NYC Administration for Children's Services

November 1, 2019

ACS Family Foster Care and Residential Services CONCEPT PAPER

I. INTRODUCTION

The New York City Administration for Children's Services (ACS) protects and promotes the safety and well-being of the City's children and families by providing child welfare, juvenile justice, early care and education services, and primary prevention and other services that promote and support child and family well-being. In child welfare specifically, ACS's Division of Child Protection conducts more than 55,000 investigations of suspected child abuse or neglect annually. ACS contracts with private nonprofit organizations to support and stabilize families in crisis to prevent foster care placement and to provide foster care services for children not able to safely remain at home.

During the next two years, ACS will re-procure the majority of contracts across the child welfare system, including contracts for delivering prevention services, family foster care services and residential foster care services. These procurements are an opportunity for ACS to build on the success of existing services for children and families, to design a shared framework across prevention and foster care services, and to implement new strategies to improve safety, permanency and well-being outcomes for New York City children and families. In anticipation of these procurements, ACS undertook an intensive research and planning process that involved review and analysis of existing service models and outcomes; review of evidence-based and best practice models and research; and consultation with stakeholders throughout the child welfare continuum, including youth, parents, parent advocates, foster parents, legal advocates, child welfare experts and prevention and foster care provider staff at all levels. These stakeholders provided extensive input on system strengths, gaps, and opportunities.

ACS is committed to establishing a shared framework across prevention, foster care and juvenile justice services that results in a more robust, comprehensive and seamless system that enables children and families to experience improved outcomes for safety, permanency and well-being. The three procurements for prevention, family foster care, and residential foster care services are being designed to reflect and advance this shared framework.

ACS issued the Prevention Services Concept Paper in February 2019 and the Prevention Services Request for Proposals (RFP) in June 2019. New prevention contracts will be in place as of July 1, 2020. This Concept Paper for family foster care and residential foster care services will inform the development of an RFP to be released in 2020, with new contracts to be in place as of July 1, 2021.

This Concept Paper outlines ACS's vision for family foster care and residential foster care services for children and families across New York City. Through the RFP, ACS will seek to partner with providers to achieve positive safety, permanency and well-being outcomes for children and families in the foster care system. ACS seeks providers who are committed to treating all children and families with respect and dignity, and to developing and delivering high-quality services that recognize the diversity of children and families in terms of race, ethnicity, sexual orientation, gender identity, religion, immigration and refugee status, mental and physical ability and other factors. ACS seeks providers who recognize the impact of social systems, racism and other forms of discrimination on children and families, and who will partner with ACS to deploy strategies to address disparities in foster care services and outcomes.

We welcome your feedback and suggestions in advance of the RFP. Thank you for your interest in joining us in this work.

II. BACKGROUND

ACS is responsible for protecting the safety and promoting the well-being of New York City's children by providing child welfare, juvenile justice, and early care and education services. ACS's Division of Prevention Services (DPS), in collaboration with ACS's Division of Policy, Planning and Measurement (PPM), oversees and monitors nonprofit organizations that deliver prevention services designed to support and stabilize families and prevent foster care placement by addressing factors that may lead to child abuse or neglect. ACS's Division of Family Permanency Services (FPS), in collaboration with PPM, oversees and monitors nonprofit organizations that provide foster care services for those children who cannot remain safely at home.

When children enter foster care, ACS and its partners work to achieve three primary goals:

- Safety: Children are, first and foremost, protected from abuse and neglect.
- Permanency: Children have permanency and stability in their living arrangements.
- Well-being: Children receive appropriate services to meet their health, mental health, educational and social needs. Families have enhanced capacity to provide for their children's needs.

In recent years, ACS has dramatically reduced the number of children in foster care and increased the pace at which children in care exit to permanency. The number of New York City children in foster care has reached a historic low of 8,300 as of February 2019, down from 16,000 a decade ago and nearly 50,000 25 years ago. ACS has invested in prevention services and therapeutic programs to reduce the number of children entering foster care as well as in efforts to achieve timely permanency for those who must enter foster care.

In 2014, ACS launched Strong Families NYC, with flexible funding provided through a federal waiver which ended on September 30, 2019.[1] ACS lowered caseworker and supervisory caseloads, implemented a universal trauma screening and scaled evidence-based models. An evaluation of Strong Families by Chapin Hall found that the initiative resulted in fewer care days, faster exits from care and lower re-entry rates for babies discharged from foster care.[2] At the end of June 2018, there were 3,100 fewer children who had been in foster care for two years or longer, compared to June 2013.

ACS developed and issued the *ACS Foster Care Strategic Blueprint FY 2016-FY 2018* in January 2016. The Blueprint identified key priorities and strategies for improving case practice and results across the foster care continuum—from family reunification to kinship placement, adoption and supporting older youth in care. The next phase of this work is outlined in the ACS Foster Care Strategic Blueprint for FY 2019-FY 2023.[3]

ACS invests responsibility for achieving positive results in the direct-service providers who are in the best position to know the strengths and needs of the families and children with whom they work. Our Improved Outcomes for Children (IOC) framework is based upon effective family engagement and daily decision-making by providers, and rigorous government monitoring and accountability systems to produce positive safety and permanency outcomes for children and families.
Under IOC, ACS assigns case management and safety and risk monitoring functions to its contract providers for foster care cases resulting from substantiated reports of abuse or maltreatment and other placements as authorized by the Family Court, including voluntary placements and Persons in Need of Supervision (PINS) placements. Providers are responsible for developing and approving assessments and service plans and making critical casework decisions related to safety, permanency and child well-being. They utilize a family engagement practice model rooted in a continuum of Family Team Conferences to keep children safe, collaboratively reach key case decisions, and promote permanency and well-being. ACS supports and oversees providers' safety practice, and monitors and evaluates their performance, holding them accountable for the quality of their work. ACS requires that all provider programs participate in an ACS-driven continuous quality improvement program. ACS provides technical assistance and best practice supports that continuously promote, reinforce and strengthen the professional and organizational capacities of provider agency programs and staff.

The concepts below are aligned with federal and state policy as of June 2019, with the understanding that we are planning for the implementation of the federal Family First Prevention Services Act (FFPSA) and that funding, legislative, and regulatory requirements are subject to change. FFPSA was passed and signed into law (P.L. 115-123) as part of the federal Bipartisan Budget Act on February 9, 2018 and

[1] The initiative was part of the federal government's Title IV–E Foster Care Waiver program, which allowed child welfare agencies to use the federal funding that has traditionally supported children when they are placed into foster care more flexibly to implement innovative child welfare service models and practices.
[2] See https://www1.nyc.gov/assets/acs/pdf/initiatives/2019/CHFinalReport.pdf
[3] https://www1.nyc.gov/assets/acs/pdf/about/2018/StandAloneReportFosterCareStrategicBlueprintFinalMay152018.pdf

largely becomes effective in September 2019. New York State has submitted a waiver to take the option of a two-year delay, making it effective September 2021 in New York. The federal law aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skills training. It also seeks to improve the well-being of children already in foster care by incentivizing states to reduce placement of children in congregate care.[4] ACS anticipates New York passing implementing legislation in 2021.

III. PURPOSE OF CONCEPT PAPER

This Concept Paper outlines ACS's vision for achieving and accelerating positive outcomes for children and families involved in the foster care system. ACS's vision includes continuing to safely reduce the foster care population, improving safety and well-being outcomes for children in foster care, significantly reducing time to permanency, reducing reliance on residential care, implementing services that are informed by the experiences and perspectives of youth and parents, and ensuring that providers have the resources they need to deliver high-quality services to meet families' needs. This Concept Paper describes targeted investments and strategies that will be implemented, contingent upon the availability of funding, in order to address the foster care system's most pressing challenges including the long lengths of stay experienced by too many foster children; the need for more therapeutic resources to meet the highly complex needs of older youth; the opportunity to increase kinship care and the need for a greater foster home pool; and the need to restructure funding for providers in a manner that supports strong performance on safety, timely permanency and child well-being.

ACS seeks to contract with nonprofit organizations that have experience providing child welfare services (prevention, family foster care and/or residential foster care) or other out-of-home residential care services. ACS encourages a diverse array of applicants to ensure services reflect the cultures, languages, communities and needs of families in New York City. Contracts resulting from this RFP will deliver three (3) major categories of services:

- Family Foster Care;
- Residential; and
- Specialized Services for Youth with Complex Needs.

Each of these areas is detailed in Section VI, Proposed Program Approach.

