



**Juvenile Justice  
Non-Secure Placements Quality Assurance Standards  
2013**

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## DEFINITIONS & ACRONYMS

### Definitions

- 1) Whenever the following terms and phrases are used in these *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, they shall have the following meanings, unless it is expressly indicated that such term or phrase is to have a different or additional meaning. All such other terms and phrases that shall not be specifically defined in this Part shall have the meaning ascribed to it by law, or, in the event that such term or phrase is not described in the law, it shall have the meaning as is commonly ascribed to it.
- 2) "ACS Policies" shall mean all applicable ACS policies, procedures guidelines, bulletins and standards as amended.
- 3) "Administrator" or "Commissioner" or "Agency Head" shall mean the Commissioner of the ACS or her/his duly authorized representative. The term "duly authorized representative" shall include any person or persons acting within the limits of her/his authority.
- 4) "Case Planner" shall mean the caseworker with the primary responsibility for providing or coordinating and evaluating the provision of services to the family as defined in 18 NYCRR 428.2(c).
- 5) "City" shall mean the corporation of the City of New York, its departments and political subdivisions.
- 6) "CONNECTIONS" or "CNNX" means the New York State automated system designed to create a single integrated statement system for collecting and recording child protective, preventive, foster care and adoption services information.
- 7) "Day" shall mean a calendar day unless otherwise specified in these *Juvenile Justice Non-Secure Placements Quality Assurance Standards*.
- 8) "Days of Care" shall mean the number of days in which a youth placed in, and physically present at, a facility operated by the Provider, plus the number of days of allowable absences during the time in which the youth is in placement in such program.
- 9) Juvenile Justice youth are youth adjudicated delinquent by the Court and placed in and receiving services from an ACS provider pursuant to ACS policies and the law. Generally, these youth meet the following criteria:
  - a) The youth is between the ages of seven (7) and eighteen (18).
  - b) The youth's care and custody or guardianship and custody has been transferred to an authorized agency pursuant to the provisions of *SSL §§ 384 or 384-a* or the youth has

been placed with a social services official pursuant to *Article 3, 7 or 10 of the Family Court Act*.

- 10) "Law(s)" shall mean all applicable federal, state and city laws, regulations, ordinances and rules and any successor and any amendments thereto including but not limited to the New York City Charter, the New York City Administrative Code, a local law of the City of New York, and any ordinance, rule or regulation having the force of law and including any waivers issued by OCFS.
- 11) "NSP Facility" shall mean a licensed facility operated and staffed by an authorized agency for the care and maintenance of youth placed with ACS by the Family Court on juvenile delinquency cases pursuant to Article 3 of the Family Court Act.
- 12) "NSP provider" shall mean the agency that is contracted by ACS to operate a NSP facility.
- 13) "Office of Children and Family Services" or "OCFS" shall mean the New York State Office of Children and Family Services which is responsible for, among other things, regulating and monitoring child welfare services in New York State.
- 14) "Residential Care Facility" shall mean a foster care facility other than a Foster Home. Such facilities include:
  - a) "Group Home" shall mean a licensed family-type home operated and staffed by an authorized agency for the care and maintenance of seven (7) to twelve (12) youth.
  - b) "Group Residence" shall mean a licensed institution operated and staffed by an authorized agency for the care and maintenance of up to twenty five (25) youth.
  - c) "Institution", locally referred to as "Residential Center" shall mean a licensed facility operated and staffed by an authorized agency for the care and maintenance of thirteen (13) or more youth.
- 15) "State" shall mean the State of New York.
- 16) "Suspended Payment" shall mean the cessation of payments by the City to the provider when a youth placed with the provider is not physically present and is not on an allowable absence.
- 17) "Tuition" shall mean the per pupil cost of all instructional services, supplies and equipment, and the operation of instructional facilities as determined by ACS. Approved tuition shall be computed from expenditures for which no revenue has been received from the following sources:
  - a) Receipts from the federal government;

- b) Any cash receipts which reduce the cost of an item applied against the item there for, except gifts, donations and earned interest; and
  - c) Any refunds made or any apportionment or payment received from the State.
- 18) "Written approval" or "approval" shall refer to paper or electronic correspondence, unless otherwise stated, and shall be rendered within thirty (30) days of receipt unless another date is agreed upon by the parties.



## Acronyms

Whenever the following acronyms are used in these *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, they shall have the following meanings, unless it is expressly indicated that such acronym is to have a different or additional meaning.

