FY2023
Prevention Services Scorecard Methodology

June 29, 2022

Administration for Children's Services

Contents

1. Introduction and Overview

The Scorecard is the annual evaluation of ACS-contracted prevention programs. Scorecard evaluates how well programs are ensuring the safety, stability and well-being of children and their families, many of whom are in crisis and especially vulnerable. More specifically, Scorecard evaluates performance across eleven measures that fall within one of three domains – process, practice, and outcomes. These measures are derived from administrative data and Provider Agency Measurement System (PAMS) comprehensive case reviews.

The end-of-year Scorecard summary presents the performance of each program within one of four Service Need categories (Very High, High, Medium and Low) based on the average level of need among the clients served by the program. These categories enable more equitable comparisons across programs. The data and information provided in the Scorecard are used to support agency quality improvement processes in collaboration with ACS's Division of Prevention Services (DPS), and Division of Policy Planning and Measurement (DPPM).

What's new in FY 2023 Scorecard

FY2021 marked the first year of the new PPRS contract array. Now two years into the work, staff are well oriented to Scorecard routines and requirements as the methodology has become more fully aligned with DPS's vision for the new contracts.

For FY23, PAMS casework contact standards have been adjusted for specific models. These changes reflect learnings from discussions with DPS, providers and the model developers. Additionally, the Length of Service (LOS) measure is now calculated based on the specific LOS requirements of the individual models. Formerly, LOS was based on case closings within the 12-month standard.

Tables 1 through 3 below provide an overview of the practice, process and outcomes measures and the weight of each measure in the scoring. Table 2 and 3 describe weighting adjustments in cases where practice or outcome domains does not apply to the overall score calculation. This is likely to happen when having a small sample size is confirmed to have an adverse impact on a program's score (please refer to the Small Denominator definition on page 14).

Table 1. FY 2023 Scorecard Weighting*

Domain Weight	Domain	Indicator Weight	Indicators
40%	Practice	20%	Safety Practice
		15%	Casework Contact
		20%	Comprehensive Assessment
		20%	Family Engagement
		20%	Services to Address Risk
		5%	Cultural Competency
20%	Process	50%	Time to Disposition (see 3.1)
		50%	Length of Service (see 3.2)
40%	Outcome	40%	Achievement of Goals (see 3.3)
		60%	Subsequent Maltreatment (see 3.4)

* JJI Programs are excluded from Process measures. Outcome will account for 50% while Practice will account for 50% of their Scorecard

Table 2. FY 2023 Scorecard Weighting*
Adjustment of Weights when Practice Measures Not Applicable

Domain Weight	Domain	Indicator Weight	Indicators
FYI	Practice	N/A	Safety Practice
		N/A	Casework Contact
		N/A	Comprehensive Assessment
		N/A	Family Engagement
		N/A	Services to Address Risk
		N/A	Cultural Competency
40%	Process	50%	Time to Disposition (see 3.1)
		50%	Length of Service (see 3.2)
60%	Outcome	40%	Achievement of Goals (see 3.3)
		60%	Subsequent Maltreatment (see 3.4)

* JJI Programs are excluded from Process measures. Outcome will account for 100% of their Scorecard

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Table 3. FY 2023 Scorecard Weighting*
Adjustment of Weights when Outcome Measures Not Applicable

Domain Weight	Domain	Indicator Weight	Indicators
60%	Practice	20%	Safety Practice
		15%	Casework Contact
		20%	Comprehensive Assessment
		20%	Family Engagement
		20%	Services to Address Risk
		5%	Cultural Competency
40%	Process	50%	Time to Disposition (see 3.1)
		50%	Length of Service (see 3.2)
FYI	Outcome	N/A	Achievement of Goals (see 3.3)
		N/A	Subsequent Maltreatment (see 3.4)

* JJI Programs are excluded from Process measures. Practice will account for 100% of their Scorecard

2. Case Practice Measures

Below are case practice measures which are based on question(s) from the PAMS review. Section 4.2 provides information how the rate achieved for these measures are calculated.

2.1 Safety Practice. This measure addresses whether the case planner adequately assesses immediate and impending child safety concerns and whether safety practice is reinforced by ongoing supervision. This practice measure is extracted from the PAMS review and is based on five questions:

A. Was the safety of all the children assessed prior to case closure (question C1)?
B. Was there a Safety Plan to address the safety factor(s) (question S12)?
C. Does the case record contain at minimum monthly supervisory case review for each of the months during the PAMS review Period (question S21 [a-f], monthly supervision grid)?
D. Does the supervisory review during the PAMS review period include an ongoing assessment of the safety of each child in the household (question S22)?
E. Were all family members seen within 30 days of case closure? (C3)

2.2 Casework Contact. This measure evaluates contacts consistent with the expectations set forth in the Casework Contact Standard for each program (See Appendix 3I). It examines the number of contacts made, the diligent efforts to complete a contact, the number of children seen, and the number of home visits made according to case need as described in the standards.

2.3 Comprehensive Assessment. This measure reflects the quality of assessments of parent/caretaker interaction, home assessments, assessments of other adults in the home and discussions around case closure. It also examines the degree to which the case planner assessed the child's physical health, cognitive development, and education as well as the child's emotional/ psychological and behavioral growth and how these assessments were informed. This practice measure is extracted from the PAMS review and is based on nine questions and the child wellbeing assessment grid:

A. If there are other adults in the home or frequenting the home, was there information in the case record about the relationship (i.e., level of support/ level of involvement) with the family (question A12)?
B. Did the case planner assess the parent/ caretaker(s) and the child interaction through conversations with the parent(s)/ caretaker(s) (question A8)?
C. Did the case planner assess the parent/ caretaker(s) and the child interaction through conversations with child (ren) (when age appropriate) (question A9)?
D. Did the case planner make ongoing assessments of the parent/ caretaker(s) and child interaction throughout the review period (question A10)?
E. During the PAMS review period, was there a discussion with the family about case closure (question E11)?
F. Does the supervisory review during the PAMS review period include information about case closure (question E9)?

G. Did the case record include an assessment of the physical home environment and conditions? (question A23)
H. Did the case record include a comprehensive assessment of the following child factors for any child in the family (Physical health, development/cognitive/education, emotional/psychological, social/behavioral) (question A1 [a-f] – grid response)?
I. Did the case planner obtain information or make contact with other individuals in the child(ren)'s life (e.g., teachers, service providers, doctor's etc.) to help make assessment of the child (ren) (question A5)?

2.4 Family Engagement. This measures the quality of family engagement focused on attentiveness to the family, case planning, and family team conferencing, as documented in the case file. This practice measure is extracted from the PAMS review and is based on twelve questions:

A. Did the case planner make substantive efforts to understand the family's needs from the family perspective (question RS15)?
B. Did the case planner address the family's concrete needs (question RS21)?
C. Was there a Family Team Conference held during the review period (question FTC2)?
D. Was there a conversation with the family about who they wanted to invite (question FTC1)?
E. Was a Preventive Service Planning Conference held during the six-month review period, convened within four weeks prior to the FASP due date? (question FTC3)?
F. Does the work with the family done after the conference reflect the information learned from the conference (question FTC10)?
G. Does the plan correspond to issues that are evident in the FASP and the progress notes (question FTC6)?
H. For the tasks that were due during the review period, did the provider agency staff follow up on tasks as outlined in the plan by the date that was agreed upon (question FTC8)?
I. Did the case planner have discussions with the family about how the identified risks are impacting the family? (RS5)
J. Did the case planner solicit and receive input from the family about their service needs? (question E3)
K. Did the case planner regularly (monthly) solicit feedback from the family about their experience in services? (question E3A)
L. If a plan was developed, was the family involved in the development of the plan to help prevent the re-occurrence of the risk(s)? (question RS18)

2.5 Services to Address Risk. This measures the quality of services and how well services met the needs of the family and decreased the risk of maltreatment. It also assesses the responsiveness

of the case planner to events or circumstances that may have affected a child's well-being. This practice measure is extracted from the PAMS review and is based on eight questions:

A. Was there a conversation with the family about their progress towards identified service plan goals, particularly those goals related to reducing risk to children, prior to case closure (question C7)?
B. Did the case planner provide referrals and /or services that matched the needs of the family (question RS11)?
C. Does the case planner provide information, which indicates that the services the family is receiving are helping the family resolve their problems/ concerns (question RS12)?
D. Did the case planner coordinate services with each of the agency staff/ service providers or other agencies involved with the family to address the family's service needs (e.g., conferencing, meetings, letters, telephone contact) (question RS22a)?
E. If a referral(s) was provided, did the family receive services specific to the referral at any time during the review period (question RS9)?
F. Was an action provided by the case planner in response to the event(s) or circumstance(s) (question RS2)?
G. Did the action taken by the Case Planner address the threat to child well-being posed by the event(s) or circumstance(s) (question RS3)?
H. Was there an assessment of risk of future abuse or maltreatment of the children prior to case closure? (C10)

2.6 Cultural Competency. This measures the degree to which assessments and service plans took into account the child's/family's values, traditions and beliefs. This practice measure is extracted from the PAMS review and is based on three questions:

A. Does the case record contain information about the child/ family's values, traditions and beliefs (question A20)?
B. Did the case planner explore how child/ family's values, traditions, and beliefs influence family dynamics, interaction, and functioning (question A21)?
C. Did the worker use his/her knowledge of family's values, traditions, and beliefs (in relation to parenting) and resources (e.g., religious leaders, community groups) to develop an appropriate assessment of child/family's needs/concerns (question A22)?