Through the RFP, ACS will continue to advance the goals outlined in the ACS Foster Care Blueprint FY 2019-FY 2023:

[4] See https://campaignforchildren.org/resources/fact-sheet/fact-sheet-family-first-prevention-services-act/

- **Improving Safety and Permanency Outcomes:** ACS will contract with providers to implement a range of targeted strategies to improve safety and permanency outcomes for children and youth in foster care, including strategies to improve placement stability, reduce children's length of stay in care and improve safe and lasting reunification, and expedited coordination of adoption and kinship guardianship for children who cannot safely reunite.
- **Improving Foster Care Placements to Enhance the Safety and Well-Being of Children:** ACS will contract with providers who share ACS's commitment to increasing placement with kinship caregivers. Furthermore, ACS seeks providers who will implement best practices and innovative approaches to recruiting, training and supporting foster parents.
- **Improving Health, Mental Health and Education Services for Children in Foster Care:** To improve the well-being of children in foster care, ACS seeks providers who will connect children and youth in their care with services that promote healthy development, health and mental health, and educational outcomes.
- **Improving Outcomes for Older Youth:** ACS seeks providers committed to improving safety, well-being and permanency outcomes and reducing the numbers of youth that age out of foster care without a permanent connection. Nationally, we know that youth aging out of foster care have poorer educational outcomes and college enrollment and attendance, persistence and graduation rates than their peers, and face high rates of unemployment and homelessness as adults. ACS expects its providers to leverage the significant education, internship, college, career and vocational initiatives that ACS and other service delivery systems offer and to deliver supportive services that improve outcomes for older youth in foster care.
- **Building Systemic Capacity:** To support a well-prepared and stable workforce, ACS provides core and specialized training for case planners and supervisors, technical assistance and case consultations to providers. Providers will maintain low caseloads; recruit and retain an adequate supply of foster homes; implement effective business processes; and implement trauma-informed, evidence-based, promising and best practices. Providers will receive the resources needed to deliver high-quality services in a socially just manner to meet children, youth and family needs.

Through the RFP, ACS will implement the following new initiatives and investments:

- **Enhanced Family Foster Care:** Regular family foster care and therapeutic family foster care will be integrated into a single model of Enhanced Family Foster Care (EFFC). EFFC will include access to a wide range of therapeutic services and supports to allow for greater flexibility for meeting the range of complex needs of children, youth and families as they change over time. A continuum approach will enable resources to "follow the children," rather than children having to move to different programs (e.g., from regular foster care to therapeutic foster care) when their needs change. Providers will utilize a universal assessment tool to be chosen by ACS[5] that will be administered upon entry and then at regular intervals to identify strengths and changing

[5] Currently, children who enter family foster care are screened to assess their level of exposure to trauma using a nationally recognized screening tool, the Child and Adolescents Needs and Strengths-New York (CANS-NY).

levels of need, and to support service planning. Providers will provide therapeutic training to all foster parents.

- **Residential Programs Aligned with Family-Based Care:** All residential programs will be designed to promote stability in care, and will have pre-established, formal relationships with Family Foster Care--either within the same provider organization, or through established agreements with other providers. Residential care programs will integrate evidence-based models and staff supports that promote transition to family care, so that for most children, residential care is a short-term, temporary experience for treatment and stabilization rather than long-term care.
- **Targeted Investments to Improve Outcomes:** Through the new contracts resulting from the RFP, ACS will make targeted investments in research-driven practices to improve safety, permanency and well-being outcomes. These investments will focus on the following areas:
    - Family Time: Providers will facilitate frequent and high-quality family time (i.e., parent-child visiting). Research indicates that family time is the key predictor of successful safe reunification. ACS providers will develop a visiting plan at the onset of each child's entry into foster care, and review and update the visiting plan to reflect case circumstances as they evolve.
    - Foster Parent Recruitment and Support: Providers will recruit and retain foster parents, including kinship foster parents, so that children have immediate access to caregivers who are willing and able to meet their specific needs. They will promote and support an array of foster parents who are able to meet the diversity of children's needs, including children with developmental and other disabilities. ACS seeks providers committed to its goal of 'One Family One Home,' which seeks to limit placements in each foster home to one family group of children (rather than children from multiple families in one home). Providers will have a robust approach to recruiting potential foster caregivers; effective business processes to expedite initial and annual licensures; and ongoing flexible supports such as transportation, respite and innovative models such as the Mockingbird model, which builds a network of supports for kinship and foster parents including peer mentoring, respite and child care.[6]
    - Kinship Placements: Providers will secure and support kinship caregivers for children and youth. Research shows that children in foster care placed with relatives have better outcomes. Providers will have a robust approach to locating potential kinship caregivers and effective business processes to expedite kinship home studies, and to provide training, approval, and ongoing flexible supports.
    - Education and Employment: Providers will deliver evidence-based and promising practices to support improved educational and employment outcomes for children and youth in foster care. Recognizing that the most critical factor in a child's educational (and ultimately employment) success is their stability in a loving family, providers will work to ensure placement stability while in foster care and in the transition to a permanent family through reunification, adoption or kinship guardianship, as a

[6] See https://www.mockingbirdsociety.org/a-comprehensive-approach

fundamental underpinning to improving education and employment outcomes for young people. Providers will work with youth, parents and foster parents to develop individualized plans and to support each youth's educational and career goals, including obtaining special education and other services as appropriate. Providers will utilize the technical expertise and assistance available through the ACS Office of Education and Employment Initiatives. Providers will leverage available programs and resources through the New York City Department of Education (DOE) and Department of Youth Community Development (DYCD) and other government and community resources for tutoring, afterschool programming, internships, employment services and other enrichment programs.

- Training and Professional Development: The ACS Workforce Institute provides a range of state-of-the-art training and professional development to foster care agency staff. Provider direct service staff and supervisors will participate in ACS-mandated onboarding core training and will also fulfill the annual training requirements outlined in ACS policies, standards and guidance.

- **Strong Families NYC Investments:** Dependent on available funding, ACS will continue the investments made through Strong Families NYC including maintaining average caseloads of ten for case planning staff[7] and supervisory ratios of one supervisor per four case planners to support ongoing weekly supervision and case oversight; Attachment and Biobehavioral Catchup (ABC)[8], which has led to increased levels of parent sensitivity and improved child well-being, and participate in training for case planners and supervisors to enhance their ability to link and engage families in effective mental health treatment; and a training module that includes components of Partnering for Success (PfS), a framework created to increase the collaboration between child welfare and mental health professionals.

- **Performance-Based Contracting, Shared Risk and Cost-Based Reimbursement:** ACS recognizes that providers have fixed costs and is exploring different payment structures to factor in such costs. ACS is also assessing the feasibility of implementing an approach to performance-based contracting that is data-driven and designed to reward strong provider performance. ACS is also exploring the implementation of shared risk measures related to certain activities that impact federal reimbursement, such as foster home certification and timely submission of care days. Combined, performance-based contracting, shared risk and cost-based reimbursement are intended to reward providers for achieving outcomes while maintaining their fiscal and organizational health.

[7] The average caseload is based on a therapeutic caseload of one to eight and regular family foster care rate of one to twelve. Average caseloads will include cases on suspended pay status.

[8] See http://www.abcintervention.org/ and https://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up

IV. POPULATIONS TO BE SERVED

The populations to be served for Family Foster Care and Residential Services are children from birth to age 21 who are placed in foster care regardless of the legal basis for their placement; and in some cases, youth who have not yet achieved a permanency option and who could benefit from care and support services at age 21 and beyond.[9] Additional information on the population to be served for each program type is included Section VI, Proposed Program Approach.

V. GOALS AND OBJECTIVES OF THE RFP

ACS seeks to contract for services that align with and advance the continued reform and innovation of the City's child welfare system. To this end, the following goals will drive design and delivery for potential providers of ACS foster care services:

Safety

- When children enter foster care, ACS and its providers seek to offer families needed services before, during, and after reunification, as appropriate, so that families receive the support they need to safely reunify and remain together in a stable home. Prevention and foster care services will be coordinated with the goal of providing seamless services for children and families with the primary goal of keeping children safe.
- Providers will recruit foster and kinship parents in accordance with ACS targets to ensure availability of placements in the community of origin and to achieve the goal of 'One Family One Home.'
- Providers' first and foremost responsibility is the safety and well-being of children, and to take necessary and appropriate measures to ensure their ongoing protection and safety. This includes, but is not limited to, actions required of all New York State Mandated Reporters and collaboration with ACS staff, including child protection teams, conference facilitators, and others.
- Providers will train and support foster and kinship parents to ensure that they are informed and have access to services and supports to ensure safety and meet the needs of the children in their care.
- Providers will work with families to plan and facilitate high quality and safe Family Time (visitation) that supports reunification. Family Time plans should be frequently re-assessed, individualized to fit the needs of each child and parent, and progress to the least restrictive level of supervision as parents successfully meet their children's emotional and physical safety needs. Provider agency staff will develop clear safety plans for all visits.
- Foster care providers will work with families to achieve safe and lasting reunification through discharge planning that determines readiness for discharge, provides support to families before

[9] See Guidelines for the Continuation of Care and Support Beyond Age 21, available at this link: https://www1.nyc.gov/assets/acs/policies/init/2014/L.pdf

and during trial discharge, and links families to services and concrete supports in their community.