ABC	Adult Basic Education
ACS	New York City Administration for Children's Services
AIDS	Acquired Immune Deficiency Syndrome
AOBH	Agency Operated Boarding Homes
APA	Agency Program Assistance
APLA	Another Planned Living Arrangement
ASFA	Adoption and Safe Families Act
ASQ	Ages to Stages Questionnaire
ATD	Alternative to Detention
ATP	Alternative to Placement
ATI	Alternatives to Incarceration
AWOL	Absent Without Leave
B2H	Bridges to Health
CANS	Child and Adolescent Needs and Strengths
CAR	Comprehensive Adoption Report
CAP	Corrective Action Plan
CASAC	Credentialed Alcohol and Substance Abuse Counselor
CCRS	Child Care Review System
CHIPP	Children of Incarcerated Parents Program
CIN	Client Identification Number
CIR	Critical Incident Report
CJC	Office of the Criminal Justice Coordinator
CNNX	CONNECTIONS
CPI	Community Partnership Initiatives
CPP	Community Partnership Program
CPS	Child Protective Services
CSC	Child Safety Conferences
CSEU	Children's Services Education Unit
CTHP	Child/Teen Health Plan
DCP	Division of Child Protection
DCJS	Division of Criminal Justice Services
DD	Developmentally Disabled
DFPS	Division of Family Permanency Services
DMC	Disproportionate Minority Contact
DOE	Department of Education
DOH	Department of Health
DOP	Department of Probation
DYFJ	Division of Youth and Family Justice

EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESL	English as a Second Language
FASP	Family Assessment and Service Plan
FCLS	Family Court Legal Services
FFC	Family Foster Care
FFT	Functional Family Therapy
FPC	Family Permanency Conferences
FSU	Family Support Unit
FTC	Family Team Conference
FCLS	Family Court Legal Services
FBI	Federal Bureau of Investigation
FAHD	Foster Adoption Home Development
GED	General Equivalency Diploma
GPS	Group Preparation and Selection
HHC	New York City Health and Hospitals Corporation
HHS	Connect Health and Human Services Connect
HIV	Human Immune-deficiency Disease
JD	Juvenile Delinquent
JDAI	Juvenile Detention Alternatives Initiative
JJAC	Juvenile Justice Advisory Committee
JJI	Juvenile Justice Initiative
JJPM	Juvenile Justice Planning and Measurement Unit
JJRDB	Juvenile Justice Research Data Base
JSA	James Satterwhite Academy
IEP	Individualized Education Plan
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
LTS	Legal Tracking System
MAPP	Model Approach to Partnerships in Parenting
MIS	Management Information Systems
MOU	Memorandum of Understanding
MST-PA	Multisystemic Therapy-Psychiatric Adaptation
MST-SA	Multisystemic Therapy – Substance Abuse Adaptation
MTFC	Multidimensional Treatment Foster Care
MYSI	Missouri Youth Services Institute
NBS	Neighborhood Based Services
NSP	Non-Secure Placement or Non-Secure Juvenile Justice Placement
NYCRR	New York Codes, Rules and Regulations
OASAS	Office of Alcoholism and Substance Abuse Services
OCFS	Office of Children and Family Services
OCP	Office of Community Partnerships
OFVPE	Office of Family Visiting and Parent Education
OFPTC	Office of Family Permanency Team Conferencing
OMH	Office of Mental Health
OPWDD	Office for People With Developmental Disabilities

OPA	Office of Placement Administration
OSI	Office of Special Investigation
OTDA	Office of Temporary and Disability Assistance
OYD	Office of Youth Development
PAD	Office of Program Analysis and Development
PH	Permanency Hearing
PPG	Permanency Planning Goal
PINS	Person In Need of Supervision
PSAT	Preliminary Scholastic Assessment Test
PYA	Preparing Youth for Adulthood
PAMS	Provider Agency Measurement System
QCC	Quarterly Case Conference
QPC	Quarterly Permanency Conference
RFP	Request for Proposals
RIT	Rapid Intervention Team
RRI	Relative Rate Indices
SCM	Safe Crisis Management
SPA	Service Planning Areas
SPR	Service Plan Review
STI	Sexually Transmitted Infection
SAT	Scholastic Assessment Test
SCR	Statewide Central Registry
SILP	Supervised Independent Living Program
SSPS	Statewide Service Payment System
TGNC	Transgender and Gender Non-Conforming
TPR	Termination of Parental Rights
VESID	Vocational and Educational Services for Individuals with Disabilities
YMCA	Young Men's Christian Association

**JUVENILE JUSTICE  
NON-SECURE PLACEMENTS QUALITY ASSURANCE STANDARDS**

**PART I: CHILDREN'S SERVICES' MISSION AND GOALS**

**A. Mission Statement**

1. On January 10, 1996, the New York City Administration for Children's Services (Children's Services or ACS) was created as the first agency devoted solely to serving children and their families. Children's Services' mission is to ensure the safety and well-being of New York City children.
2. In January 2010, Children's Services assumed responsibility of the City's Department of Juvenile Justice (DJJ). DJJ has now been fully integrated into Children's Services as part of the Division of Youth and Family Justice (DYFJ). DYFJ provides secure and non-secure detention (NSD) for alleged juvenile delinquents and secure detention for alleged juvenile offenders whose cases are pending, along with post-adjudicated juveniles awaiting transfer to state facilities. DYFJ will oversee the new continuum of juvenile justice placements and aftercare. Additionally, DYFJ provides community-based programming for youth involved in the juvenile justice and PINS systems. In keeping with the agency's overarching goals, the mission of DYFJ is to promote public safety and improve the lives of youth, families, and communities by providing services that are child-centered and family-focused.