3. Process and Outcome Measures

3.1 Time to Disposition (TTD)**.** This measure assesses the disposition of referrals. Referrals that are withdrawn by ACS and referrals that are rejected with the reason "whereabouts unknown" are <u>not</u> applicable for this measure. Referrals that are rejected by a provider and then re-referred to the same provider within 30 days are counted as missing the TTD timeframe. Juvenile Justice Initiative (JJI) Programs are excluded from this measure. Credit to be given will depend on when dispositions were made within 21 days from the referral date. Please note that referral date changes are not allowed.

TTD	Credit given
0-7 days	1.1
8-14 days	1
15-21 days	0.4
22+days	0

$$\text{Formula} = \frac{\sum \text{ of credit}}{\text{\# of referrals made to a provider}}$$

3.2 Length of Service (LOS). This measure evaluates the timely closure of cases based on the expected LOS of each model (see Table 4). It is based on an entry cohort of cases from the prior fiscal year. If an agency closes a family's services in Program A and then reopens with the same agency in Program B within 90 days, the first and second spell are added together to determine the length of service for Program A. The length of service for Program B begins on the day that the second program opens services with the family. Juvenile Justice Initiative (JJI) Programs are excluded from this measure.

$$\text{Formula} = \frac{\text{\# of cases opened that closed within the expected model expectation LOS}}{\text{\# of cases opened during the specified entry cohort period}}$$

Table 4. Length of Service Requirements

Model or Case Practice Framework	Expected Length of Service (LOS)	Scorecard Entry Cohort
• Brief Strategic Family Therapy (BSFT)	4 – 5 months	2/1/22-1/31/23
• Child Parent Psychotherapy (CPP)	12 months	7/1/21-6/30/22
• Family Support	12 months	7/1/21-6/30/22
○ Family Connections		
○ Mobility Mentoring		
○ Solution Based Casework		
• Family Treatment Rehabilitation (FT/R)	12 months	7/1/21-6/30/22
• FAP	12 months	7/1/21-6/30/22
• Functional Family Therapy (FFT)	3 to 5 months	2/1/22-1/31/23
• Functional Family Therapy – Adaptations	5 to 7 months	12/1/21-11/30/22
• Functional Family Therapy – Child Welfare (FFT-CW)		
Model or Case Practice Framework	**Expected Length of Service (LOS)**	**Scorecard Entry Cohort**
○ Functional Family Therapy – Therapeutic Case Management (FFT-TCM)	5 to 7 months	12/1/21-11/30/22
• General Preventive (GP-Beacon)	12 months	7/1/21-6/30/22
• Multisystemic Therapy – Prevention (MST-PRV)	4 to 9 months	10/1/21-9/30/22
• Multisystemic Therapy – Child Abuse and Neglect (MST-CAN)	6 to 9 months	10/1/21-9/30/22
• Special Medical	12 months	7/1/21-6/30/22
• Trauma Systems Therapy (TST)	7 to 12 months	7/1/21-6/30/22

3.3 Achievement of Goals. This measure evaluates the rate at which closed cases met their goals. Cases that are open and closed within 30 days are also not applicable for this measure. The following six closing codes represent lack of goal achievement (See Appendix 1 for description of the closing codes):

1. Family withdrew or Refused Services
2. Family withdrew or Refused Services during Engagement Period
3. Foster care placement
4. Higher Level of Service Needed
5. Whereabouts Unknown
6. Other

Closing codes that are not included in the calculation of this measure:

1. 18th birthday
2. Transfer to another PPRS
3. Case Opening not Authorized by ACS
4. Clearance denied as per ACS
5. Community Services
6. No Child Welfare Services needed
7. Moved out of Area
8. Return to ACS Borough Office

$$\text{Formula} = \frac{\text{\# of cases closed with "goals met" or "progress towards one or more goals met"}}{\text{\# of cases closed}}$$

For FAP/JJI programs:

$$\text{Formula} = \frac{\text{\# of cases closed with "Completed" or "Diminishing Returns"}}{\text{\# of cases closed}}$$

"Lack of Engagement/Response" represent lack of goal achievement while the rest of the closing codes specified in Appendix 1B and 1C are not applicable for this measure

3.4 Subsequent Maltreatment: This measure evaluates the rate at which cases that were closed during the most recent calendar year had subsequent maltreatment -- indicated investigation rate (IND SCR) and foster care placement rate (FCP) within 6 months of closing.

Cases with the following closing reasons are excluded from subsequent maltreatment or foster care placement measures:

A. Higher Level of Service Needed
B. Foster Care Placement
C. Moved out of area
D. Return to ACS Borough Office
E. Transfer to another PPRS
F. Whereabouts Unknown
G. Case Opening Not Authorized by ACS

Indicated SCR. This measure evaluates the rate that cases closed during the most recent calendar year had an indicated report of maltreatment within six months of the service closing. This measure uses the number of closed cases with an indicated report as the numerator and the total number of closed cases as the denominator.

Foster Care Placement. This measure evaluates the rate that a child who had received prevention services entered foster care within six months of the service closing. This measure uses the number of closed cases without a placement within six months as the numerator and the total number of closed cases as the denominator (See below). The rate for this will not be adjusted to the Service Need Cohort mean.

Calculating the Subsequent Maltreatment rate is a 3-step process:

1) Calculate the Indicated Investigation rate
2) Calculate the Foster Care placement rate
3) Use those 2 rates to calculate the Subsequent Maltreatment rate.

Formula 1 - Indicated investigation rate (IND SCRs)

$$\text{Formula} = \frac{\text{\# of cases closed in the most recent calendar year with indicated SCR within 6 months of closing}}{\text{\# of cases closed during the most recent calendar year}}$$

Formula 2 - Foster Care placement rate (FCP)

$$\text{Formula} = \frac{\text{\# of cases closed during the most recent calendar year with FC placement within 6 months of closing"}}{\text{\# of cases closed}}$$

Formula 3 - Subsequent Maltreatment rate

$$\text{IND SCRs} + 2 * \text{FCP}$$

4. Scoring and Ranking

4.1 Service Need Category. Every program is designated to either be in the very high, high, medium or low Service Need Category using data from the cases accepted during the fiscal year. See Appendix 5.

4.2 PAMS Questions for Scorecard. The rate achieved for each PAMS question is based on the number of cases with a positive response (numerator) out of the number of applicable cases for question (denominator). The rate achieved for each practice measure (combination of one or more PAMS questions) is the average rate achieved across the PAMS questions in the index. For

example, engagement practice is based on eight PAMS questions. The rate achieved for engagement will be based on the average rate achieved across the eight PAMS questions.

$$\text{(Question) Rate Achieved} = \frac{\text{\# of cases with a positive response to the PAMS question}}{\text{of applicable cases for the PAMS question}}$$

$$\text{(Indicator) Rate Achieved} = \frac{\text{Question}_1\text{ Rate} + \text{Question}_2\text{ Rate} + \text{Question}_3\text{ Rate} + \ldots}{\text{\# of applicable cases for the PAMS indicator}}$$

4.3 Scoring. Rates obtained by using the formula specified for each corresponding measure will be used to calculate the aggregated Domain and Overall Agency/Program scores.

4.4 Ranking. Programs are ranked based on their overall scores within each Service Need Category. Programs that achieve the same score will obtain the same ranking (e.g., more than one program could be ranked 3rd).