Permanency

- The strengths-based Family Team Conferencing (FTC) model is integral to effective permanency planning and is a central component of the ACS Improved Outcomes for Children (IOC) framework for delegated case management. Family Team Conferencing facilitates family engagement in service planning while incorporating the Case Planner's assessment of the family's strengths and needs. The FTC model is designed to engage families, foster families, community members, relatives and other adults who care about the child/youth in open, honest, critical child welfare decisions related to child safety, risk, well-being, placement stability, permanency, and service planning. Decisions are made jointly, and service plans are developed by the family, the social supports, community supports and service providers.[10]
- Parent engagement is essential to supporting safe and timely reunification. Foster care providers will employ Parent Advocates to support and engage parents throughout the life of the case and to assist families with accessing peer advocate services in the community. ACS and foster care providers will work to implement the strategies contained in the Rise publication *"Power and Partnership: A Guide to Improving Frontline Practice with Parents."*[11] The newly established ACS Parent Advisory Council to the Commissioner will inform this critical work.
- Frequent, high-quality Family Time (visitation) is one of the most important predictors of successful reunification and achievement of permanency. Foster care providers should facilitate unsupervised Family Time whenever there is no safety reason to require supervision. Family Time should be frequently re-assessed, individualized to fit the needs of each child and parent, and progressed to the least restrictive level as parents successfully meet their children's emotional and physical safety needs. Foster care providers will help prepare families for Family Time and provide coaching support.
- Foster care providers will seek kinship placements throughout the duration of the foster care placement. When children are placed with relatives, they are more likely to reunify and when reunification is not possible, Kinship Guardian Assistance Program (KinGAP) becomes a permanency option.
- Older youth entering foster care are less likely than younger children to achieve permanency. Foster care providers will implement targeted interventions for older youth that support permanency through reunification, KinGAP and adoption.
- Research shows that an ongoing relationship between members of the birth family and adoptive family can benefit all members of the extended family of adoption. Providers will support achievement of open adoption, where appropriate.

[10] ACS Integrated Family Team Meeting Policy: https://www1.nyc.gov/assets/acs/policies/init/2017/B.pdf

[11] See http://www.risemagazine.org/wp-content/uploads/2019/04/Insights2_frontlinepractice.pdf

Well-Being

- Foster care providers will work with families to provide flexible, trauma-informed services that are evidence-based and evidence-informed and meet the specific needs of children and parents.
- Providers will implement peer advocate support models for both youth and parents.
- Foster care providers will employ evidence-based and evidence-informed strategies to support older youth in connecting to education and employment opportunities.
- Foster care providers will cultivate and sustain relationships within the communities in which they have foster homes, including by connecting with local ACS Community Partnership Program (CPP) sites.
- Foster care providers will be trained in and required to follow the Crossover Youth Practice Model (CYPM),[12] a citywide protocol that helps the child welfare and juvenile justice systems work together to support youth in foster care and to reduce further involvement in the juvenile justice system in a manner that is consistent with the needs and best interests of the youth and the need to protect the community.
- Residential providers will structure time-limited programs designed to meet the treatment needs of older youth and facilitate return to family-based settings or achieve permanency. Residential programs will have a clear structure that includes a milieu that incorporates evidence-based, trauma-informed practices, a positively focused motivation system and client-specific evidence-based practices that support treatment goals and permanency.
- Foster care providers will have a comprehensive youth development model to achieve the Preparing Youth for Adulthood (PYA)[13] goals, which include permanent connections with caring adults, stable living conditions, and opportunities to advance their education and personal development. Providers will work with youth to develop detailed transition plans that reflect each of the goals above. These goals will be integrated into all aspects of practice and will be a central and integral aspects of case planning activities.

Framework for Building a Full Continuum of Support for Families in New York City

Families' needs cannot be met solely by ACS services. Families participating in ACS-contracted foster care and prevention services struggle with similar challenges, and many will benefit from a framework of support that integrates resources from the full continuum of services provided by city agencies and community-based organizations. This framework includes:

- Coordinating services delivered within the ACS Foster Care and Prevention contracts to meet the needs of families who move through both systems;

[12] See https://www1.nyc.gov/assets/acs/pdf/cypm/CYPM_Protocol_2_12_15.pdf

[13] See https://www1.nyc.gov/assets/acs/policies/init/2011/F.pdf

- Improving the foster care placement process and the prevention service matching process to better meet children and families' needs, promote family and placement stability and shorten lengths of stay in foster care;
- Ensuring that prevention services are provided to support discharge and reunification and successful transition of youth from residential settings to the community;
- Building a more robust community-based network of support for families by strengthening partnerships between ACS, its providers, other city agencies and community-based organizations; and
- Ensuring providers and families have knowledge of resources available in their communities.

VI. PROPOSED PROGRAM APPROACH

ACS aims to contract for services in a manner that enables providers to deliver high-quality services that meet the needs articulated by youth, parents, child welfare professionals, advocates and experts; leverage evidence-based, promising and best practices; comply with federal, state, and local requirements; and achieve the goals of safety, permanency and well-being for children in foster care. Through the RFP, ACS is seeking to contract for the following major categories of services: Family Foster Care, Residential Services, and Specialized Services for Youth with Complex Needs.

1. FAMILY FOSTER CARE

With the increased availability of effective prevention services, the number of children and youth entering foster care in New York City decreased over the last two decades. While there are fewer children in care than in the past, the children and youth in placement today have measurably greater needs that require increased therapeutic resources. Recent research and best practice development recognize that: the majority of children and youth entering placement need trauma-informed services; the needs of children and youth evolve over time, which in turn impacts a child or youth's need at any one point in time;[14] and placement stability is critical to a child or youth's well-being, safety and permanency.[15]

Based on extensive study of the New York City foster care population over time and research on best practices, ACS plans to integrate two previously separate programs - family foster care and therapeutic family foster care - into a single model of family foster care, referred to here as "enhanced family foster care." ACS recognizes most children and youth placed in foster care are best served in family settings. The majority of children and youth in foster care will be in enhanced family foster care. Children and youth with more complex needs (i.e., special medical needs and intellectual/developmental disabilities(I/DD)) will be served through specialized family foster care and residential services.

[14] See https://www.cdc.gov/ncbddd/childdevelopment/facts.html.

[15] See Children's Hospital of Philadelphia's Policy Lab: https://policylab.chop.edu/evidence-action-brief/securing-child-safety-well-being-and-permanency-through-placement-stability

A. Enhanced Family Foster Care (EFFC)

Program Approach: ACS seeks providers that are committed to providing children the range of services they need in a stable family setting with a stable case planning team. ACS envisions that all agencies contracting for enhanced family foster care will have the necessary capacity to effectively serve children with a range of needs. This is a change from existing contracting practice in which only some agencies have both regular and therapeutic programs. ACS also anticipates that providers will train, certify[16] and support all kinship and non-kinship foster parents to qualify as therapeutic caregivers.

An evidence-based assessment tool selected by ACS and administered at entry and then at select intervals will support foster care agencies in identifying how best to meet the individual needs of a child. ACS will support and expect agencies to develop a flexible array of services that match the range of needs of children in care.

Providers will be expected to maintain both kinship and foster home capacity. For kinship care, providers will need to have the capacity to:

a) accept initial kinship placements identified by the ACS Division of Child Protection (DCP) and support these kinship caregivers in becoming approved pursuant to New York State Office of Children and Family Services (OCFS) regulations;
b) transition children to kinship care when an initial relative placement is not located; and
c) for children for whom reunification is no longer an option, transition children placed with kinship to guardianship or adoption as appropriate.

For children for whom relative care is not available, providers will need to have the capacity to recruit and sustain a target number of foster homes sufficient to place the contracted number of children in family groups pursuant to the 'One Family One Home' model. The 'One Family One Home' model emphasizes matching a single related family group to a single foster home and limits the placement of children from different family groups in the same foster home. ACS and the provider agencies will agree on the number of non-kinship foster homes necessary to achieve the goals of each contract. Foster care agencies will train and support caregivers in the family-to-family model of caregiving, in which foster parents' partner with parents as an integral part of the caregiving process. Providers will support caregivers to assist parents, as appropriate, to achieve successful and timely reunification, or in the instances in which reunification is not an option, to become the child's permanent adoptive parent.

Finally, providers will be expected to provide robust customer support services to prospective and existing kinship and foster caregivers. To support these practices, ACS will fund kinship and home-finding staff, including the hiring of experienced and knowledgeable kinship and foster parents to engage with and support prospective and existing caregivers.

[16] ACS is utilizing "certify" in this context to refer both to the certification process for non-kinship foster parents and the approval process for kinship foster parents.

ACS anticipates potential providers will have to develop and maintain enough capacity to support approximately half of all children in kinship placements and the other half in non-relative foster placements. For the children who cannot be placed with relatives, ACS anticipates needing between 2,900 and 3,300 foster homes to serve each family group in their own home.

Population to be Served: This program is designed to serve children and youth with a minimum IQ of 65, including those who have moderate to severe behavioral issues and/or emotional conditions and can be supported within a family setting. When currently assessed to be appropriate or based on known medical and/or mental health history, children with low-severity Intellectual/Developmental Disabilities (I/DD) who do not have special medical needs will also be served through enhanced family foster care. Providers will deliver trauma-informed services to meet the full range of each child's physical, emotional, and psychological needs.

B. Specialized Family Foster Care (SFFC)

Program Approach: Children with special medical needs (SMN) in the child welfare system are much more vulnerable than child welfare-involved children generally. Children with SMN and/or severe I/DD require a higher and more consistent level of caregiving and are more often in situations that demand immediate interventions.

ACS recognizes three groups of children and youth in need of specialized family foster care:

a) those who enter care with a diagnosis that establishes the need and can be placed in SFFC immediately;
b) those who enter care and are placed in EFFC but are later determined to need SFFC; and
c) those in congregate care who can step down to SFFC.