**B. Quality Practice Model**

1. All children coming into contact with the juvenile justice system will be protected from abuse and maltreatment.
2. Every team member at Children's Services and each of our partner agencies will treat each youth and family with respect.

## **PART II: CONTRACT AGENCY ADMINISTRATION AND ORGANIZATION**

### **A. Non-Secure Placement Provider Mission and Purpose**

1. The Non-Secure Placement (NSP) provider's clearly stated mission and purpose shall reflect a commitment to serve youth and their families, and shall be consistent with the mission and objectives of NYC Children's Services.
2. The provider's mission statement shall reflect a commitment to respect and respond to the diversity of the ethnic, cultural, religious and sexual orientation groups it serves, while fostering a community-based, family-focused approach through its linkages, community involvement and integration of the family.
3. Every effort shall be made to ensure adequate representation among the board and staff of the ethnic groups in the client population, and staff shall be educated in cultural and religious factors and practices of the populations served, with particular reference to ways in which culture or religion may impact on the treatment service process.
4. There shall be programs and activities designed to foster the cultural (ethnic/religious/sexual) awareness and identity of the children in care, and to continue a seamless connection with their community of origin.
5. The NSP provider shall make an effort to utilize contributions from the community and family in their policy-making process, and involve them in service planning. They shall actively seek present and former family members' and foster-family members' involvement to ensure continuity of these principles.

### **B. NSP provider Program Goals, Policies and Procedures**

1. The provider shall have clearly identified programs and services that include written goals and objectives. The NSP provider shall have a written plan that includes resources and programs for the provision of services, which is supported by a financial plan. These shall be reviewed periodically and updated as necessary.
2. The NSP provider's philosophy shall be reflected in its goals, objectives, policies, procedures, and in the implementation of programs and services.
3. The NSP provider shall have a written plan, which allocates resources to programs for the provision of services, which is supported by a financial plan. These shall be reviewed periodically and updated as necessary.
4. The NSP provider shall have a long-range program plan, which covers a minimum of three (3) years. This shall be reviewed periodically and updated as necessary.

5. The NSP provider's program mission, policies, and procedures shall be disseminated to, and reviewed and implemented by appropriate staff and parent[s], family, extended family or other discharge resources.
6. The NSP provider shall have program procedures and goals that promote provision of services and allow for stable placement experiences by youth in the most family-like and least restrictive settings as possible; for populations served – by age, siblings, and need.
7. The NSP provider shall provide services to its target population within its service communities that will ensure the safety of children and address the needs of the target group as a whole. Intervention must occur as early as possible to provide the greatest benefit and most timely resolution of presenting needs.
8. The NSP provider shall develop a practice model that follows a team focused, decision-making approach, in service delivery and planning, and in accountability/self-evaluation.
9. The NSP provider shall design a plan to ensure regular meeting of a team inclusive of administrative and direct care staff, foster parents, birth families, and community service providers in compliance with the service plan meeting standards set forth in *Title 18 NYCRR 430.12(c)*; including those standards relating to frequency, parent participation, third party reviewer and the dissemination of service plan information. The team shall seek to ensure and provide feedback that the stated goals of the program and Children's Services are being met effectively.
10. The NSP provider must have a quality assurance plan in place describing how they shall provide quality assurance, planning and program evaluation of their specific service population. The NSP provider shall assign designated staff to oversee a formal participatory evaluation of the service delivery in consultation with direct services staff, foster parents and the birth families served. The evaluation format includes a review of goal achievement (family and program) and a review to ensure compliance with OCFS, NYC Children's Services and other promulgated administrative standards.
11. The NSP provider shall seek to maintain an appropriate cultural, ethnic, and appropriate sexually-oriented environment that is both aesthetically pleasing and appropriate for the populations served. The provider must formulate written policies for the interaction of staff with the service populations in the various planning environments (families, other resources, organizations or community service providers, and family court).

### **C. Community Advisory Board Participation**

1. NSP providers who receive funding from Children's Services shall make best efforts to encourage members of the communities they serve have the opportunity to contribute to and be informed about policy-making and program development processes. In doing

so, they shall actively solicit family members' involvement in services provided to their children.