4.5 Small Denominators: When having a small sample size (denominator of 30 or less for outcome measures and 10 for PAMS measures) is confirmed to have an adverse impact on a program's score, data for that measure will be removed from the program's scoring and will be provided as an FYI for the current fiscal year. Once the program has accumulated a large enough sample size across future fiscal years, the measure will be included in the programs' scoring using the data that was accumulated over two or more fiscal years.

Appendix 1: Case Closing Codes

A. Case Closing Codes for Child Welfare Programs

All goals met: This code is used when the family has successfully achieved one or more significant goals and can be safely closed.

Progress towards one or more goals: This code is used when family has made progress toward achieving one or more significant goals, refuses continued services and can be safely closed.

Family withdrew/refused services during engagement: This code is used when the Family has not made progress toward achieving any significant goals and either passively withdrew from services or actively refused to continue with services during the first 30 days of services.

Family withdrew or refused services: This code is used when the Family has not made progress toward achieving any significant goals and either passively withdrew from services or actively refused to continue with services after the 30th day of service.

Community Services, no child welfare services needed: This code is used when the family has been linked with community services and is no longer in need of child welfare services.

Transfer to another PPRS: This code is used when the family is being transferred to another Prevention program and/or agency. This transfer is not a result of an Elevated Risk Conference.

Higher level of service needed: This code is used when an Elevated Risk Conference has concluded that a referral to a more appropriate level of service is needed and the family is being transferred to another Prevention program.

Foster care placement: This code is used when the children in the home have entered placement due to a safety factor and/or a court order.

Moved out of area: This code is used when the family has not made progress on achieving any significant goals and has moved to a known location. The family has refused to be referred to another provider.

Whereabouts unknown: This code is used when the family has not made progress toward achieving any significant goals, has moved and the family's whereabouts are unknown.

Return to ACS Borough Office: This code is used when, due to a collaborative decision with ACS and the provider, it is agreed that this family warrants heightened intervention from DCP. DCP assumes the role of case manager when this code is used.

18th birthday: This code is used when the youngest child in the family is age 18 or younger for families working to prevent placement and when the youngest child is age 21 or younger if the child is exiting foster care.

Case opening not authorized by ACS: This code is used when the case has been erroneously opened and a CID was never assigned as a result of a Family Service Intake (FSI). The case never progressed to a Family Service Stage.

B. Case Closing Codes for FAP

1. **18th birthday:** This code is used when the youngest child in the family is age 18 or younger for families working to prevent placement and when the youngest child is age 21 or younger if the child is exiting foster care.

2. **Administrative Removal:** Youth was removed from the program by ACS program administration or FAP Provider due to administrative issues or decisions **unrelated to the youth or family's behavior or progress of the case**. FAP Provider or ACS administrative policies determine that the case must be closed even though the treatment team determines that the family could benefit from additional treatment
   OR
   FAP Provider or ACS determine in mutual agreement that the youth was referred inappropriately, i.e. does not meet inclusion criteria (e.g. youth is bipolar and was referred to MST-CM, youth is overage, youth is actively suicidal, intake staff referred a case without determining agency slot availability, etc.)

3. **Case Opening Not Authorized by ACS:** This code is used when the case has been erroneously opened and a CID was never assigned as a result of a Family Service Intake (FSI). The case never progressed to a Family Service Stage.

4. **Completed (All Goals Met):** Treatment team and family agree that there is evidence that all overarching goals have been met and sustained for over a period of 3-4 weeks.

5. **Completed/Partial Goals:** A) Selection of this category does not indicate that the case closed with all goals met, only that the primary caregiver(s) and the treatment team must agree that most of the overarching goals have been met to the satisfaction of stakeholders. B) the reason for case closure does not meet any of the other categories

6. **Diminishing Returns:**

   Treatment is terminated with family within model timeframe, despite the fact that 40% of the overarching treatment goals have not been met because treatment has reached the point of diminishing returns (i.e. remaining treatment goals are determined by therapeutic team to not be reachable within remaining time with program). Cases should be closed for this reason when:
   - 40% of the treatment goals have not been met and progress has not been sustained over a period of 3-4 weeks.
   - The case is ready for discharge given that noticeable treatment is not continuing and is not expected within the time remaining with program.

7. **Higher level of service needed:** This code is used when an Elevated Risk Conference has concluded that a referral to a higher level of service is needed and the family is being transferred to another preventive program.

8. **Lack of Engagement /Response:** The decision to close the case is made because the treatment team was never able to engage the family in treatment or the family declines to continue in treatment despite persistence on the therapist's part to engage. This includes:
   - The family formally declines treatment at the outset.
   - The family started treatment but stated that they did not want to continue.
   - The youth was ultimately terminated from the program because the youth and/or family would not consistently engage in treatment.
   - The consultant and team have identified and addressed barriers to inadequate engagement and agree that all engagement strategies have been exhausted

   Clarification of second bullet: At the time of the family's request to discontinue services, if the treatment team and family agree that treatment has reached a point of diminishing returns AND the family, therapist and consultant reports progress in reducing or eliminating some or all of the referral behaviors, then the category "diminishing returns" rather than lack of engagement should be selected.

9. **Moved:** This code is used when the family has not made progress on achieving any significant goals and has moved to a known location. The family has refused to be referred to another provider.

10. **Placement (Non-MTFC):** The decision to close the case is made because youth receiving MTFC treatment in either a foster family placement or kinship care placement can no longer remain in their home placement as determined by the therapeutic team.

    This reason for case closing applies only to youth receiving treatment while in the care of foster family.
    AND
    The caregiver(s) are no longer willing to serve as the resource for the youth
    AND
    All measures to continue MTFC with an alternative resource in the natural ecology have not been successful.

11. **Placement, prior to event:** The youth was placed in restrictive setting (detention center, residential placement, etc.) due to an event or offense that occurred prior to the beginning of treatment.
    OR
    Offense occurred prior to the beginning of treatment
    AND
    Decision to place youth in restrictive setting is for duration of time that precludes further FAP Provider involvement.

12. **Return to Borough Office:** This code is used when, due to a collaborative decision with ACS and the provider, it is agreed that this family warrants heightened intervention from DCP. DCP assumes the role of case manager when this code is used.

13. **Youth AWOL:** The decision to close the case is made because the treatment team has not been able to engage the primary (or referred) youth for a significant period of time due to the youth's AWOL or runaway status. This includes:
    - Youth has been AWOL for 30 days or more
    - The whereabouts of the youth are unknown

14. **Family Withdrew/Refused Services:** This code is used when the Family has not made progress toward achieving any significant goals and either passively withdrew from services or actively refused to continue with services during the first 30 days of services.

15. **Progress toward One or More Goals:** This code is used when family has made progress toward achieving one or more significant goals, refuses continued services and can be safely closed.

16. **Youth Referred to CBO/Preventive Services:** This code is used when the family is being transferred to another preventive program and/or agency. This transfer is not a result of an Elevated Risk Conference.

C. Case Closing Codes for JJI

Completed. The youth is discharged after six to twelve months in JJI program and treatment goals have been met and sustained, or after treatment goals have been achieved and sustained in a program based upon mutual agreement of the primary caregiver(s), and the therapeutic team. Case should be closed for this reason only when the treatment team and family agree that there is evidence that some or all of the treatment goals have been met and progress has been sustained over a period of 3-4 weeks.

Diminishing Returns. The youth is discharged after an appropriate length of time despite the fact that not all treatment goals have been met. Cases should be closed for this reason when:

- Some treatment goals have been met and sustained.
- Further treatment time in treatment would not increase progress toward the rest of goals (i.e. maximum gain towards other goals has been achieved).
- Youth is at home, sufficiently compliant with terms of probation and no immediate risk to community.

Lack of Engagement. The decision to close the case is made because the treatment team is never able to engage the family in treatment or the family declines to continue in treatment despite persistence on the therapist's part to engage. This includes:

- The family formally declines treatment at the outset
- The youth was ultimately terminated from the JJI program because the youth and family would not consistently engage in treatment.

Clarification of second bullet: At the time of the family's request to discontinue services, if the JJI treatment and family agree that treatment has reached a point of diminishing returns AND the family, therapist and consultant reports progress in reducing or eliminating some or all of the referral behaviors, then the category "completion" rather than lack of engagement should be selected.

Violation of Probation. The decision to close the case is made because the youth is charged with a violation of probation or violation of post-residential services (i.e. curfew violation, truancy, positive drug screens, etc.) and a decision is made by the therapeutic team that the youth cannot continue to receive JJI services. Cases should be closed for this reason only when the youth's VOP or post-residential services occurred because of behaviors other than re-arrest or a lack of engagement with JJI services from inception.

