION AGENCIES
120+ PREVENTION STAFF

PROVIDER VOICE

EBMs

Model drift due to ACS CW accountability requirements

Expansion of slots in borough, by need

Budget should include start-up, implementation, & retraining costs

Duplicate trainings for EBM and child welfare (ex: motivational interviewing)

Expansion of only models with strong evidence

Budget should include retraining costs due to staff attrition

Reduce the number of EBMs

Emerging Family Trends

Gang involvement, specifically of women

Kids are living in split homes, often across boroughs

Multigenerational families = greater variation in clinical need across family members

Fear of government

Suicidal ideation

Trauma from community violence

Redefining Community

Geography vs. racial/ethnic background

Consider religious beliefs

Families will cross geographic boundaries to be with their community

Communication and Collab. with DCP

Better communication of roles and practice in joint meetings

Improve DCP knowledge of prevention programs

Improve communication pathways conferences – ongoing and STCs

Staff Retention

Salary increase

Reduce caseloads

Reduce documentation requirements

Need support with building connections to community supports

Better supervision

Community resource navigation

Access to short term higher intensity programs

City agency resource navigation – housing and education

Safety

Additional Family Supports

Coaching/Peer mentoring and support

Navigation of housing supports and resources

Concrete needs – clothes, diapers, food furniture

Soft skills for employment

Fatherhood program needs

Immigrant supports

Rehabilitation and restoration rather than punishment and embarrassment

Family-centered activities and programs

PROVIDER VOICE INSIGHTS

FAMILY NEEDS AND CHARACTERISTICS

- **Fear of government** caused by anti immigration rhetoric has caused immigrant communities to also fear prevention agencies, staff, and services.
- **Changing characteristics of families**
 - Kids are living in split homes, often in different boroughs and communities requiring more time and effort to make contacts with families
 - More variation in level of clinical support and need across multigenerational family members
 - Women/mothers in family units are working more
- **Greater needs and risk.** GP case planners do not feel equipped to address complex and high risk needs that are surfacing more across individual family members. This includes: sexual abuse, sex trafficking, gang prevention, community violence trauma, suicidal ideation.
- **Short-term, higher intensity supports.** GP case planners often mention needing periods of higher intensity intervention supports that don't necessarily require a step up.
- **Community resource navigation.** Case planners need help connecting families to community supports. This includes: educational resources and supports, parent peer supports, fatherhood programs, deep cleaning services, nutritional/cooking support, immigration resources, employment soft skill development, safe and free activities for children and parents.

PROVIDER VOICE INSIGHTS

PROGRAMMATIC NEEDS AND CHALLENGES

- **Defining community.** ACS needs to rethink how we define “community” when making resource allocation decisions. Some families live within communities not defined by geography.
- **Cultural competency.** Improve cultural competency when engaging families. This need is even more pronounced in high-risk cases requiring more intensive clinical intervention. Improvements also needed in how this is monitored and scored.
- **Budget Adjustment.** Adjust cost per slot to include start-up and implementation costs as well as training of new staff caused by attrition.
- **Model & Monitoring Alignment.** Align ACS accountability and monitoring requirements with each model’s fidelity. We heard over and over how detrimental this is to implementation and sustainability.
- **Right sizing our array.** Make EBMs available to families that most need them while reducing programs that don’t meet needs.
- **Implementation Support.** Invest in a robust and ongoing implementation support service to sustain models to fidelity and ensure fit and alignment.

Thank You!



Foster Care Stakeholder Engagement

Child Welfare 20/21
Presentation to Advisory Committee
Division of family Permanency Services

Find Family and Friends First

NYC Administration for
Children's Services David A. Hansell
Commissioner



"Nobody looks out for
us like Grandma."

When children cannot remain safely at home, ACS strives to place them with appropriate kinship caregivers. This may include maternal or paternal grandparents, aunts or uncles, godparents, friends of the family or community members who have a significant and positive relationship with the child.

Overview: Foster Care Stakeholder Engagement



- **Groups**
 - Parents & Parent Advocates
 - Provider Agency Managers, Supervisors, Case Planners & Specialists
 - Leadership from non-advisory committee provider agencies
 - Foundations
 - Legal Advocates
 - Groups to be completed: Youth and Foster Parents
- **Other Sources:**
 - Written recommendations from COFCCA
 - Written recommendations from Rise (Parent Advocates)
 - 2018 Youth Experience Survey