2. NSP providers shall develop and operate Community Advisory Boards (CABs). These Boards will help maximize community involvement in and support for their NSP facilities. The Community Advisory Boards shall be comprised of representatives from local non-profits, businesses, mental health service providers, education providers and/or advocates, local arts groups, faith-based organizations and other interested community members. Providers are encouraged to seek the membership of a youth (and/or his or her parent/guardian) with past involvement in the juvenile justice system, and/or a parent advocate.
3. NSP providers are encouraged to have a Community Advisory Board for each facility they operate. However, due to feasibility, providers may choose to have one CAB per borough as long as at least one representative from each neighborhood in which the agency operates is included.
4. Community Advisory Boards shall meet on a quarterly basis, at minimum, and will help to identify avenues for deepening connections between NSP facilities and their communities. The roles and responsibilities of Community Advisory Board may include some of the following:
  - a. Community Relations and Advocacy: to provide advocacy and education about issues affecting at-risk youth and act as a liaison between the NSP facility and community;
  - b. Community Resources: to identify and develop community resources to enhance NSP programming both in- and outside of the facility, such as cultural, educational, and vocational experiences to foster long-term growth;
  - c. Financial Support and Development: to organize fundraising activities to purchase items for the facility or programs to enhance youths' experience in NSP; and
  - d. Program Development: to inform the NSP about community issues and concerns and participate in program events that provide positive experiences for youth and their families, such as open houses, family days, etc.
4. NSP providers are required to interface with their local Community Advisory Boards and local police precincts prior to opening their facilities and on an ongoing basis. Providers shall develop relationships with the precincts' Community Relations Officers to inform them of the facility and develop an ongoing process to maintain communication about how the officers can provide support to the providers when necessary. Having a Community Advisory Board Public Safety Committee is another avenue through which

the providers can develop partnerships and maintain transparency with the community about their work.

5. Conflicts of Interest: All Community Advisory Board members must disclose to the NSP provider any personal, business, and/or familial relationships with NSP staff or other advisory board members to prevent conflicts of interest.
6. Confidentiality: All Community Advisory Board members must sign an agreement to maintain the confidentiality of information concerning youth in non-secure placement.

#### **D. Linkages to and Participation in Community Partnerships**

1. Community Partnerships will work to develop and support holistic, seamless local networks of service providers, community members, families, and other stakeholders with the goal of assisting families and offering safety and support where they reside. Community Partnerships will identify community needs and draw upon community resources to address those needs and will work to identify and overcome obstacles to child welfare system success. Relationships and partnerships formed within the Community Partnerships will significantly impact core child welfare outcomes of safety, permanency, and well-being. The Partnership will seek to close the divisions between Children's Services, contract providers, other neighborhood organizations, and residents of neighboring communities.
2. NSP providers shall participate in local Community Partnerships if one exists in their local community. The purpose of the involvement will be to receive feedback about the operation of the facility in the community and to encourage community involvement in the services offered by the NSP provider. Family Foster Care providers shall participate in the Community Partnership where a substantial proportion of their clients reside. NSP providers shall participate in the Community Partnership nearest to their residential facility. NSP providers are encouraged to connect discharged youth and their families to a Partnership if one exists in the community to which the youth is returning.

#### **E. Neighborhood-Based Service Provision**

1. When neighborhood placement is not possible, due to the specialized nature of the program model, site location issues, or any other reasons deemed appropriate and/or in the best interest of the child, then the NSP provider shall establish relationships and linkages with the child's home community and/or with the community the child will be residing in upon discharge, if known. The NSP provider shall facilitate and promote the child's relationship with her/his home community and facilitate visiting in that community, including locating appropriate space for visits.



2. For NSP providers, the community shall be considered both the neighborhood the site is located within, whether in New York City or beyond, as well as the home neighborhood(s) of the children who will be receiving service.
3. Due to the special needs of many of the children residing in residential care, and the specialized nature of many of these programs, concern about living in close proximity to residential care facilities has been raised at times by neighborhood residents. Therefore, the NSP provider shall develop a community outreach strategy to educate the community, respond to community concerns, and build community acceptance of and support for residential care sites, programs, and treatment models. This strategy can include but shall not be limited to regular attendance at significant community events.

#### **F. Community Board of Directors Participation**

1. Providers shall ensure that appropriate members of the socio-economic communities served by the NSP provider's Children's Services-funded programs have the opportunity to contribute to and be informed about policy-making processes. In doing so, they shall actively solicit family members' involvement in services provided to their children. NSP providers shall have community members serve on their Board of Directors, on advisory panels, or on committees of the Board of Directors.

#### **G. Interagency and Community Relations**

1. The NSP provider shall provide "wraparound" services which offer children the full range of services that they need to achieve placement stability and permanency goals in the least restrictive setting as possible. If the NSP provider does not have the expertise or capacity to directly provide all services necessary to assist and support clients, the NSP provider shall meet the full range of service through the establishment of formal linkages with other social services and community-based organizations. In that instance, the provider shall establish linkages including but not limited to service provider contracts, formal service agreements, "letters of linkage," and "memoranda of understanding." It is expected that the NSP provider will also support and develop linkages in the child and family's community of origin and/or residence, since all services are to be community-based.