Revocation. The case must be closed because the youth is and will be returning to the OCFS/CTH

Re-Arrest. The decision to close the case is made because the youth is arrested for committing a crime while the youth and his or her family are in treatment, and a decision is made by the therapeutic team that the youth cannot continue to receive JJI services.

Failed ACS Placement. The decision to close the case is made because youth receiving treatment in either a foster family placement or kinship care placement after being stepped down from congregate care can no longer remain in their home placement as determined by the therapeutic team or the caregiver can be identified.

This reason for case closing applies only to youth receiving treatment while in the care of a foster family or to youth who have been stepped down from congregate care to a family resource as part of their participation in JJI
AND
Youth are removed from the home by mutual agreement of the therapeutic team and probation officer assigned to the case because of behavior exhibited by the caregiver(s)
OR
The caregiver(s) are no longer willing to serve as the resource for the youth
AND
All measures to continue with an alternative resource in the natural ecology have not been successful.

Placement, Prior Event. The youth was placed in restrictive setting (detention center, residential placement, etc.) due to an event or offense that occurred prior to the beginning of treatment.
OR

Offense occurred prior to the beginning of treatment
AND
Decision to place youth in restrictive setting is for duration of time that precludes further MST-SA involvement.

Administrative Removal. Youth was removed from the program by the court or ACS program administration due to administrative issues or decisions unrelated to the youth or family's behavior. Court or ACS administrative policies determine that the case must be closed even though the treatment team determines that the family would benefit from additional treatment
OR
Court or ACS determine in mutual agreement that the youth was referred inappropriately, i.e. does not meet inclusion criteria.
OR
Court or ACS determine in mutual agreement that the case must close due to a special order (e.g. If a youth tests positive twice within 60 days, a referral must be made to an OASYS drug treatment program).

Moved. The family moved out of the program's service area.

Appendix 2: Scorecard Template

FY2023 Prevention Agency Scorecard

«Agency_Name»

Program Type:

Service Need Category:

Overall Agency Score:

Overall Agency Rank:

Rank is based on all agencies within the same Service Need Category

Indicator	Data Measures	Agency Rate	Category Rate	Agency Score	Category Score
Outcomes	Achievement of Goals				
	Subsequent Maltreatment				
Process	Time to Disposition				
	Length of Service				
Practice	Safety Practice				
	Casework Contacts				
	Comprehensive Assessment				
	Family Engagement				
	Services to Address Risk				
	Cultural Competency				

Appendix 3: Understanding Prevention PAMS Case Practice Review

The **Provider Agency Measurement System (PAMS)** component of Scorecard is a comprehensive, case-specific view of practice as documented in Connections, the ACS system of record. The PAMS case review assesses practice within four main practice areas: safety, assessment, engagement, and services. The PAMS case record review examines practice through the lens of child and family safety and risk, and values quality work that strengthens families' ability to address safety and wellbeing for their children. The contemporaneous nature of the review allows for the examination of safety and risk issues that may be presently impacting the family and the actions taken by the case planner to control the safety and minimize the risk to children and families. Although only a portion of the PAMS questions are included in the Scorecard, the remaining PAMS questions are an important tool in supporting and looking under the hood to get a better understanding of the quality of practice at a program or agency.

The PAMS review examines the information that the case planner used to make his or her assessment of the family in order to determine whether the case planner utilized enough quality information to make an adequate assessment of the family's circumstances. The review also examines the degree to which the assessment information was used to drive service planning, service provision and decision making. There should be a clear link between the safety and risk issues that the family is faced with, the services provided, and the decisions made regarding the family. Finally, the case record review looks at individual case outcomes to determine whether the services had an impact on the safety of the children, family members' behaviors, and the overall strength of the family.

Below is a short summary of the components of each practice area:

A. Safety

The Safety practice area examines the work done by agencies to assess if there are safety factors present and the decisions made to either determine that there are no immediate or impending child safety concerns or the decisions made to address immediate or impending child safety concerns. If there are safety factors identified that place a child in immediate danger of serious harm, the work done to address safety factors is evaluated including the timeliness, appropriateness and specific interventions taken as well as the ongoing assessments of safety, safety decisions, and the safety plans to prevent the recurrence of the safety factors. The quality and completion of casework contacts are also measured. This indicator also examines the case events or circumstances specific to safety that requires action. Any one of the case events or circumstances, without action, can lead to immediate or impending child safety concerns. Safety is scored through the following measures:

Any questions that do not apply to an individual case due to the case circumstances will not be scored. All the remaining Safety measures that apply will be scored to account for the work that was done by the case planner (e.g. casework contacts, case events and circumstances, and the assessment, engagement, and services indicators) for those cases.

Immediate or Impending Child Safety Concerns

The Immediate or Impending Child Safety Concerns measure examines the consistency of the safety assessment and safety decisions in the FASP with case circumstances, the timeliness of the controlling interventions provided, the adequacy of the safety plan, and the practice provided by the case planner after the safety factor was controlled (e.g., immediate and intensive casework counseling). Additionally, the Safety practice area examines the frequency of supervisory case reviews and the assessment of the safety of all children during the review. The Immediate or Impending Child Safety Concerns measure is based on the New York State Office of Child and Family Services (OCFS) Revised Safety Factors specific to the Family Assessment and Service Plan (FASP).

Ongoing Casework Specific to Safety

The Ongoing Casework Specific to Safety measure examines the case planner's ongoing assessments and plans following the initial identification of an immediate/impending child safety concern and the application of a controlling intervention to address the safety factor. This measure examines if the case planner is reassessing the safety factor and the plan that is in place to determine that a) the child(ren) are safe and b) either the plan is no longer needed, needs to be updated/adjusted to match the case circumstances or should continue as is. The measure also evaluates if a plan has been developed to prevent the recurrence of the safety factors. Ongoing casework specific to safety is defined as meaning that the case planner reassessed the safety factors at least one additional time following the controlling intervention.

Case Events or Circumstances Specific to Safety

The Case Events or Circumstances Specific to Safety measure is based on significant events and/or circumstances identified that if not addressed can lead to safety factors that place children in immediate danger of serious harm. These events/circumstances lead to the issuing of a safety alert when case planners did not conduct thorough assessments to determine the need for the appropriate action to mitigate the circumstances. This section examines the degree to which case planners are paying attention to these events/circumstances when they are present in families. The following are a list of Case Events or Circumstances Specific to Safety:

- There is a newborn in the home and the family does not have a crib;
- Parent/caretaker has been incarcerated and no alternate form of care has been identified for the child(ren);
- Death of parent/caretaker and no alternate form of care has been identified for child(ren);
- Parent/caretaker's whereabouts unknown-abandonment;
- Known adult perpetrator of abuse or neglect to the child(ren), is residing in the child(ren)'s home;

- Child(ren) has recently experienced severe mental health crisis (harm to self/others, suicidal ideation, etc.);
- Child(ren) has experienced physical harm as a result of violence in the school or neighborhood;
- Safety of family is unknown because case planner has not conducted regular and ongoing face-to-face contact with any family member for an extended amount of time; and/or
- Safety of child(ren) is unknown because case planner has not conducted regular and ongoing face-to-face contact with the child(ren) for an extended amount of time.

Casework Contacts

The Casework Contacts measure in Prevention Scorecard evaluates contacts consistent with the expectations set forth in the Casework Contact Standard for General Prevention, Family Treatment and Rehabilitation programs and all EBM Model types. It examines the number of contacts made, the diligent efforts to complete a contact, the number of children seen, and the number of home visits made according to case need as described in the standards. Diligent effort is recognized when two or more visits are attempted at the home at varying times of the day while adjustments are made to meet the family's schedule/needs. To be counted as a casework contact, the progress notes must substantiate that there was discussion toward service planning and goals, identified needs and concerns, and an assessment of the home and family.

In order to receive full credit for the Casework Contacts measure, agencies must meet the standard for every case in the sample during the PAMS review period as determined by case need and every child must be seen every month for all model types. Contacts with children for programs using different EBM Models is consistent with the casework contact standard expectation by model type. Cases where some but not all of the children are seen will receive partial credit. Exceptions will be made for specific case circumstances that are clearly documented in the progress notes (e.g. child on vacation, at camp or hospitalized during the month) and the agency will be held harmless. Cases that exceed the standard number of contacts will not receive additional credit. Please see Appendix 1 for casework contact standards for each program type.