ACS also recognizes the need to keep sibling groups together whenever possible, including sibling groups in which one or more of the siblings may need SFFC, while others can be served through EFFC. To that end, ACS expects SFFC providers to operate EFFC programs to ensure that children may remain in same placement as their service needs change and/or be placed with sibling(s) who need a different program type.

Providers will ensure that children with SMN receive a highly-structured, closely-supervised therapeutic environment, appropriate services (including all clinical services based on medical and mental health needs) and permanency planning. Providers will design a model of integrated service delivery with a special emphasis on coordinating treatment plans with provider staff and linked service providers. Providers will maintain clinical teams composed of, but not limited to, a pediatric/adolescent medicine specialist, a child developmental specialist, pediatric/adolescent psychiatrist, psychologist, social workers, and educational, recreational, and vocational specialists to determine the most appropriate categorical/program placement and treatment plan for each child and to support the child's ongoing

treatment. Providers will employ Medical Case Managers (RNs) and will adhere to Article 29-I[17] nursing caseload guidelines to ensure that they can effectively meet each child's needs. Providers will conduct initial and ongoing assessments that integrate the results of all screenings, including those conducted prior to the child's removal, and include an assessment for past trauma and presenting trauma symptoms to inform the plan of care.

Providers will recruit specifically for foster parents who are willing and able to care for children with very high needs related to special medical conditions and/or I/DD. This will include foster homes that comply with the Americans with Disabilities Act. Foster parents must receive regular training (no less than twice a year) relevant to specific SMN and I/DD conditions of the children in their care to ensure they have the knowledge to provide for the children's safety and well-being.

Providers for children in SFFC will work to achieve the 'One Family One Home' model with foster homes serving a single-family group. ACS anticipates that a single-family group can include a child or children needing SFFC, while the other siblings may need an EFFC level of care. ACS expects all SFFC agencies to be able to serve both populations. ACS will partner with providers to identify the number of special medical homes required to meet this standard within each contract. In making an SFFC placement, an agency must carefully assess the capacity of the foster parent to care for the child or children's (if there is more than one child in that family group with special needs) specific needs and ensure that adequate resources and supports are available to the foster parent in conjunction with appropriate medical staff and/or other specialists.

Population to be Served: SFFC care is designed to serve children with complex needs in family settings. Foster parents are required to receive additional training and support to ensure safety, permanency, and well-being of these children. The SFFC population includes:

a) Children with special medical needs, including but not limited to HIV[18] and AIDS, diabetes, severe asthma, cancer, sickle cell anemia, major organ dysfunctions, oxygen dependence, blindness, severe hearing loss, and/or other medical conditions; and

b) Children who have severe Intellectual and Developmental Disabilities (I/DD)[19], based on current assessment and/or known medical history, who require a specialized family setting to meet their needs.

[17] https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm

[18] Includes HIV positive children and youth who are receiving medical treatment and HIV exposed children and youth without evidence of seroconversion.

[19] As defined in the Mental Hygiene Law 1.03(22).

Anticipated Service Catchment Areas: ACS will seek to award contracts for family foster care by geographic area:

Service	Program	Catchment Area	Anticipated Maximum Total Slots by Borough
Family Foster Care Note: ACS will limit awards of a single agency to no more than 25% of the slots in each geographic area, but agencies can apply to provide services in more than one geographic area	Enhanced Family Foster Care	Bronx	2,281
		Brooklyn	2,078
		Manhattan	1,021
		Queens	1,332
		Staten Island	529
	Specialized Family Foster Care	Citywide	515

2. RESIDENTIAL SERVICES

ACS has made significant progress in reducing the use of residential care; fewer than 10 percent of children in 24-hour foster care live in a residential placement setting such as an institution, group residence, group home, or an agency-operated boarding home (AOBH).[20] Through the upcoming RFP, ACS seeks to continue to reduce reliance on residential care and ensure that residential placements are treatment-focused and time-limited.

ACS may include our contracted pre-placement programs in this RFP. ACS currently contracts with providers for three pre-placement reception centers with a total of 30 Youth Reception Center (YRC) beds serving teens ages 14-21 and one pre-placement reception center that has 15 beds serving children ages 0-12. These pre-placement settings are an extension of the ACS Children's Center and designed to provide temporary placement when children and youth first enter foster care, before they are placed in a foster home or other foster care setting. ACS is exploring the option to convert some or all the YRC pre-placement beds to placement programs. ACS requests input from providers regarding the YRC model and other options for utilization of these beds within the residential continuum.

[20] See 18 NYCRR II C 3 442, 447 and 448.

To inform planning for the RFP, ACS partnered with Chapin Hall to conduct an evaluation of the current residential services array, which included data analysis; identification and assessment of current interventions used by residential providers; a scan of best practices for serving youth placed in residential settings; and an assessment of the impact of the Family First Prevention Services Act (FFPSA) on ACS's existing continuum of residential care.

FFPSA will require new procedures and protocols that promote placement in foster family home settings. The law outlines specific conditions for which types of non-family home placements will be eligible for Title IV-E foster care maintenance payments. After the initial two weeks of placement, the only non-family-based settings eligible for federal reimbursement will be:

a) specialized settings for pregnant and parenting youth;
b) independent living programs for youth 18 and older;
c) settings that provide high-quality residential and supportive services to children and youth who have been found to be or assessed to be at risk of becoming a sex trafficking victim; and
d) Qualified Residential Treatment Programs (QRTPs).

FFPSA requires QRTPs to be accredited, have a trauma-informed treatment model, facilitate and document family involvement, provide at least six months of post-discharge, family-based after-care support, and have a licensed nurse or other licensed clinical staff available 24 hours a day, 7 days a week. Within 30 days of a child's placement in a QRTP there will need to be an assessment, using an evidence-based, validated tool, of the child's need for residential care and why the child's needs can best be served in a QRTP. Within 60 days, this will need to be approved by the Family Court.

All residential programs should be designed to promote stability in care, and will have pre-established, formal relationships with family foster care–either within the same provider organization, or through established agreements with other providers.

A. Residential Foster Care

Program Approach: ACS envisions that residential foster care programs as short-term, temporary experience for treatment and stabilization rather than long-term care. To support this vision, ACS is seeking to incorporate the following components into residential foster care programs:

- **Assessment and Treatment Planning:** Residential providers will conduct initial assessments, using an ACS-approved tool, that inform the development of individualized treatment plans that address the mental health, behavioral, and/or other clinical issues that necessitate the youth's placement into residential care. All child(ren)/youth must be assessed for past trauma and present trauma symptoms. Residential providers will design a model of integrated practice with a special emphasis on coordinating treatment plans between provider staff (including on-site clinical staff) and other community service providers. The treatment will include a full range of

health and mental health services, extensive social services, and individually modified, structured, and appropriate recreational activities.

- **Evidence-based Practice Model:** Providers will implement milieu-wide program models such as restorative practices, the Sanctuary Model, the Stop-Gap Model and the Integrated Treatment Model (ITM) that have been specifically developed for residential care and are comprehensive in their scope. These models tend to be guided by an overall treatment philosophy, may rely on a theory of change, and generally involve a "package" of case management, psychosocial, and pedagogical elements.[21]
- **Evidence-based Interventions:** Providers will implement child-specific evidence-based practices such as Multisystemic Therapy (MST), Functional Family Therapy (FFT), Dialectical Behavioral Therapy (DBT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) which can be used both within the milieu and to help children with complex needs transition to family-based placement settings. These services will facilitate step-downs to family foster care, as well as reunifications and other forms of permanency, and will provide supports to families after the transition. These interventions should be specifically designed to help youth with a variety of behavior challenges and psychiatric diagnoses. These services may be provided by provider staff, through contracted services or through Medicaid Home and Community Based Services (HCBS) and Community and Family Treatment Support Services (CFTSS).
- **Permanency Planning and Family Engagement:** Providers will work with youth and families to facilitate reunification. Parents will be engaged throughout the planning process and provide parents necessary services and supports to facilitate safe and timely reunification and to stabilize families after reunification. ACS envisions a strong linkage to Prevention services for youth leaving Residential settings to reunify with their families. ACS will work with both Residential and Prevention providers to co-design this process for ensuring that families are referred to and engaged in prevention services as appropriate. When youth have other permanency goals, residential providers will also engage in planning for step down to family-based foster care and kinship placements.

ACS is seeking feedback from current and prospective providers on promising and evidence-based models of residential care and the specific components (i.e., assessment and treatment planning, evidence-based practice models, evidence-based interventions, and permanency planning/family engagement) that should be considered for implementation through the RFP. Additionally, given the specific program components and the requirements envisioned through FFPSA, ACS is seeking input on program size and settings for the various populations to be served.

[21] Maloney, D. M., Fixsen, D. L., & Phillips, E. L. (1981). The Teaching-Family model: Research and dissemination in a service program. Children and Youth Services Review, 3(4), 343-355.

Population to be Served: Residential settings are designed to offer intensive clinical services for youth (12 years and older).[22] These may include, but are not limited to, youth whose current clinical, medical or other needs cannot be met safely and adequately in a family setting because they:

a) Are in crisis;
b) Have severe emotional or behavioral problems and conditions that cannot be addressed in a family setting using community-based services;
c) Have serious substance abuse problems that cannot be addressed within a family or community setting; and
d) Are gang-involved or continue to exhibit criminogenic behaviors that led to previous involvement in criminal or juvenile justice.