#### **H. Non-Discrimination Policy**

1. All discrimination – including, but not limited to, discrimination based on an individual's actual or perceived sex, and discrimination based on an individual's gender identity, self-image, appearance, behavior or expression, or an individual's sexual orientation – constitutes a violation of the City's Human Rights law, as well as New York State Human Rights Law. Moreover, New York State Social Services regulations prohibit any act by Children's Services or provider staff that would be detrimental to any child in care.

## **I. Confidentiality/Clients' Rights**

1. ACS-placed youth shall be permitted reasonable access to a telephone to call to their attorneys upon request. NSP providers must help ensure that these calls are private, and that any calls to a youth's attorney will not count against any limit on phone calls. Further, letters to and from attorneys may be examined for contraband, but only in a manner that ensures that the letter's contents are not read and remain confidential (e.g., the letter may be opened by the youth in front of the provider staff).
2. While a child is in care, it is important for the NSP provider to ensure the protection of the individual rights of both the parent or caretaker and child. The Parents' and Children's Rights Unit within the Children's Services Office of Advocacy provides a forum to which parent(s) or caretaker(s) and relatives, youth and others may bring their concerns and complaints. The Office of Advocacy provides a similar forum to which children who are in care, parent(s) and others may bring their concerns and complaints. Information regarding the availability of the Parents' and Children's Rights Unit must be posted in all facilities and made available to all youth and families.
3. The NSP provider shall adhere to the Children's Rights of Privacy Standards which are based on the *Title 18 NYCRR Part 441.18* and Parents Rights *Title 18 NYCRR Part 441.18* or any successor or amended regulation.
4. When domestic violence is present and a parent[s], family, extended family or other discharge resource is residing in a domestic violence shelter, references in the case record shall be made to the business address (often designated as a Post Office (P.O.) box number or a P.O. station) of the shelter and not to the street address of the shelter. The actual street address of the shelter shall never be documented in CNNX, a FASP, an Article 10 petition, permanency hearing report or other court report or given to anyone directly or indirectly, particularly the abusive partner (see *Title 18 NYCRR Part 452.10*).
5. All information pertaining to domestic violence safety planning (e.g. a shelter's business address or an actual address of a survivor of domestic violence) shall be clearly and boldly identified in the case record by provider staff as "Confidential Information Due To Domestic Violence, Do Not Share".

## **J. Program Site**

1. As per *Title 18 NYCRR § 442.1* (2011), in addition to caring for juvenile delinquent youth, the NSP provider may also care for dependent, destitute, abandoned and neglected children when such concurrent care will not adversely affect the care and treatment of those children.
2. Physical Facilities and Equipment

- a) The physical plant and equipment shall meet the specifications as established by OCFS, ACS and all applicable local ordinances. The NSP provider's physical facilities shall be clean, the appearance of the interior and exterior of the building shall be maintained, and the physical facilities shall reflect the mission of the NSP provider and program.

### 3. Furnishings and Environment

- a) The furnishings contained in an NSP facility shall accommodate the characteristics of the population and where appropriate provide a "homelike" living environment. Furniture and furnishings shall be clean and in good condition, and shall be arranged for the safety of the population. Each youth shall have a separate bed, chair, dresser or other storage space and a closet or locker for jackets, coats and other outerwear.
- b) Private offices as well as common areas shall be clean, well lit, and appropriately furnished.
- c) The site shall be decorated with posters/works of art that reflect the culture of the client population to be served.

### 4. Accessibility

- a) The building housing the program site is clearly named and/or numbered. Prominent signs direct family members to the program site. Within the program site, there is an obvious reception area where family members are greeted.
- b) Accessibility – American Disability Act
  - i. NSP provider sites must make best efforts to make NSP facilities compliant with the Americans with Disabilities Act (ADA) and applicable state and local laws to make services and service locations accessible to family members with physical disabilities; including, but not limited to, developing plans for making facilities wheelchair accessible, utilizing sign language interpreters and large print informational reading materials. If NSP facilities are not ADA compliant, NSP provider shall provide for visitation with any visitors not able to access the site for this reason by transporting the youth to the visitor for regular visitation.
  - ii. To further facilitate family access to appropriate services, the NSP provider shall establish referral protocols to programs serving distinct disabled communities.

### 5. Hours of Operation

- a) NSP providers must have flexible hours in the early morning, evening and/or on weekends to accommodate family members who work, attend treatment or school, or are otherwise engaged in essential activities.

6. Space and Privacy

- a) The provider must sufficient space to support the range of services being offered, including outdoor recreation. If the provider site is used at all for counseling, there is space for its conduct in privacy to ensure confidentiality is maintained. The provider site complies with all applicable health, fire and safety regulations.