B. Assessment

The Assessment practice area examines the informational base (e.g. observation of the child, observations of the parent and child interaction, conversations with the parents, or information obtained from other individuals and service providers, etc.) that the case planner used to make his or her assessment of the family, particularly in terms of child safety and risk. Assessment also examines the degree to which the information was used to drive service planning and service provision. A clear link is expected between the safety and risk concerns in the family and the services that were provided to the family.

Assessment includes the Family Functioning measure, which examines the case planner's assessment of the family utilizing a holistic approach that includes the assessment of the interactions of all family members, the family's strengths as well as the protective factors of the family. Lastly, PAMS examines both the initial assessment and the recurrence of the assessments.

1. **Child(ren) Assessment**
   The Child(ren) Assessment measure examines what child-specific assessments were made for each child in the family that reside in the home on their physical health, developmental milestones, cognitive development/ educational, emotional/psychological, and social/behavioral health and how the assessments were obtained (e.g., direct observations by the case planner, conversations with collateral resources). PAMS looks for this information in the Connections progress notes.

2. **Parent/Caretaker and Child Interaction Assessment**
   The parent/caretaker and child interaction assessment examine if there was an assessment of the interaction between the parent/caretaker and the child(ren), and the case planner's direct observation of the child(ren)'s response to the parent/caretaker and the parent/caretaker's response to the child(ren). This information can be found in the Connections progress notes or FASP or in the paper case record reviewed at the agency.

3. **Family Functioning**
   The Family Functioning measure examines the case planner's assessment of the family using a holistic approach that includes the assessment of the interactions of all family members and considers the family's strengths as well as the protective factors of the family. It examines if there is any information in the case record about the parent/caretaker who does not live in the home (if applicable); an overall assessment of the parent/caretaker(s) ability to provide care to his/her child(ren); the assessment of the family's overall functioning, including information about the family's problems, strengths and/or assets and how they impact parent/caretaker(s) and child(ren); and how the case planner has built upon the family's strengths. With these assessments, the case planner gains a greater understanding of the functioning of the family unit to help inform the service plan.

4. **Assessment of Home Conditions, Environment, and Resources**
   This measure specifically focuses on the case planner's assessment of the family's physical home environment/ living conditions and financial resources. An assessment of the family's home environment may include descriptive statements about sleeping arrangements, cleanliness of the apartment, furnishings, safety precautions, prevention of poisons, smoke detector, carbon monoxide detector, and utilities. The case planner should also assess the family's resources, including clothing, food/nutrition, or housing stability. The family's financial resources may include descriptive statements about the family's ability to manage their income/money, such as budgeting for food and rent. It could also include information on employment wages, how much public assistance

and/or food stamps the family receives, amount in child support payments, or monetary support from family members or friends, family's housing expenses (specifically rent), access to Medicaid or other health insurance, SSI/SSDI, access or eligibility for child care subsidies, etc. This information should be gathered through direct observations (home visits) of the family's physical home environment and living conditions and through conversations with the family.

5. Ongoing Assessment

The Ongoing Assessment measure examines the ongoing assessments or reassessments of children's needs, parental behaviors and abilities, parent and child interaction, home environment and resources and other key areas. These assessments can be formal or informal assessments. The ongoing assessment of these areas is important to help guide the case planner and the family regarding safety and risk, family need, the degree to which family functioning has changed, and the provision of appropriate services. Ongoing assessments should provide a framework for the case planner to make any necessary changes or adjustments to the service plan**.**

Ongoing assessment is defined as at least two assessments during the review period providing descriptive statements pertaining to the specific assessments (e.g. child well-being, parent/caretaker and child interaction, home conditions, environment and resources). For example, if an assessment of the home conditions and environment was documented in the second month of the review period as well as the fifth month of the review period, this case would receive credit for both the first assessment of the review and for the second assessment of the review.

Please note that credit will be given for initial assessments during intake if they happen during the review period. However, if the initial assessment did not occur during the agency's review period, then two additional assessments during the specific timeframe of the agency's FY16 review period must occur in order to receive full credit for Ongoing Assessments.

6. Supervisory Assessment

The Supervisory Assessment measure examines the supervisor's assessments, discussions, decisions, and guidance provided by the supervisor during the supervisory case reviews. A key role for supervisors in Prevention services is to actively guide and support the work of case planners in strengthening families so that they can provide for the safety and wellbeing of their children. Specifically, this measure examines supervisor's discussions with case planners about parental behaviors, case progression, case closure, and the provision of guidance consistent with case circumstances.

7. Cultural Competence in Assessment

ACS defines culture broadly to include the family's values, traditions, and beliefs with a particular focus on how those value and beliefs influence behaviors, decision making, as well as the reasons behind why they are now engaged in services. These values, traditions,

and beliefs may include religion, language, ethnicity/race, gender identity, sexual orientation, disability status as well as a parent's upbringing or a family's experience with traumatic events. Agencies should not limit their understanding of a family's culture to one element such as immigration status or fluency in English.

In this framework, the case planner's understanding of the family's values, traditions and beliefs, particularly as related to parenting practices and disciplinary methods as well as family issues such as culturally-bound gender roles in domestic violence cases, for example, is critical, but it is not the end goal. The goal is for case planners to be able to apply their knowledge of cultural practices and beliefs, as well as use a family's resources (such as religious leaders, community groups, etc.), to aid in developing an appropriate assessment of the family's issues and in developing a mutually agreeable, culturally appropriate plan for intervention.

C. Engagement

The Engagement practice area evaluates the case planner's efforts to engage the family, to incorporate the family's perspective when assessing need, , to communicate with the family regarding the effectiveness/helpfulness of the services, and his/her efforts to continue planning with and engaging the family throughout the PAMS review period and through case closure.

1. Efforts to Engage the Family

The efforts to engage the family measure examines the case planner's efforts to understand the family's needs from the family's perspective. It reviews the documentation of conversations between the case planner and the family regarding their view of family functioning and overall service provision and conversations regarding the family's view of the case planner's/agency's work with the family. Additionally, it captures the degree to which efforts are made to reengage families who withdraw or refuse services. Children five years old and older are considered to be of an appropriate age to engage in conversation. This age may vary depending on other developmental factors of the child.

2. Strategies for Engagement

The Strategies for Engagement measure evaluates if the case planner is having discussions about the progress or lack of progress made by the family specific to the risks identified in the case record, and how that affects the family throughout the life of the case. Additionally, Strategies for Engagement also examines the case planner's response to the family's concrete needs once identified, the inclusion of both parents in the service planning when there is a two-parent household, and deliberate, discussion with the family about case closure.

3. Family Team Conferencing (FTC)

The Family Team Conference (FTC) measure assesses any FTCs which occur during the PAMS review period including who participated, the safety and risk issues addressed during the conference, the consistency between the issues discussed and

the information noted in the progress notes or FASP, and the degree to which issues raised during the conference are followed-up on. Juvenile Justice Initiative (JJI) programs and FAP programs will not be scored for FTCs.

4. **Cultural Competence in Engagement**
   The Cultural Competence measure of the Engagement indicator examines if the agency made diligent efforts to meet the family's language needs. Additionally, the cultural competence measure examines if they used their knowledge of the family's values, traditions and beliefs to explore how they influence overall family functioning. This information can be found in the Connections progress notes or the FASP.

D. Services

The Services practice area examines the case planner's efforts to match the need of the family to the service planning for both the risk concerns and the case events and circumstances that require action. This indicator measures the case planner's practice strengths, the appropriateness of the interventions provided, the communication between the agency and each of the service providers involved with the family, actions taken to address risk of future maltreatment or serious harm, case events and circumstances that threaten child well- being and require action, and the case planners work to address barriers to services. The Services Indicator also measures the ongoing casework practice provided to families throughout the case.

1. **Risk**
   The Risk measure examines the family behaviors and characteristics that contribute to the likelihood that a child will be abused or maltreated in the future as identified in the case record. This measure examines the quality of case practice used to identify how these risk elements are impacting family's functioning, the services provided to address the risk, the work done to address barriers to services, the reassessments of the risk, and the work implemented to prevent the recurrence of risk of abuse or maltreatment in the future so that the case may be closed. The Risk measure is based on the Risk (R) and Elevated Risk (ER) elements included in Risk Assessment Profile (RAP).

2. **Ongoing Casework Specific to Risk**
   The Ongoing Casework Specific to Risk measure examines the case planner's work throughout the review period regarding the assessments of risk that pose a likelihood of future maltreatment or harm to the child(ren) and the case planner's development of a plan to help prevent the reoccurrence of those risks in the future. Ongoing Casework Specific to Risk is defined as at least two instances of documented ongoing casework during the review period providing descriptive statements pertaining to the risks identified.