B. Specialized Residential Foster Care

Program Approach: Specialized residential foster care will seek to provide services to various special populations. Each program will be expected to have similar program components to residential foster care including assessment and treatment planning; evidence-based models and interventions; and permanency planning and family engagement. ACS envisions that each of the program components will be modified as appropriate to meet the unique needs of each population.

Four special populations are identified below. ACS may seek to establish additional specialized program types. ACS is seeking input from current and prospective providers on additional specialized programs that should be established to better support youth in foster care.

1. <u>Youth with Intellectual and Developmental Disabilities (I/DD)</u>

Children/youth with Intellectual and Developmental Disabilities (I/DD) should be placed in the most appropriate, least restrictive and safest foster care setting available. Children/youth placed in I/DD settings should receive all the support, treatment, and understanding necessary to meet their broad range of physical, emotional, and developmental needs, in a manner that maximizes their chances for reunification or adoption. When these options are not possible, programs most provide them with the skills necessary to live healthy, productive, and self-sufficient adult lives if possible. Children/youth with more complex needs who will need life-long support must be referred to such programs once those needs have been identified.

2. <u>Youth who are Expectant and Parenting</u>

Youth who are pregnant and parenting who cannot be served in a family setting should receive services that will develop and enhance parenting capacity and promote parental well-being, perceived self-

[22] ACS seeks to avoid the placement of children twelve (12) years old and under in residential settings unless absolutely necessary to meet their clinical and/or other needs.

efficacy and social support to improve adaptive coping skills in multiple roles. Expectant and parenting youth should have service plans that include intensive engagement, referrals to supportive services, support with implementing concrete services, co-parenting guidance and support. Parenting youth should be engaged in parent-child activities that develop parenting skills and parent-child attachment, strengthen parent-child relationships, promote child exploration and learning, and support child language development and literacy.

3. Youth with Problematic Sexualized Behaviors, including Sexually-Abusive Behavior

Children/youth with problematic sexualized behaviors, including those who exhibit sexually-abusive behaviors, who may pose a risk to themselves or other children absent supervision who cannot be safely placed in a family setting and/or who are at risk of juvenile justice involvement should receive specialized treatment services in a highly-structured therapeutic setting that addresses their needs. Through these specialized services, the child/youth will learn impulse control; guidelines for appropriate sexual behavior; how to respect privacy and understand boundaries; and how to improve/increase their self-esteem. The children/youth will be held accountable for their actions and learn to fundamentally change their harmful behaviors. These children/youth will receive extensive, trauma-informed treatment to address the issues which have led or contributed to their behaviors.

4. Youth who have been Sexually Exploited and/or Trafficked

Children/youth who have been sexually exploited, including youth who have been commercially sexually exploited or trafficked, and have treatment or safety-related needs that require the specialized treatment opportunities provided by specialized residential facilities will be provided such care. Children/youth who have been sexually exploited and are served in Specialized Residential Care settings must receive all the support, treatment, and understanding necessary to meet physical, emotional, chemical dependency/use and developmental needs, in a manner that maximizes their chances for permanency and provides them with the skills necessary to live healthy, productive, and self-sufficient adult lives.

Population to be Served: Specialized residential foster care settings are designed to offer specialized services for the following populations of youth (12 years and older)[23]:

a) Have Intellectual and Developmental Disabilities (I/DD) or severe neuromuscular disorders and cannot be supported in a family setting;
b) Youth who are expectant or parenting while in foster care;
c) Youth with problematic sexualized behaviors who require structure and supervision not available in a family-based setting; and

[23] ACS seeks to avoid the placement of children twelve (12) years old and under in residential settings unless absolutely necessary to meet their clinical and/or other needs.

d) Have been sexually exploited and require placement outside of the community for therapeutic or safety reasons.

C. Supervised Independent Living Program (SILP)

Through the RFP, ACS may seek to re-establish the Supervised Independent Living Program (SILP), which is envisioned as a short-term (six to twelve months) transitional program for youth who are preparing to leave foster care with a goal of Another Planned Permanent Living Arrangement with a Permanency Resource (APPLA). On a case-by-case basis, consideration will be offered to youth needing placement beyond 12 months. Following significant preparation for adulthood by their foster care program,[24] youth entering a SILP will be provided with supports which encourage personal growth and development and empower them to make mature and healthy decisions. SILPs will provide youth with the necessary supports during their transitional phase from foster care to independence as a productive member of society. SILPs will also offer youth educational and employment support services and will help them to connect with a variety of community resources to enhance their personal development and plan for the future. Supervised Independent Living Programs (SILP) are a type of Agency Operated Boarding Homes (AOBH) or apartment settings in which up to three youths reside on their own in the community, in a living unit separate from the rest of Contractor-operated dwellings, under the supervision of the Contractor. Such a facility is intended to serve as a transitional experience for any youth with a permanency goal of APPLA. This program is different from current ACS-contracted facilities as SILP is youth living independently and are for youth who do not require the twenty-four (24) hour supervision of a group residence. SILPs support the goal of serving youth in the least restrictive, most home-like setting possible.

ACS is seeking feedback from previous providers of the SILP model as well as providers that have delivered similar program models for populations outside of child welfare (e.g., runaway and homeless youth) that are oriented toward building independent living skills. ACS seeks feedback on the criteria to determine which youth can best be served through SILPs and the rate structure and the program models that may be used to support successful implementation of SILPs

Population to be Served: Youth ages 18-21 who have demonstrated readiness for independent living and can function independently in the community. The agency Case Planner, Supervisor, and Director will assess the readiness for a young adult to be referred to a SILP during the six-month Permanency Conference and reflect this readiness in the PYA (Preparing Youth for Adulthood) Checklist. PYA is a state-mandated transition plan for youth in ACS care, which ensures that ACS, with contracted foster care providers, is preparing youth to transition from foster care. Included in PYA are checklists that are

[24] See 15-OCFS-ADM-19, *Planning for a Successful Adulthood: Another Planned Permanency Living Arrangement with a Permanency Resource for Youth 16 Years of Age and Older* and 15-OCFS-ADM-20, *Transition Planning with Youth for a Successful Discharge*, for more information regarding planning and preparation requirements for older youth in foster care.

completed every six months after a youth turns 17 years old and are required to accompany all Family Assessment Service Plan (FASP) submissions.

Anticipated Service Catchment Areas: ACS will seek to award contracts for Residential Services citywide including specialized target population services as outlined below:

Service/ Program	Program Model	Catchment Area	Anticipated Maximum Total Slots Citywide
Residential Services	Residential Foster Care	Citywide	431
	Specialized Residential Foster Care	Citywide	369
	Supervised Independent Living Program	Citywide	50

D. SPECIALIZED SERVICES FOR YOUTH WITH COMPLEX NEEDS

While ACS expects that all providers will have a robust service array that is trauma-informed and responsive to the continuum of needs for children and youth placed in care, ACS is seeking to contract with providers to deliver intensive specialized services to a small group of children and youth in placement with the most complex needs and cross-system involvement in the mental health, juvenile and criminal justice systems.

Such services will leverage evidence-based, informed or promising practices and be mobile, i.e., delivered to youth regardless of placement setting (Family Foster Care, residential and the ACS Children's Center and Youth Reception Centers), with the goal of stabilizing the youth in placement, in the community or with family with a treatment approach that is responsive to crises and imminent placement disruptions. The team will be responsible for collaborating with the youth's foster care case planner to jointly develop an effective service and permanency plan that will support the stability of the youth, promote family engagement and supports and enroll the youth into appropriate community-based services as needed, including Department of Health and Mental Hygiene (DOHMH) and Office of Mental Health (OMH) services such as partial hospitalization, outpatient treatment, intensive case management and assertive community treatment. Specialized services providers will facilitate service referrals for the youth, joining the youth for intake appointments and interviews as needed and appropriate, and meet regularly with the youth's case planner for joint planning meetings to make sure the youth's permanency and service plans reflect and include the specialized services and supports.

ACS envisions that the providers will work with eligible youth for 6-18 months, employing a model and interventions with services that will include:

a) Assessment and individualized services planning;
b) Credible Messengers that provide direct support to youth 24/7. Credible Messengers are community members with relevant life experience and "social capital" that give them the authority to challenge and transform the thinking, attitudes, and behavior of others. Credible Messengers are mentors whose life experiences make them particularly competent in connecting with youth with complex needs; they are from similar backgrounds and able support youth in meeting their individual goals;
c) Family-centered planning approaches that engage the youth and parents/caregivers in goal setting and service planning; and
d) Family-finding services to support foster care agencies in identifying permanency resources for youth with complex needs.

ACS is seeking input from current providers of family foster care, residential foster care and other prospective vendors with experience serving this population. Specifically, ACS is interested in information about evidence-based and promising models that successfully serve youth with very complex needs and that supplement existing case planning services.