7. Health and Safety: Facilities must be free of hazards, including but not limited to the following conditions:

- a) peeling paint, cracked plaster, water stains, and holes in walls, doors or ceilings;
  - b) unlighted stairways, halls or entrance areas;
  - c) cracked or broken windows;
  - d) frayed or exposed electrical wiring;
  - e) improperly stored combustible materials or poisonous substances;
  - f) excessive litter or soil;
  - g) signs of rodent infestation or vermin;
  - h) unsanitary or unusable bathroom facilities;
  - i) lack of operative charged and inspected fire extinguishers;
  - j) inoperative smoke and/or fire alarms;
  - k) uncapped electrical outlets;
  - l) extension cords; and
  - m) torn carpeting or unsecured rugs/runners, holes in flooring, missing/ broke.
  - n) Infestations of Insects and/or rodents.
- i. The NSP provider must develop internal protocols to prevent, manage, and contain the spread of **bed bugs**. If a provider staff person finds evidence of bed bugs (e.g. bites on a youth), he or she shall immediately alert the facility director. The facility director shall then notify the designated ACS Director of Placement and Permanency within one day of the discovery and shall provide the ACS Director with a written action plan to confirm the presence of bed bugs and address the problem within two days of the discovery. For more information about identifying and controlling bed bugs, see the NYC Department of Health and Mental Hygiene's website - [www.nyc.gov/html/doh/html/vector/vector-faq1.shtml](http://www.nyc.gov/html/doh/html/vector/vector-faq1.shtml).

8. **ALL** sites must have:

- a) All floors used by children must be separated from each other by a smoke stop separation and have alternated means of egress remotely located from each other and accessible to the occupants.
- b) A minimum of two means of egress from each floor by way of a door at floor level;
- c) All doors and means of egress must swing in the direction of exit and conform to the New York Stat Uniform Fire Prevention and Building Code requirements for panic hardware and self-closing mechanisms;
- d) All stairs and ramps from such exits must terminate at ground level;
- e) Windows as means of egress must be at least 30 inches in its smallest dimension with the bottom of the window no higher than three feet six inches above the floor unless acceptable access is provided by steps or furniture fixed in place;
- f) An upper level window as a means of egress must also have a platform outside the window and a stair, permanently affixed to the building, leading to ground level;
- g) All exit doors and means of egress, halls and stairs must be well lighted and kept clean, free of obstruction and ready at all time for immediate use;
- h) Illuminated exit an directional exit signs and battery-operated or generated-powered emergency lighting units or systems must be provided and maintained in accordance with the New York State Uniform Fire Prevention and Building Code;
- i) Doors used as smoke stop separations must be equipped with self-closing devices and magnetic hold-open devices;
- j) A plan for building evacuation; printed procedures to follow in case of fire conspicuously posted in all halls and reception areas; regularly held fire drills;
- k) Annual FDNY inspection report;
- l) Appropriate current Certificate of Occupancy; and
- m) Adult supervision for all children's/youth's activities with required ratios of adults to children.

## 9. Physical Protection

- a) The physical environment of the provider must provide for the safety of all the persons on the premises from physical harm, drugs, and other criminal activity.
- b) The provider shall have a security plan which includes: precautions to be used when dealing with individuals who may be dangerous; actions to be taken when dangerous or potentially dangerous incidents occur; the circumstances under which the police are to be called; and maintaining good relationships with the local police and the precinct community relations officer.
- c) All staff shall have the local precinct's phone number readily available for emergency use.
- d) Only Fire Department approved gates shall be used on windows that are potentially accessible from outside.

## 10. Space

- a) Space and Privacy: The NSP provider has sufficient space to support the range of services being offered. If the provider site is used at all for counseling, there is space for its conduct in privacy to ensure confidentiality is maintained.
- b) Space Changes: If planned usage of the provider site changes during the contract year, the provider must notify Children's Services in writing at least 90 days prior to the proposed change and must receive written approval from ACS prior to changing the space.

## K. Disaster Plan

1. The NSP provider disaster plans shall be in compliance with 18 NYCRR 441.16 (a) and incorporate general disaster planning information; detail the procedures to be followed in caring for youth and families in the event of a disaster or emergency; and focus on planning and procedures for the continued care and supervision of all children/youth in the provider's care, both during and after the disaster or emergency.
2. Families receiving in-home services, including families of children/youth in out-of-home placement, shall also be encouraged to develop and update family disaster plans. NSP providers shall provide such families with emergency preparedness information and emergency contact numbers to call and check on the safety and status of their children/youth following a disaster or evacuation.
3. NSP provider disaster plans shall include, but not be limited to, the following information and planned activities:
  - a) encouraging staff to develop personal disaster plans and keep them updated;
  - b) requiring staff to check in after disasters and provide information on how to do so;
  - c) keeping emergency supplies in the office (including satellite offices);
  - d) training all staff on the provider disaster plan and having them participate in drills;
  - e) establishing personal and professional support services for staff;
  - f) the protection of vital records; establishing off-site backup for information systems with case and client records;
  - g) protecting data and equipment from environmental factors ( for example, covering/bagging computers and office equipment, installing surge protectors);
  - h) assessing the critical nature of paper records, prior to a disaster, and then determining what steps may be necessary to protect such records from potential damage in a disaster (for example, use of fire-safe metal filing cabinets); and
  - i) the prior establishment of disaster planning agreements with organizations in neighboring counties and states that would likely be involved in running emergency shelters to help locate displaced children/youth and families following a disaster.