3. **Case Events or Circumstances Specific to Risk**
   The Case Events or Circumstances Specific to Risk measure is based on events and circumstances that if not addressed can potentially develop into safety factors and/or risk elements placing children in immediate and impending danger and/or at risk of future harm. These events and circumstances often lead to the issuing of a risk alert because case planners were often not conducting thorough assessments or not acting to

address the circumstances. The following questions address the identification, if any, of these case events or circumstances in a case and the action taken by the case planner(s) to address these events or circumstances. If there were no case events or circumstances that required action, this measure is not applicable and will not be scored.

The following is a list of the Case Events or Circumstances Specific to Risk:

- Changed family functioning/circumstances due to parent and/or child health concern/illness;
- Non-compliance of court mandated services;
- Other adults frequenting the home and no assessment;
- Truancy;
- Child mental health;
- Child has debilitating physical illness or physical disability;
- Child exhibiting disruptive and/or aggressive behavior and/or practicing unsafe sex;
- Involvement in criminal activity (including gang involvement);
- Caretaker(s) threatened or caused serious emotional harm to a child;
- Child(ren)'s substance abuse;
- Child(ren) involved in criminal activity;
- Child(ren) has been a victim of abusive or threatening incidents with other children in neighborhood/school;
- Case planner/agency's inconsistent contact with the family places child(ren) at risk of future abuse and/or maltreatment;
- Child academic Issues.

4. **Family Involvement**
   The Family Involvement measure examines the family's participation in their service plan and other decisions around services.

E. PAMS Alerts

PAMS case record reviews can result in the issuance of three types of alerts for issues identified during the case review that require immediate action by the provider. The alert is issued by the PAMS review team and is followed up on by the APA team to confirm all required follow up occurred within the timeframes stated on the alert form.

1. **Safety Alert**
   An Immediate Safety alert is generated when the reviewer identifies an unattended safety factor in the case record that places a child in immediate/impending danger of serious harm, with no controlling intervention/safety plan and/or, there is a safety issue that threatens the child's life, health or presents a substantial threat of injury without appropriate agency intervention.

2. **Risk Alert**

A Serious Risk Case Concern alert is generated when the PAMS reviewer identifies an unattended risk element or elevated risk element in the case record that places a child(ren) at risk of future abuse or maltreatment and/or a case practice concern that threatens child wellbeing without appropriate agency intervention.

3. **Trend Alert**

A Trend alert is generated when the PAMS review team observes through any aspect of the review patterns in documentation of progress notes/FASPS across several cases in all or some Prevention programs that bring into question the integrity of the events, reflects substantial gaps between entry date and event date of progress notes in the system of record and contradiction of information.

F. Weighting of PAMS Practice Measures:

Indicator	Weight	Measure
Safety	30%	Immediate/Impending Child Safety Concerns
	10%	Ongoing Casework Specific to Safety
	20%	Case Events/Circumstances Specific to Safety
	40%	Casework Contacts
Assessment	20%	Child(ren) Assessment
	20%	Parent (Caretaker)-Child Interaction Assessment
	10%	Family Functioning Assessment
	10%	Assessment of Home Conditions/Environment and Resources
	20%	Ongoing Assessments
	10%	Supervisory Assessment
	10%	Cultural Competence
Engagement	35%	Efforts to Engage the Family
	35%	Strategies for Engagement
	20%	Family Team Conferencing
	10%	Cultural Competence
Services	40%	Risk
	20%	Ongoing Casework Specific to Risk
	20%	Case Events/Circumstances Specific to Risk
	20%	Family Involvement
	Non Scored	Cultural Competence

Please see section J for information on the redistribution of weights when a measure is not applicable to a case.

G. PAMS Case Sample Selection

PAMS randomly selects cases that were active for at least five months during the six-month review period, as well as closed cases that were open for at least five months of the review period. For Prevention models with an expected average length of service of less than twelve months, the sample will be adjusted to include cases open during any three months of the six-month PAMS review period. Prevention programs are stratified by Advocate Preventive Only cases (ADVPO) and Child Welfare Services (CWS) cases. Please note, housing subsidy-only cases and sensitive cases are <u>not</u> included in the sample.

The sample will be pulled on a program site level, will be based on the slot capacity of each site and is calculated based on an 80% confidence level. Every program site will be read in both round one and round two except for those sites that have an overall sample size of less than 10 cases. Below is a breakdown of the sample selection formula:

$$\frac{\text{Proportion} \times (1-\text{Proportion}) \times (\text{Z statistic}/\text{Confidence Interval})^2}{((\text{Proportion} \times (1-\text{Proportion}) \times (\text{Z statistic}/\text{Confidence Interval})^2)/\text{Census}) + 1}$$

The following measures will be used in these calculations:

- **Proportion** = 0.5;
- **Z Value** = 1.29; The Z Value is a calculation of the number of standard deviations from the mean to the value of interest. The Z value is an important component of the confidence interval. Using a z-value of 1.29 gives an 80% confidence in the statistical validity of the review;
- **Confidence Interval** = 0.15; The Confidence Interval gives an estimated range of values which is likely to include an unknown population parameter, the estimated range being calculated from a given set of sample data; and
- **Census** = All cases pulled that were active for at least the first 5 months of the review period for GP and FTR cases and at least 3 months for FAP and EBM cases. Cases for the review are pulled in the month of the review.

H. PAMS Scoring

Scores are calculated for each individual case reviewed for the following practice areas and the indicators within the practice areas: Safety, Assessment, Engagement, and Services. Each measure is based on one or more case record review questions that are each worth a maximum of 1 point (Yes = 1 point, Some but Not All = .5 points, and No = 0 points). The score is the number of points received divided by the maximum number of points possible. If there are questions or whole measures that do not apply in a particular case, the case score will be based only on the remaining measures that do apply.

<u>Case Scores</u>

- A score is calculated by individual case for each of the practice areas and indices: Safety, Assessment, Engagement, and Services
- Each index is based on one or more case record review questions

- If there are questions or whole measures that do not apply in a particular case, the case score will be based only on the remaining measures that do apply
- All the applicable questions for each case reviewed are combined in 1 bucket to determine the case score

$$\frac{\text{All points EARNED Immediate or Impending Child Safety Concerns}}{\text{All points POSSIBLE Immediate or Impending Child Safety Concerns}}$$

7 Points EARNED **/** 9 Points POSSIBLE **= 78% Case Score**

Case Score for Immediate or Impending Child Safety Concerns Index	**Response & Points**
1) Is a FASP available during the 6-month review period?	Yes = 1 point
2) Is the safety assessment in the most recent FASP consistent with the case circumstances?	Yes = 1 point
3) Was the safety decision recorded in the most recent FASP consistent with the case circumstances?	Yes = 1 point
4) Was the safety factor explored sufficiently at the time to provide enough information to complete a thorough safety assessment?	Yes = 1 point
5) Were the controlling interventions provided by the case planner implemented without delay upon identification of the safety factor(s)?	Yes = 1 point
6) Was there a safety plan to address the safety factor(s)?	Yes = 1 point
7) If yes, is the safety plan consistent with the case circumstances specific to the safety factor(s)?	Yes = 1 point
8) Did the case planner provide immediate intensive casework counseling specific to the safety factor(s) that placed the child(ren) in immediate or impending danger of serious harm?	No = 0 points
9) Did the case planner assess the parent'/caretaker(s)' understanding of how his/her behavior placed the child(ren) in immediate/impending danger of serious harm?	No = 0 points
Total Points Earned	**7**
Total Points Possible	**9**
Score	**78% (7/9)**

Practice Area Scores

- Practice Area scores are determined by averaging the weighted case scores
- Case scores are weighted according to the index weight within each practice area
- Case scores are capped at 100% (case 4)

Safety Practice Area and Indices

Case	**Immediate/ Impending Child Safety Concerns**	**Index Weight**	**Ongoing Casework Specific to Safety**	**Index Weight**	**Case Events or Circumstances Specific to Safety**	**Index Weight**	**Casework Contacts**	**Index Weight**	**Case Score**
Case 1	88%	30%	100%	10%	100%	20%	82%	40%	89%
Case 2	100%	40%	N/A	0%	67%	20%	95%	40%	91%
Case 3	95%	30%	50%	10%	NA	0%	82%	50%	75%
Case 4	100%	40%	100%	10%	78%	20%	96%	50%	100%
Case 5	100%	40%	N/A	0%	100%	20%	86%	40%	94%
Agency Safety Score									**90%**

In Case 1, the following calculation would be done to determine the case level indicator score.