Population to be Served: Services will be provided to youth 14 and older with significant trauma histories, mental health diagnoses, substance use disorder, history or high risk of commercial sexual exploitation or trafficking, behavioral maladaptation, concurrent involvement in the juvenile and criminal justice systems, and history of institutionalization, including in both ACS and New York State Office of Mental Health (OMH) residential programs and psychiatric hospitals. Youth served by this program may be placed in either family foster care or residential foster care in New York City and surrounding counties. These complex needs manifest in low engagement in school and services, frequent runaway episodes, and frequent placement disruptions.

Anticipated Catchment Area: ACS will seek to award up to two (2) citywide contracts to serve up to a total of 150 youth in foster care across the two contracts. Applicants may offer to only provide this service; or they may offer to provide this service in combination with family foster care and/or residential services.

Service/Program	Catchment Area	Anticipated Maximum Total Slots Citywide
Specialized Services for Youth with Complex Needs	Citywide	150

VII. PROGRAM EXPECTATIONS

1. MEDICAID SERVICES AND MEDICAID MANAGED CARE

Foster care providers will obtain and maintain 29-I licensure from the New York State Department of Health as providers of limited core health-related services, and become and maintain Health Home Care Management Agency designation from the New York State Department of Health.[25] Providers will assess all children in their care for service and health needs and will refer eligible children for health home care coordination services and other Medicaid-funded services for which they may be eligible. Providers will assess for and coordinate with Health Home providers and Medicaid Managed Care Plans to expedite enrollment in Home and Community-Based Services (HCBS, pursuant to the NYS 1115 waiver) and provide and/or refer eligible children to Children and Family Treatment and Support Services (CFTSS) and other clinical and supportive services as needed.

2. KINSHIP AND FOSTER HOME RECRUITMENT, CERTIFICATION AND SUPPORT

A. Home Away from Home - Kinship and Foster Home Capacity - Building and Supports

ACS is committed to supporting robust kinship family care and non-kinship foster care for children for whom kinship is not an option. ACS's Home Away from Home (HAFH) initiative has been highly successful in increasing placement with kin and redesigning the way foster parents are recruited and supported.[26] ACS expects providers to invest in supports and customer service to kinship and non-kinship caregivers to: increase the well-being and safety of children in placement; decrease stress on caregivers; and increase the retention of caring and highly skilled caregivers. Moving forward, ACS expects:

a) **Foster Home Expansion:** Agencies will be expected to recruit and support culturally competent homes by geography to meet the diverse needs of children in foster care; to serve the majority of children and youth in the 'One Family One Home' model discussed above; and to improve the rates of placement of children and youth in or near their home communities.

b) **Staffing**: Agencies will maintain a sufficient level of staffing to manage intake; recruit and certify new non-relative foster homes; process new initial kinship placements; transition children and youth initially in foster homes to kinship homes; provide good customer service to existing kinship and foster caregivers; and conduct timely annual re-certifications of all foster homes. To that end, ACS's proposed budget incorporates kinship and home-finding staffing in ratios related

[25] https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm

[26] https://static1.squarespace.com/static/5bc8f25ea9ab953f77c47204/t/5dae10195126e3702416e1f5/1571688475165/19.9.10+Hilton+Final+Report+to+Hilton+for+Release.pdf

to the number of homes needed for the children and youth an agency commits to serve in family care.

c) **Need for expanded supports and robust customer service for caregivers:** ACS expects agencies to recognize the changing demographics of caregivers, the majority of whom will work and may be single parenting. ACS expects agencies to provide caregivers access to: family visitation staff and supports; respite; educational specialists; clinical staff; and foster parent advocates.

d) **Need for innovative approaches**: ACS seeks providers who have experience with and/or can demonstrate concrete commitment to caregiver innovations. The first is the creation of intentional communities among caregivers. Examples include the Mockingbird[27] model, which builds a network of supports for kinship and foster parents including peer mentoring, respite and child care, and KEEP,[28] a skill-building curriculum with a support group component for kinship and foster parents that teaches effective behavior management skills to better equip caregivers to address the needs of children placed in their care. Second, ACS seeks providers who have or plan to adopt technology to improve communication with and among prospective and existing caregivers e.g., increased use of texting and social media to provide increased access to 24/7 remote coaching to address challenging situations. The third is robust implementation of the family-to-family model to address requests from foster parents for more coaching and support in working with parents. While the concept of family-to-family is not new, implementation is challenging, and ACS seeks providers with innovative approaches and proven experience with connecting foster parents and parents.

B. Foster Home Certification and Approval

To support implementation of the enhanced family foster care model, all caregivers will be trained and certified as therapeutic foster parents. Providers will train and certify all foster parents in accordance with New York State regulations as well as with OCFS and ACS guidance, and will comply with requirements regarding assessments and clearances of all adult household members. Providers will submit all required documentation to OCFS to obtain certification or approval of each foster parent and will comply with annual recertification requirements.

Providers will be required to utilize a new software program that ACS will provide that will track, manage and streamline the certification and recertification process for both foster care agencies and prospective and current foster parents (including both kinship and non-kinship foster parents).

Providers will offer training to prospective and current foster parents to obtain and maintain certification and approval. In accordance with New York State regulations and OCFS and ACS guidance, providers will conduct initial and annual assessments of each foster home and will maintain current records of each foster parent, household member and home study within CONNECTIONS (CNNX), the

[27] https://www.mockingbirdsociety.org/a-comprehensive-approach

[28] See https://www.cebc4cw.org/program/keeping-foster-and-kin-parents-supported-and-trained/

New York State Office of Children and Family Services system of record, and in hard copy files as needed. ACS will conduct an annual audit of foster parent and foster home files. Providers are expected to certify and recertify homes in accordance with federal, state and city timeframes.

3. PERMANENCY: ACHIEVING REUNIFICATION, GUARDIANSHIP AND ADOPTION

In recent years, ACS has made significant progress in reducing the number of children and youth entering placement and the number remaining in care for more than one year. However, we need to continue and significantly accelerate our work to improve safety and timely permanency outcomes. As set forth in the ACS Foster Care Strategic Blueprint, ACS has committed to making further improvements in child and youth permanency outcomes with the goal of meeting the federal national standards for initial (within the first year), intermediate (for children in care for 12 through 23 months), and long-term (24 months or longer) permanency, including a continued focus on reducing re-entries into care.

A. No Time to Wait: Permanency Practices and Strategies

The ACS No Time to Wait initiative is focused on accelerating safe permanency for children through reunification, adoption and kinship guardianship. Through No Time to Wait, ACS has identified critical strategies for improving permanency outcomes. ACS will expect that providers will implement these strategies which include:[29]

a) Increase safe, frequent and high-quality family time (parent-child visitation), to improve timely and lasting reunification. Providers will support high-quality family time with a range of supports including coordination and planning for visits and visit coaching and supervision.

b) Invest in Parent Advocates as credible messengers to assist parents in more successfully navigating the child welfare system to better outcomes for their children. Parent Advocates will engage parents/caretakers in case planning and permanency planning. This will include ensuring their participation at and preparation for the FTCs, and general support of parents/caretakers in activities necessary to achieve service plan goals. Providers should also facilitate access to promising and evidence-based interventions that strengthen positive parenting practices such as Parenting Through Change.[30]

c) Embrace innovative approaches to achieving permanency, examples of which include: expanded permanency mediation to improve reunification rates and reduce litigation in the context of guardianships or adoptions; youth-involved intensive early permanency decision-

[29] Other key elements central to achieving safe and lasting permanency are referenced elsewhere in this Concept Paper including: conferencing; robust family and parent engagement; service matching; enhancements in the caregiver model; maintaining caseload ratios; workforce training and supports; and continuous quality improvement and performance-based contracting.

[30] See https://www.cebc4cw.org/program/parenting-through-change/detailed

making for children entering care ages 13 and older; investing in Youth Advocates as credible messengers to engage with youth and to identify lifelong permanency resources and supports; utilization of family finding tools and best practices to expand permanency options; integrating ongoing data analyses into practice to track and identify promising permanency pathways and bottlenecks, followed by structured accountability responses; and strategically timed, leadership-led permanency discharge decision-making conferences.

d) Establish and maintain business processes that facilitate timely permanency (e.g., permanency case reviews at specific milestones, proactive preparation of adoption packet and KinGAP application materials, consistent communication with attorneys, timely subsidy applications and birth certificate requests, effective procedures to help staff prepare for conferences and court appearances, etc.)

e) Engage families in discharge planning that includes accessing an array of services that build on family strengths and increase family capacities and addressing concrete needs such as child care and housing supports. Enhanced services during the reunification transition will help families reunify safely, with strong connections to community supports. Discharge supports may include evidence-based programs, peer mentors and reunification specialists.

f) Implement robust continuous quality improvement practices, described below, including use of data, tracking, and select qualitative reviews, leveraging leadership input and support to improve safety and permanency outcomes.

B. Evidence-based Assessment and Models to Support Permanency

ACS seeks to ensure that foster care services are rooted in evidence-based, promising and best practices that effectively meet the needs of the children and families that we serve. To support the continued improvement in permanency outcomes, ACS will support implementation of the following approaches.