Parents



- **What do you wish for yourself? Your family?**
 - “I’m focused on being the person I needed when I was child”
 - Most of the parents expressed that it was difficult to focus on goals beyond what reunifying with their children.
- **What do work do you need help with? How can we help?**
 - Timeliness and sense of urgency
 - Understanding the legal process and what is required to achieve reunification
 - More support to move cases forward
 - Staff need training in how to support families who have experience trauma; especially for family who experience domestic violence and mental health issues.
- **Describe your ideal case planner...**
 - Reliable, transparent, “someone on our side”
 - Helpful in obtaining concrete supports and resources
 - Not behind on paperwork
- **Parent Coaches**
 - **This group of parents had Parent Coaches; the group agreed that the Parent Coaches were the single most important support they receive.**
 - **The help the described receiving includes:**
 - Help with learning life skills like cooking
 - Visit Coaching
 - Follow-up on appointments and obtaining resources
 - Navigating the system

Parent Advocates



■ **Reunification:**

- Communicate emphatically that increasing safe, timely reunification is a priority;
- Ensure that children are placed with the agencies that have the strongest track records of safe, timely reunification;
- Reward practice innovation to achieve reunification, particularly approaches that parents themselves believe can make a difference for their families and communities.

■ **Credible Messengers:**

- Families need support of credible messengers .
- Credible messengers are effective at connecting families to service and supports.

- **Family Time:** Visiting spaces need to support high quality Family Time and provide home-like settings.

Stakeholders *Foundations*



■ **Older Youth:**

- Need a consistent model to support older youth that:
 - Incorporates coaching and evidence-based practices
 - Supports youth up to age 25
- Support youth to self-advocate

■ **Foster Parents/Kin Resources**

- Provide real support to Foster Parents and Kin Caregivers
- Consider models like Hub Homes
- Provide flexibility and funding to support caregivers

■ **Implementation Planning & Support:**

- Interested to learn more about the planning and support for the implementation of the new contracts

Stakeholders

Legal advocates



- **Older Youth**
 - Identify models supporting parents of Older Youth
 - Provide FP's specialized training for Older Youth
 - Need standardized PYA curriculum
 - Need more Education Specialists
- **Family Time:** Require weekend visits, Visit Coaching and high quality visiting spaces
- **Foster Parent/Kin Resources**
 - Ensure kin resources understand roles, responsibilities and expectations
 - Need specialized training/supports for kin resources
 - Strengthen Parent to Parent Practice
- **Trauma-informed services**
 - ACS needs to ensure that when families are referred to clinical services in the community that are trauma-informed
- **Race Equity & Cultural Competence**
 - Need multilingual staff at every level
 - Need Race Equity training for all staff & foster parents

Provider Agency Staff, Supervisors & Managers



- **What does success look like?**
 - Working through challenges
 - When placements are going well
 - When foster parents feel supported
 - Getting children home to their parents

- **What do you need to be successful?**
 - More seamless case transitions from DCP to providers which hinders strong Parent to Parent Practice
 - Flexible funding to support parents
 - Case Aides and Transportation Specialists to assist with appointments and Family Time
 - More structured service planning to help address the underlying needs of families
 - More supports for Foster Parents to ensure placement stability and expedite permanency

Provider Leadership (non-advisory committee)



■ **Goals & Values**

- Overall the group agreed that the Goals & Values resonated with them.
- **Feedback & Points for Clarification:**
 - How do we define well-being & how will it be measured?
 - How do we define cultural competence and how will it be measured?

■ **Discussion Highlights:**

- **Medicaid Redesign:** Need to align new contracts with 29i requirements
- **Evidence-based Models:** Providers need clarity about which models will be continued and how implementation will be supported
- **Measuring Performance:** Need discrete set of metrics to measure contract performance.
- **Funding:** Consider streamlining various pot of funding to alleviate administrative burden.
- **Disproportionality:** Consider Nassau County's approach to reducing racial disparities.

COFFCA Steering Committee Recommendations



Summary of Recommendations:

- **Prevention:** fund provision of prevention/aftercare services by all foster care providers
- **Program Types:** Consolidation of “regular” and “therapeutic” foster care programs to provide flexibility in meeting the needs of children
- **Geography:** consider a borough-wide approach rather than by CD
- **Payment/Contract Structure:** Consider alternative approaches to per diem (“head in bed”) payments
- **Kinship:**
 - Consider EBMs and supportive services to support kin caregivers
 - Family finding specialists to support children moving to kin placements
- **Older Youth**
 - PYA supports for education, employment & housing.
- **Continue Support for Existing Investments:** Home Away from Home, Discharge Supports, Caseloads & Supervisory Ratios, etc.
- **Medicaid Redesign:** Prepare for new rate and ensure appropriate supports are in place.
- **Connections to Required with Other Systems:** ensure that families are receiving necessary service through public sector partners.

Where are we going from here?

- Families should have access to the services that they need
- Planning for residential services
- Consistency in budgeting
- Aligning performance – based measures to outcomes