(87.50% **x** 30%) **+** (100.00% **x** 10%) **+** (100.00% **x** 20%) **+** (82.03% **x** 40%) **=** 89%

In Case 3, the Case Events or Circumstances Specific to Safety index is Not Applicable so the remaining indices are re-weighted.

(95.00% **x** 30%) **+** (50.00% **x** 10%) **+** (82.33% **x** 50%) **=** 75%

All the case level indicator scores are averaged to determine the agency's score for the Safety practice area.

(89% **+** 91% **+** 75% **+** 113% **+** 94%) **/** 5 cases **=** 93%

I. PAMS Prevention Casework Contact Requirements

Overview

The grid below reflects the expectations for minimum contact requirements for prevention providers during a PAMS review. In all situations in which the specialized or supportive provider does not make the maximum number of casework contacts permissible, the case planner is ultimately responsible for all required casework contacts.

Family Support Models

No History of CPS Indication			
Family Support Models • **Family Connections** • **Mobility Mentoring** • **Solution Based Casework**	**Total Min. # of Contacts**	**Total # of Home-Based Contacts**	**Contacts with all children**
	2 monthly contacts (Total of 12 in six- month period) All children in the household are required to be seen by case planner at least once per month	6 contacts, including 2 home visits (1 home visit every 3 months) Minimum of 4 Contacts must be with individual (with child and/or family)	All children in the household must be seen by the case planner at least once per month
WITH History of CPS Indication			
Family Support Models • **Family Connections** • **Mobility Mentoring** • **Solution Based Casework**	**Total Min. # of Contacts**	**Total # of Home-Based Contacts**	**Contacts with all children**
	2 monthly contacts	6 contacts, including 6 home visits	All children in

	(Total of 12 in six-month period) All children in the household are required to be seen by case planner at least once per month	(1 home visit every month)	the household must be seen by the case planner at least once per month
First 6 months after a newborn enters the family.			
Family Support Models • **Family Connections** • **Mobility Mentoring** • **Solution Based Casework**	**Total Min. # of Contacts**	**Total # of Home-Based Contacts**	**Contacts with all children**
	2 monthly contacts (Total of 12 in six- month period) All children in the household are required to be seen by case planner at least once per month	2 home visits/month	All children in the household must be seen by the case planner at least once per month

Brief Strategic Family Therapy

Brief Strategic Family Therapy (BSFT)	Total Min. # of Contacts	Total # of Home-Based Contacts	Contacts with all children
	1 weekly contact	2 home visits/month	All children in the household must be seen by the case planner at least once per month

Child Parent Psychotherapy

Child Parent Psychotherapy (CPP)	Total Min. # of Contacts	Total # of Home-Based Contacts	Contacts with all children
Phase 1. Foundational and Core Intervention	4 contacts a month	2 home visits/month	All children in the household must be seen by the case planner at least once per month
Phase 2. Recapitulation and Termination	2 monthly contacts		

Family Treatment Rehabilitation (FTR)

Family Treatment Rehabilitation (FTR)	Total Min. # of Contacts	Total # of Home-Based Contacts	Contacts with all children
Phase 1: Initial	6 contacts per month: 1 contact/week by case planner	1 home visit/week	All children in the household must be seen by the case planner at least once per month
	2 additional contacts/month by any of the following: CASAC, licensed therapist, psychologist and/or psychiatrist consultant or parent/case aide		
Phase 2: Baseline	1 contact per week; 2 home visits in a month (at least one home visit must be made by case planner and at least one home visit made by specialized provider)	2 home visits in 4 weeks	
Phase 3: Stabilization	2 contacts/month (both contacts must home visits); Specialized rehabilitative and supportive service staff may make a maximum of one home visit per month.		

Functional Family Therapy (FFT)

FFT- Phase (FFT)	Total Min. # of Contacts	Total number of Home-Based Contacts	Contacts with all children
Engagement, Motivation, Relational Assessment	3 contacts/month	3 home-based contacts/ month	All children in the household must be seen by the case planner at least once per month.
Behavior Change	3 contacts/month	2 home-based contacts/ month	
Generalization Phase	2 contacts/month	2 home-based contacts/ month	

Functional Family Therapy Adaptation (FFTCWA)

FFT- CWA Phase (FFT-CWA)	Total Min. # of Contacts	Total number of Home- Based Contacts	Contacts with all children
Engagement, Motivation, Relational Assessment (EMR) Phase for **high risk** cases Engagement/ Motivation (EM) Phase for **low-risk** cases	3 contacts/month	3 home-based contacts/ month	All children in the household must be seen by the case planner at least once per month.
Behavior Change for **high-risk** cases Support/Monitor for **low-risk** cases	2 contacts/month	2 home-based contacts/month	
Generalization Phase for both **high and low-risk** cases	2 contacts/month	2 home-based contacts/month	

Multi-Systemic Therapy (MST-CAN)

Multi-Systemic Therapy (MST-CAN) Phase	Total Min. # of Contacts	Total # of Home-Based Contacts	Contacts with all children
HCT	10 contacts/month (Includes phone)	5 home contacts a month	All children in the household must be seen by the case planner at least once per month
LCT	6 contacts/month (includes phone)	3 home contacts a month	

Multi-Systemic Therapy (MST-PREV)

Multi-Systemic Therapy (MST-PREV) Phase	Total Min. # of Contacts	Total # of Home-Based Contacts	Contacts with all children
HCT	8 contacts contacts/month (includes phone)	4 home-based contacts a month	All children in the household must be seen by the case planner at least once per month
LCT	5 contacts/month (includes phone)	2 home-based contacts a month	

Trauma Systems Therapy

TST Phases	Total Min. # of Contacts	Total number of home-based contacts	Contacts with all children
Assessment Period	4 contacts/ month	2 home contacts/month	All children in the household must be seen by the case planner at least once per month
Safety Focused Phase	8 contacts/ month	4 home contacts/month	
Regulation and Beyond Trauma Phases	4 contacts/ month	2 home contacts/month	

A. General Prevention (Beacon programs)

The frequency of casework contacts is based on the family members' assessed needs. At a minimum, the program provides at least 12 casework contacts within each six-month period of Prevention services with children and/or their families. A group contact includes members of more than one of the families being served by the program, such as a parenting training or an adolescent socialization group. Family members are seen individually or together as frequently as necessary to meet the goals of the service plan.

Casework Contact Requirements for General Prevention with NO History of CPS Indication
Number of Required Casework Contacts per 6 Month FASP Cycle by Agency Staff

Total Min. # of Contacts*	Min. # by Case Planner	Max. # by Specialized Rehab Provider (MSW/CASAC)	Max. # by Supportive Service Provider (Parent/Case Aide)
2 Contacts/ Month (Total of 12) Note: All children in the household must be seen by the case planner at least once per month	6 Contacts Including 2 home visits (1 home visit every 3 months) A minimum of 4 contacts must be individual (with child and/or family)	6 Contacts All 6 may be group contacts	2 of the 6 From the Previous Column Both may be group contacts

Casework Contact Requirements for General Prevention Cases WITH History of CPS Indication
Number of Required Casework Contacts per 6 Month FASP cycle by Agency Staff

Total Min. # of Contacts*	Min. # by Case Planner	Max. # by Specialized Rehab Provider (MSW/CASAC)	Max. # by Supportive Service Provider (Parent/Case Aide)
2 Contacts/ Month (Total of 12) Note: All children in the household must be seen by the case planner at least once per month	6 Contacts Including 6 home visits (1 home visit every month)	6 Contacts All 6 may be group contacts	2 of the 6 from Previous Column Both may be group contacts

Number of Casework Contacts for First 6 Months After a Newborn Enters the Family

Total Min. # of Contacts*	Min. # by Case Planner	Max. # by Specialized Rehab Provider (MSW/CASAC)	Max. # by Supportive Service Provider (Parent/Case Aide)
2 Contacts/ Month (Total of 12) Note: All children in the household must be seen by the case planner at least once per month	1 home visit every month	1 home visit per month may be conducted by a Specialized Rehab or Support Service Provider	

J. PAMS Weighting Redistribution by Indicator

If a measure is not applicable, it is not assigned a score; the weighting will be redistributed as follows:

Safety Indicator	Weight	Measure
Safety (when Ongoing Casework Specific to Safety Is Not Applicable)	40%	Immediate/Impending Child Safety Concerns
	NA	Ongoing Casework Specific to Safety
	20%	Case Events/Circumstances Specific to Safety
	40%	Casework Contacts
Safety (when Case Events/Circumstances Specific to Safety Is Not Applicable)	40%	Immediate/Impending Child Safety Concerns
	10%	Ongoing Casework Specific to Safety
	NA	Case Events/Circumstances Specific to Safety
	50%	Casework Contacts
Safety (when Ongoing Casework & Case Events/Circumstances Specific to Safety Is Not Applicable)	50%	Immediate/Impending Child Safety Concerns
	NA	Ongoing Casework Specific to Safety
	NA	Case Events/Circumstances Specific to Safety
	50%	Casework Contacts
Engagement Indicator	**Weight**	**Measure**
Engagement (if FTC Measure Is Not Applicable)	45%	Efforts to Engage the Family
	45%	Strategies for Engagement
	NA	Family Team Conferencing
	10%	Cultural Competence

Appendix 4: Service Need Cohorts Methodology

In the PPRS Scorecard, programs are grouped based on the average risk profile of the cases they accept during the Fiscal Year. The grouping or cohorts of programs, referred to as "Service Need Cohorts" provide context for understanding Scorecard as it allows comparison between programs that accepted families with similar risk profiles, regardless of program type or geography. The service need cohort analysis takes place once FY data are finalized. Although a provider may have multiple programs in multiple risk cohorts, each program can only fall into one category per fiscal year.