1. Trauma-informed Assessment

Currently, children who enter family foster care are screened to assess their level of exposure to trauma using a nationally recognized screening tool, the Child and Adolescents Needs and Strengths-New York (CANS-NY). CANS–NY is an information integration tool that is designed to communicate the results of a high-quality screening and assessment process. Its primary purpose is to communicate a single, shared vision of the strengths and needs of a child and family being served by multiple service systems (e.g., child welfare, health homes, schools, etc.) CANS-NY is trauma informed and has a module to address the trauma, behavioral, medical, developmental and substance use needs of children.

The implementation of the enhanced family foster care model and the requirements of the Family First Prevention Services Act will require effective assessment of the needs of children entering foster care. This assessment will inform both level of care for placement decisions and services planning. ACS is conducting research on other evidence-based tools to determine if CANS-NY will meet this need or if

another tool should be implemented. ACS is seeking feedback from current and prospective providers on the use of CANS-NY and recommendations supported by evidence-based research on other tools that should be considered for implementation.

2. Trauma/Attachment/Mental Health

Dependent on available funding, ACS plans to continue the implementation of comprehensive system reforms and evidence-based practices that have led to positive outcomes as a result of Strong Families NYC. Based on a review of data, evaluation findings and provider feedback, this RFP will incorporate the lessons learned from waiver implementation.

ACS will continue utilizing Attachment and Biobehavioral Catch-up (ABC)[31]. ABC is an in-home parent training delivered to primary caregivers, along with their infants and toddlers. The model is designed to ensure nurturing care, increase caregiver sensitivity and support healthy brain development in children who have experienced early adversity. Providers will be expected to engage parents and foster parents caring for children between the ages of six months to 48 months and refer them to the ABC service provider. For parents who completed pre- and post-tests, a clinically meaningful change in the levels of sensitivity was found. At baseline 61% of parents had a low level of sensitivity, while only 10% of the parents had a high level of sensitivity. Of the parents who showed low sensitivity at baseline, 70% showed increased levels of sensitivity in the medium or high range post the ABC intervention.[32]

Additionally, ACS plans to develop a training module that includes components of Partnering for Success (PfS), which was implemented as part of our Title IV-E Waiver.[33] PfS is a framework created to increase the collaboration between child welfare and mental health professionals. Drawing on the PfS framework, this adaptation will enhance the ability of case planning staff to effectively engage and link children and their families to quality, evidence-based mental health treatment. Additionally, the PfS training module will provide tools so case planners can better advocate for services, monitor treatment progress, and determine if goals are being met accordingly. PfS has increased the collaboration between case planners and mental health professionals and their ability to conduct the necessary planning to effectively address the emotional, behavioral and trauma needs of children, youth and families. Providers will ensure their case planners and supervisors participate in this training module and incorporate the skills into their daily case practice.

3. Child-Specific Adoption Recruitment

ACS is implementing a three-year pilot of the Wendy's Wonderful Kids (WWK) model in partnership with the Dave Thomas Foundation. WWK is an evidence-based, child-focused recruitment model with the goal of finding permanency for children, including older youth, sibling groups and those with special

[31] See https://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up

[32] Power of Two: ABC Dyad-Level Outcome Data Progress and Report Findings April 1, 2019.

[33] See http://www.ncebpcw.org/partnering-for-success

needs. The program engages the child, case planning staff and others connected to the family to identify and match children with potential permanency resources. Specially trained WWK recruiters have smaller caseloads, which increases their ability to provide the additional attention, resources and support needed to assist youth in achieving legal permanency.

4. EDUCATIONAL AND EMPLOYMENT SERVICES

Children in foster care have poorer educational outcomes and college attendance, persistence and graduation rates than their peers and face high rates of unemployment as adults. As noted above, the most critical factor in a child's educational (and ultimately employment) success is their stability in a loving family. As such, the work described above to achieve high quality, stable placements for children while in foster care and a permanent family through reunification, adoption or kinship guardianship is paramount and a fundamental underpinning for improving education and employment outcomes for young people.

Providers will work with youth, parents and foster parents to develop individualized plans and to support each youth's educational and career goals, including obtaining special education and other services as appropriate. Providers will also utilize the technical expertise and assistance available through the ACS Office of Education and Employment Initiatives. Providers will leverage available programs and resources through the DOE and DYCD and other government and community resources for tutoring, afterschool programming, internships, employment services and other enrichment programs.

ACS has significant education, internship, college and career initiatives in place. Many of these initiatives focus on building the capacity of foster care providers to deliver services that engage children and youth in educational, vocational and employment opportunities. This work is supported by partnerships with the DOE and DYCD to expand academic enrichment and supports for children and youth in foster care.

During FY2020, ACS will work with current foster care providers to implement Fair Futures, a significant new initiative that will provide foster children and youth with increased access to an array of educational, vocational and workforce services. Implementation of these new services in FY2020 will further inform services to be procured through the upcoming RFP.

With the upcoming RFP, ACS is seeking to significantly expand education, career readiness, vocational training, employment and supportive services, in the context of increased resources to support placement stability and improved permanency outcomes, in order to improve outcomes for children and youth in foster care.

A. Educational Services

Through the RFP, ACS will seek to implement a comprehensive preschool through post-secondary education model that seeks to achieve the following educational goals:[34]

a) Children will be placed in high quality, stable foster care placements that support their educational goals;
b) Children and youth are entitled to remain in their schools whenever feasible and in their best interest;
c) Children and youth are guaranteed seamless transitions between schools and school districts when school moves occur;
d) Young children enter school ready to learn;
e) Children and youth have the opportunity and support to fully participate in all aspects of the school experience;
f) Children and youth have supports to avoid school dropout, truancy, and disciplinary actions;
g) Children and youth are involved and engaged in all aspects of their education and educational planning and are empowered to be advocates for their education needs and pursuits;
h) Children and youth have an adult who is invested in their education during and after their time in foster care; and
i) Youth have supports to enter and complete post-secondary education.

Providers will develop educational plans that are based on an assessment of the child's/youth's educational level. Plans for young children will include early childhood education and, when indicated, Early Intervention Services provided by DOHMH, and services provided through the DOE, including Committees on Preschool Special Education (CPSEs). School-aged children/youth will have a plan that promotes their developmental, social, emotional, and academic growth and prepares them for high school. Providers are responsible for engaging in special education planning when needed and will incorporate Individualized Education Plan (IEP) goals into the child's/youth's overall service plan. High school students will have a plan that prepares them for graduation with a diploma and skills for adulthood, as well as (based on each student's skills, interests and needs) post-secondary education.

Providers will work with parents, foster parents, and children to ensure that key transitions in children/youth's educational progress receive adequate attention. These include:

a) Referral to Early Intervention, Head Start, Early Learn or Pre-Kindergarten for children three (3) to four (4) years of age;
b) Application to Kindergarten for children age four (4) to five (5) years of age;
c) Application to middle school for fifth (5th) graders;
d) Application to high school for eighth (8th) graders; and
e) Application to higher education or vocational training for youth leaving high school.

[34] Blueprint for Change: Education Success for Children in Foster Care, see the Legal Center for Foster Care and Education at www.fostercareandeducation.org.

Educational Specialists will provide technical assistance and support to case planners by advocating for services available through DOE, as well as by identifying and making referrals to appropriate supplemental services and assisting with the development of education plans. Providers will fully utilize DOE, DYCD and other tutoring and afterschool enrichment programs to improve academic outcomes. Providers may also deliver tutoring services directly.

B. Employment Services

Providers will work with youth who are 14 and older to develop individualized plans that are informed by and reflect each youth's goals educational, vocational, career, and social-emotional goals. Providers will be expected to deliver promising, evidence-based models, practices and interventions to support the delivery of employment services.

These services will include the following:

a) Coaching: Coaching services will provide youth with social and emotional support to build life skills, set academic and career goals, facilitate connections to programs/services that support goal attainment and plan for successful transition from foster care.
b) Post-secondary Success: Post-secondary Success services will support youth pursuing college or vocational training, as well as those already enrolled in college or training. Services for those pursuing college/training will include assistance with applications, enrollment and financial aid; and monitoring of academic performance to ensure that youth are on grade level/on track to graduate from high school. Services for those already enrolled will include academic performance monitoring, as well as coaching on managing coursework/classes and related responsibilities.
c) Housing: Housing services will be provided to youth who are aging out of care to help identify stable housing; assist youth with all aspects of the application process for NYCHA, supportive housing and/or affordable housing; and monitor the status of housing applications.
d) Employment/Internship: Employment/Internship services will include making referrals for assessments for internship/job readiness and placement; identifying internship/job placement opportunities; and supporting youth in navigating internship/job issues.

An example of an evidence-based model that providers may implement is YVLifeset[35], which ACS is currently piloting, is a program for youth preparing to age out of foster care that uses trauma-informed interventions and intensive supports to assist youth with setting and achieving independent living goals. As noted above, the Fair Futures initiative being implemented in FY 2020 will further inform the RFP.

[35] See https://www.youthvillages.org/yvlifeset/

VIII. QUALITY ASSURANCE/CONTINUOUS QUALITY IMPROVEMENT

Under the Improved Outcomes for Children (IOC) framework, ACS delegates case management and the daily work with children, parents and foster parents to its provider agencies. Providers are responsible for conducting timely assessments; developing robust, individualized service plans that appropriately reflect children's permanency planning goals, including concurrent planning; and providing high-quality case planning and supervision of services for each child and family in their care. Providers will make sound and timely decisions regarding the safety, permanency and well-being of children, including decisions regarding children's departure from foster care.