4. NSP providers shall share an initial disaster plan with ACS for approval and shall share, annually, any revisions the NSP provider has made to the plan.

## **PART III: PERMANENCY PLANNING**

### **A. Service Plan Design and Delivery**

1. A family service philosophy and approach must inform the NSP provider's design and delivery of all services. It is required that discharge, transition, and permanency planning begin on day one of a youth's placement in keeping with a seven month average length of stay.
2. An ACS Placement and Permanency Specialist will be assigned to the case of every youth. Coordination with the case manager by the NSP provider, and vice versa, is critical to the success of the placement and permanency plan.

### **B. Key Components and Approaches**

1. The NSP provider shall ensure that placement and support services promote timely reunification for youth and their families, while ensuring safety and stability consistent with the needs of the youth and protection of the community. Children's Services shall share with the NSP provider no later than the placement date any current assessments of the youth's needs, including court ordered evaluations, such as the Department of Probation's Investigation and Report (I&R) and the Health and Hospitals Corporation's Mental Health Study (MHS).
2. The NSP provider shall operate according to the following principles and practices in efforts to maximize and improve safety, permanency and well-being for youth in care:
  - a) Maintain placement stability that minimizes the occurrence of replacements or upward modifications and provides consistency in care throughout the time that youth remain in care.
  - b) Ensure safety while in care.
  - c) Implement discharge planning and services to avoid the need for entry or reentry of a youth into foster care and/or juvenile justice system after discharge.
  - d) Implement services and support for youth to develop to their fullest potential and become healthy, educated, and constructive members of the community with successful transitions to adulthood.

### **C. Referral, Intake and Placement**

1. Placement: A youth is deemed to have been placed with the NSP provider the day on which the youth enters the NSP facility pursuant to:



- a) The approval of Children’s Services and/or
  - b) An order by the Family Court.
2. The NSP provider shall accept all youth placed by the New York City Family Court in its care in accordance with these *Juvenile Justice Non-Secure Placements Quality Assurance Standards*.
3. Intake Process
- a) At disposition on a juvenile delinquency case, the court places the youth with Children’s Services. Children’s Services will determine which NSP facility is an appropriate match for the youth, and will notify the NSP facility of the determination. Once the determination is made, an information packet regarding the youth will be sent to the NSP provider. The packet will be sent before the youth arrives at the NSP facility. Children’s Services will then arrange with the NSP provider to have the youth transported to the facility. The NSP provider must transport the youth to the NSP facility.
  - b) NSP providers may not refuse to accept a youth. The NSP provider may request a review of the decision by Children’s Services to place a youth in its NSP facility by telephoning or emailing a designated Children’s Services staff member. This staff member will be identified when the NSP contracts commence.
4. Census Reporting
- a) The NSP provider shall report its current census, capacity, and placement vacancies to Children’s Services as follows:
    - i. Capacity: Contractor shall accurately report its census daily.
    - ii. Back-up Staff: Contractor shall designate one (1) staff person and one (1) additional back-up staff person from its intake section as a liaison who will report census to ACS.
  - b) Contractor’s failure to report census in accordance with this section shall trigger an immediate review of Contractor’s census reporting process and may result in the suspension of Contractor’s intake.
5. Intake and Admissions
- a) Providers are required to have staff available from 8:00 A.M. to 6:00 P.M., on all weekdays except Court holidays, to receive intake referrals from Children’s Services.

An administrative staff person, one (1) primary and a back-up, who can make intake decisions shall be available during the timeframe described above.

- b) Children's Services shall assign a CIN number to each youth in care, document eligibility requirements and placement/payment information in CNNX, and document other required systems to support payment to the provider within three (3) business days of placement.
- c) The provider shall verify the CNNX information with Children's Services and shall be responsible for opening a "Child" case record immediately upon admission of all youth entering their care (see Part III, Section A, subsection 1 of these *Juvenile Justice Non-Secure Placements Quality Assurance Standards* for more details). The provider shall maintain a Uniform Case Record in accordance with *Title 18 NYCRR Part 428*. The provider shall have specified procedures for obtaining admission information on youth, including receiving information from Children's Services and integrating it into the immediate service plan, that demonstrates a direct relationship between the plan goal and the needs of the youth.

#### **D. Visitation and Establishment of Visitation Plan**

1. Visitation between youth in non-secure juvenile justice placement and their family members or other discharge resources is critical to supporting youths' well-being, and helping them sustain relationships with important people in their lives.