To assign service need cohorts, the Division of Policy Planning & Measurement (DPPM) uses a predictive model to find the risk (likelihood) of an indicated SCR within 24 months from the first day of a prevention services case (the disposition date). An indicated SCR is defined as having at least one child who is a confirmed subject of an indicated investigation.

Example: FY21 Service Need Cohorts

Most recently, for the FY21 Scorecard, the research team built and tested the risk profile predictive model using a historical sample of 213,841 children in families in prevention services between July 1, 2009 and Jun 30, 2018. The model is based on 264 variables covering family history of past SCR investigations, family assessment service plans (FASP), foster care placements, and demographic information. Only data known to ACS prior to acceptance into the program is used to predict the risk. The model generates child-level risk of future indicated investigations as of the day of acceptance into a prevention service program. For each prevention program, DPPM calculated an average risk of an indicated SCR for children in families accepted by the program during FY21 and served for at least 40 days.

The programs were sorted and ranked based on their average risk and then divided into the four quartiles by rank order: the top 25% of programs were classified as Very High, Risk Cohort, the next 25% of programs as High Risk Cohort, the next 25% as Medium Risk Cohort, and the lowest 25% as Low Risk Cohort. With small number of cases the average risk is unreliable. Programs with small N (< 30) were therefore not assigned a risk cohort and were placed in an unranked cohort. Please see the table below for each program's specific risk classification cohorts in the FY21 Scorecard.

Appendix 4A: FY 2021 Scorecard Risk Classification Cohorts

(Within each cohort programs are presented in alphabetic order)

	1. Very High-Risk Cohort (Score range: 0.447 – 0.368)	
	Agency	**Program**
1	Association to Benefit Children	Child-Parent Psychotherapy
2	Bronx Works	Family Support
3	Cardinal McCloskey	Special Medical
4	Children's Aid Society	Multisystemic Therapy for Child Abuse and Neglect
5	Children's Village	Functional Family Therapy for Child Welfare
6	Forestdale, Inc.	Family Treatment and Rehabilitation
7	Good Shepherd Services	Family Treatment and Rehabilitation
8	Graham Windham	General Prevention/Beacon
9	Graham Windham	Family Treatment and Rehabilitation
10	Graham Windham	Brief Strategic Family Therapy
11	HeartShare St. Vincents Services	Special Medical
12	HeartShare St. Vincents Services	Family Treatment and Rehabilitation
13	Jewish Board of Family and Children Services	Family Support
14	Jewish Board of Family and Children Services	Child-Parent Psychotherapy
15	Jewish Child Care Association	Family Treatment and Rehabilitation
16	Lower East Side Family Union	Family Treatment and Rehabilitation
17	Scan - New York	Family Treatment and Rehabilitation
18	Seamen's Society for Children and Families	Family Treatment and Rehabilitation
19	United Activities Unlimited	General Prevention/Beacon
20	University Behavioral Associates	Family Treatment and Rehabilitation
21	Vibrant Emotional Health	Family Treatment and Rehabilitation

	2. High Risk Cohort (Score range: 0.366 – 0.324)	
	Agency	**Program**
1	Astor Services for Children and Families	Family Support
2	Brooklyn Community Services	Family Support
3	CAMBA	Family Support
4	Catholic Guardian Services	Family Support
5	Catholic Guardian Services	Functional Family Therapy for Child Welfare
6	Children's Aid Society	Functional Family Therapy for Child Welfare
7	Children's Village	Multisystemic Therapy for Prevention
8	Coalition for Hispanic Family Services	Family Treatment and Rehabilitation
9	Graham Windham	Family Support
10	Jewish Board of Family and Children Services	Trauma Systems Therapy

11	Jewish Board of Family and Children Services	Functional Family Therapy for Child Welfare
12	Jewish Child Care Association	Child-Parent Psychotherapy
13	Lower East Side Family Union	Family Support
	2. High Risk Cohort (Score range: 0.366 – 0.324) continued	
	Agency	**Program**
14	Lutheran Social Services of New York	Family Support
15	New York Foundling Hospital	Multisystemic Therapy for Prevention
16	Rising Ground Inc.	Functional Family Therapy for Child Welfare
17	Sauti Yetu Center for African Women and Families	Functional Family Therapy for Child Welfare
18	SCO Family of Services	Trauma Systems Therapy
19	Seamen's Society for Children and Families	Family Support
20	University Behavioral Associates	Multisystemic Therapy for Prevention

	3. Medium Risk Cohort (Score range: 0.324 – 0.288)	
	Agency	**Program**
1	Children's Aid Society	Family Support
2	Children's Village	Functional Family Therapy
3	Coalition for Hispanic Family Services	Family Support
4	Edwin Gould Services for Children	Family Support
5	Forestdale, Inc.	Trauma Systems Therapy
6	Good Shepherd Services	Functional Family Therapy for Child Welfare
7	Harlem Dowling Westside	Family Support
8	HeartShare St. Vincents Services	General Prevention/Beacon
9	HeartShare St. Vincents Services	Family Support
10	Jewish Child Care Association	Family Support
11	New York Foundling Hospital	Family Support
12	New York Foundling Hospital	Functional Family Therapy
13	New York Foundling Hospital	Brief Strategic Family Therapy
14	New York Foundling Hospital	Functional Family Therapy for Child Welfare
15	Northside Center for Child Development, Inc.	Family Support
16	Puerto Rican Family Institute	Family Support
17	Rising Ground Inc.	Family Support
18	SCO Family of Services	Family Treatment and Rehabilitation
19	Sesame Flyers International	General Prevention/Beacon
20	Sheltering Arms Children and Family Services	Child-Parent Psychotherapy
21	University Settlement Society of New York	Family Support

	4. Low Risk Cohort (Score range: 0.283 – 0.121)	
	Agency	**Program**
1	Arab-American Family Support Center	Family Support
2	Arab-American Family Support Center	Functional Family Therapy
3	CAMBA	General Preventive
4	Catholic Charities Neighborhood Services	Family Support
5	Center for Family Life in Sunset Park	General Prevention/Beacon
6	Center for Family Life in Sunset Park	Family Support
7	Child Center of NY	Family Support
8	Chinatown YMCA	General Prevention/Beacon
9	Chinese American Planning Council	Family Support
10	Forestdale, Inc.	Family Support
11	Good Shepherd Services	General Prevention/Beacon
12	Good Shepherd Services	Family Support
13	Hellenic American Neighborhood Action Committee	Family Support
14	Jewish Board of Family and Children Services	Brief Strategic Family Therapy
15	Mercy First	Family Support
16	Ohel Children's Home & Family Services	Family Support
17	Sauti Yetu Center for African Women and Families	Family Support
18	SCO Family of Services	General Prevention/Beacon
19	SCO Family of Services	Family Support
20	Sheltering Arms Children and Family Services	Family Support

	5. Unranked Cohort	
	Agency	**Program**
1	Cardinal McCloskey	Family Treatment and Rehabilitation
2	Child Center of NY	General Prevention/Beacon
3	Cypress Hills L.D.C	General Prevention/Beacon
4	New Alternatives for Children	Special Medical
5	Partnership with Children	General Prevention/Beacon
6	Scan - New York	General Prevention/Beacon
7	Southern Queens P.A.	General Prevention/Beacon
8	Vibrant Emotional Health	Family Support