Providers will participate in ongoing performance review and quality improvement planning with ACS. This will include assessments of practice and shared strategizing on improvement planning and implementation, often as partners with a common goal and shared accountability for outcomes. Providers will use research and quantitative and qualitative data, both self-generated and provided by ACS, to drive quality assurance and continuous quality improvement (CQI) in programmatic and practice decision-making.

Continuous quality improvement is the process of identifying, describing, and analyzing key data indicators and challenges; identifying and carrying out potential solutions; monitoring their effectiveness; and revising solutions based on results. Effective CQI requires an organizational culture and system that foster continuous learning and improvement and is routinized in an agency's mission, vision, and organizational practices.[36] Providers' quality assurance staff will play a significant role in building capacity to use data and dashboards to guide planning and case practice within agencies, as well as participating in the ACS-facilitated continuous quality improvement program, which includes development and implementation of annual improvement plans rooted in qualitative data, including the findings of ACS's semi-annual qualitative reviews of case practice, and quantitative outcomes data also provided by ACS.

Organizations will have the ability to leverage technology, business processes, and resources for successful operationalization of these tasks. Providers will actively participate in ACS collaborative quality improvement, learning collaboratives, contract management reporting, and all other required processes that promote high-quality performance, desired outcomes, and continuous program improvement. Providers will also receive technical assistance and case consultation from ACS to support their efforts to improve case practice, business process and outcomes for children and families.

IX. CONTRACT MANAGEMENT

Providers will be accountable for programmatic outcomes, fidelity to program models, and compliance with all ACS policies and standards. ACS will engage in consistent monitoring activities and feedback

[36] Lee SJ, Bright CL, Berlin LJ. Organizational influences on data use among child welfare workers. Child Welfare. 2012;92(3):97–118.

loops to understand provider progress and compliance with programmatic and fiscal contract requirements. Both parties will endeavor to identify and build on what works and share best practices.

X. TECHNOLOGY

Providers will maintain case and program data in the in the New York State Office of Children and Family Services system of record, CONNECTIONS (CNNX), the New York State Office of Children and Family Services system of record, for all child welfare cases and use the Safe Measures dashboard website provided by ACS to monitor staff activities and program performance. Providers will also use the CNNX Placement module to respond to all placement referrals from ACS and work collaboratively with ACS to keep pace with new technological innovations and continuously seek to utilize technology to improve service delivery and access. Providers will utilize the new foster parent certification software described above in Section VII, 2.B. Foster Home Certification and Approval. Providers will maintain adequate case files, fiscal and personnel records, and ensure that staff follow appropriate, confidential record-keeping practices and procedures in a manner which adheres to all existing federal, state and city laws, rules and regulations, and is consistent with policies, procedures and standards promulgated by ACS.

XI. TRAINING AND SUPERVISORY SUPPORT

Foster care providers will employ and supervise staff who are well-trained and prepared to adhere to ACS child welfare goals, including assessing the safety of children throughout the life of a case. Direct service staff and supervisors will participate in the ACS-mandated onboarding core training and will also fulfill the annual training requirements outlined in ACS policies, standards and guidance. Providers will document mandated trainings in staff personnel files and in Cornerstone, the ACS learning management system.

Providers will conduct weekly supervision with all case planning and clinical staff, which must include case-specific support and coaching, supervision of casework including progress towards case milestones and completion of required documentation while reinforcing and reminding staff of best practice. Supervisors will have the ability to assess the professional development needs of their staff, support those needs and provide opportunities for growth. Supervisors will conduct quality assurance case reviews with staff and provide staff with reflective supervisory support and regular performance evaluations.

Providers will furnish case planning staff with access to clinical consultations and supports to assist with appropriate assessment and service planning and facilitate referrals to appropriate services.

XII. PROPOSED METHOD OF EVALUATING PROPOSALS

For Family Foster Care and Residential Services, ACS will consider proposals from nonprofit organizations that have experience providing child welfare services (including prevention, family foster care and/or residential foster care) or other out-of-home residential care services. For Specialized Services for Youth with Complex Needs, ACS will consider proposals from nonprofit organizations that

have experience delivering intensive specialized services to youth in foster care with complex needs, including cross-system involvement in the mental health, juvenile and criminal justice systems. The method of evaluating proposals is as follows:

a) Upon receipt, all proposals will be reviewed for responsiveness.
b) ACS will evaluate all responsive proposals based on technical criteria, which may include, but are not limited to:
    - Program Approach
    - Organizational Capacity
    - Experience
    - Past Performance:
        1. Applicants for Family Foster Care and Residential Services:
            - Previous two (2) years of performance on the following Federal Safety and Permanency Measures or the equivalent (for agencies not currently providing foster care services, ACS encourages feedback from stakeholders about equivalent, well-vetted alternative measures for non-foster care providing agencies:
                i. Initial permanency within the first 12 months of entry
                ii. Intermediate permanency for children in care 12-23 months
                iii. Long-term permanency for children in care 24 months or longer
                iv. Casework contacts
        2. Applicants for Specialized Services for Youth with Complex Needs:
            - Previous two (2) years of performance on the following measures or the equivalent:
                i. Referral Acceptance from Referring Agency
                ii. Assessment and Planning
                iii. Family Finding
                iv. Transition to the Community

a) For Family Foster Care (Enhanced Family Foster Care and Specialized Family Foster Care), applicants with the highest-ranked proposals will be recommended for an award; slots will be allocated to the highest-ranked proposals until the slots are exhausted. Applicants may only apply for a maximum of 25% of the slots in a catchment area, however, applicants may apply to as many catchment areas as they would like to serve. Nonetheless, in each case where a proposer is eligible for more than one contract award, ACS will limit the maximum citywide awarded slots to an amount to be determined in the RFP. ACS in its sole discretion will determine, based on the proposer's demonstrated organizational capability and the best interests of the City, respectively, how many and for which geographic area the proposer will be awarded a contract.

b) For Residential Services and Specialized Services for Youth with Complex Needs, applicants with the highest-ranked proposals will be recommended for an award; slots will be allocated to the

highest-ranked proposals until the slots are exhausted in accordance with target slots per program type in each catchment area.

XIII. PROPOSED TERM OF THE CONTRACTS

ACS anticipates that the term of the contract(s) awarded from the upcoming RFP will be from July 1, 2021 through June 30, 2024, with an option to renew for two (2) additional three (3) year terms. Renewal is subject to availability of funds and evaluation of contractor performance.

XIV. TOTAL FUNDING AVAILABLE / ANTICIPATED PAYMENT STRUCTURE

The projected funding available for the contracts awarded from this RFP is approximately $517 million annually.

Currently, foster care providers are paid on a per-diem basis based on the number of children in foster care. ACS is exploring the feasibility of factoring costs into the reimbursement structure for foster care providers.

Further, ACS is exploring the feasibility of implementing shared risk with providers related to certain activities that impact federal reimbursement such as submission of monthly care day data and foster home certification in conformance with OCFS regulations. Providers will continue to be subject to the NYS OCFS rate-setting process and ACS audit guidelines.

ACS is also exploring an approach to performance-based contracting that will reward providers that meet or exceed prescribed standards for safety and deliver excellent permanency outcomes, by prioritizing placements and slot allocations to higher-performing agencies.

XV. PROCUREMENT TIMELINE

ACS anticipates that the RFP will be released in the spring of 2020. A pre-proposal conference will be held shortly after the release of the RFP. The proposal due date will be approximately eight weeks after the release of the RFP. ACS anticipates that contractors will be selected before the end of 2020.

XVI. CONTRACTOR PERFORMANCE REPORTING REQUIREMENTS

Contractors will be required to submit for performance assessment all case- or program-related documentation, including but not limited to electronic case records, court reports and other documents, medical records, educational records, case conference reports, abuse/neglect reports, personnel files, program logs associated with facilities, supervision, or critical incidents or activities as requested by ACS, consistent with governing law.

XVII. USE OF HHS ACCELERATOR

To respond to the forthcoming Foster Care Services Request for Proposals (RFP) and all other client and community services (CCS) RFPs, vendors must first complete and submit an electronic prequalification application using the City's Health and Human Services (HHS) Accelerator System. The HHS Accelerator System is a web-based system maintained by the City of New York for use by its Health and Human Service Agencies to manage procurements.

Only organizations with approved HHS Accelerator Business and Service application for one or more of the following will be eligible to propose:

- Adoption Services
- Foster Care Services
- Preventive Services
- Housing
- Shelter
- Non-secure Placement
- Alternative Justice Management
- Secure Detention
- Case Management
- Substance Abuse Services
- Mental Health Services
- Life Skills
- Caregiver Support
- Respite Care
- Academic Support
- Job/Vocational training
- Rehabilitation/Therapy
- Child Care
- Parenting Services

To submit a Business and Service application to become eligible to apply for this and other ACS Client Service RFPs, please visit http://www.nyc.gov/hhsaccelerator.

XVIII. CONTACT INFORMATION

All comments and feedback regarding this Concept Paper must be received no later than December 9, 2019 by 5:00 pm. Comments should be sent via email to: FosterCare-CP@acs.nyc.gov.