It is always the NSP provider's responsibility to arrange and facilitate visits and other forms of contact between the youth and parent[s], family, extended family or other discharge resources, unless prohibited or restricted by court order. When appropriate, phone contact between the youth and parent[s], family, extended family or other discharge resources shall occur throughout placement. It is also recommended that the provider, whenever it is safe and/or appropriate, facilitates visits between the youth and other significant adults in his or her life so long as visitation would not compromise the safety of the youth and is not prohibited by court order. The provider is responsible for documenting any reasons why either phone contact with family members or visits with family members is NOT permitted. Such documentation must be included in the youth's case file and shared with the ACS Placement and Permanency Specialist.

2. In order to maintain relationships and begin the reunification process, visits shall begin as soon as possible after placement. The NSP provider must contact the youth's family to arrange a visit within two (2) business days of the youth arriving in the NSP facility.
3. Progression of a Visiting Plan
  - a) Youth shall be permitted a minimum of two (2) family visits and two to three telephone calls to family members per week. Prohibiting visits and telephone calls

to family members cannot be used as a form of discipline or punishment for the youth.

- b) For home visits, the provider shall:
  - i. Provide oversight of and clinical services and “appropriate support” (e.g. mentoring, informal counseling) to youth during visits in the community with family or other discharge resources, if needed and for as long as needed. At minimum, dedicated, specially trained visiting staff must go to the home where the visit is taking place during the first two (2) visits.
  - ii. The provider must individually discuss how the visit went with the dedicated visiting staff, the youth, and the parent[s], family, extended family or other discharge resources.
- c) The provider case planner shall document in CNNX the results of each family visit contemporaneously for the purpose of assessing the status of family relations and progression of the visiting plan.

#### 4. Types of Visits

- a) Agency Visits: Visits at the NSP facility shall be arranged in the evening or weekends, when appropriate and necessary, to accommodate the schedules of youth and their parent[s], family, extended family or other discharge resources. Opportunities for visits at the NSP facility shall happen at a minimum of two (2) times per week to accommodate the schedules of youth and their parent[s], family, extended family or other discharge resources. The provider shall arrange for accessibility to family members and other visiting resources with physical disabilities including, but not limited to, developing plans for: making facilities wheelchair accessible, utilizing sign language interpreters and large print informational reading materials. Transportation of any approved visitors to the facility must be provided by the NSP provider, or reimbursement of costs to the visitor must be made.
- b) Day Visits: Day visits by the youth to the home of the parent[s], family, extended family, or other discharge resources are at the discretion of the NSP provider. Day visits are generally discouraged when the visit would result in the youth being absent from school.
- c) Home Visits: A home visit is defined as an overnight visit to the home of the parents or discharge resources.
  - i. When determining eligibility for a home visit, the provider shall first review any court-ordered visitation restrictions, and then consider the following factors:

- (a) Assessment of the home of the visiting resource;
  - (b) Youth's overall adjustment to the program;
  - (c) Youth's legal history and past community behavior;
  - (d) Clinical benefits to the youth of a home visit;
  - (e) What supports can be put into place by the NSP provider to ensure a successful home visit; and
  - (f) Likelihood of AWOL
- ii. ACS-placed youth in NSP facilities shall be assessed for an initial home visit no later than 30 days from admission to the facility, unless otherwise indicated in the youth's placement order.
  - iii. The provider shall visit the family's or discharge resource's home and perform a home assessment prior to the youth's first home visit and throughout the youth's placement as required by *Title 18 NYCRR 441.21 (b)*.
  - iv. The provider shall coordinate the arrangements for the home visits with the youth's family or discharge resource to ensure engagement in activities to foster positive youth and family development.
  - v. The NSP case planner shall notify the ACS Placement and Permanency Specialist at least 48 hours prior to any home visit. This notification shall include the name of the youth and his or her visiting resource; the address the youth will be visiting; the date and time of the youth's departure from and return to the agency; and the mode of transportation.
  - vi. Special visits may be granted outside of the above guidelines for holidays or special family events. Additional visits may be granted based on positive behavior within the NSP facility.
  - vii. The NSP provider case planner shall meet with the family and youth after each home visit to assess the success of the visit and determine the appropriateness of future home visits. This information shall be shared and discussed with the ACS Placement and Permanency Specialist to determine if future visits to this visiting resource are appropriate.
  - viii. The results of all home visits by youth placed with ACS in non-secure placement settings shall be contemporaneously documented in CNNX, (and any other database(s) specified by Children's Services) by the provider case planner.
  - ix. The NSP provider shall provide oversight of and/or clinical and appropriate supportive services during home visits, as required or as otherwise needed, to promote a positive home visiting experience.

- x. When youth return from day and home visits, they may be subject to search in accordance with the ACS NSP search policy.
- xi. Failure to Return from a Home Visit: If the youth fails to return to the NSP facility after a home visit, the provider case planner will report this AWOL to Children's Services in accordance with *Title 18 NYCRR 431.8*, Social Services Law 404 (13)(d) and (e), and ACS protocols pertaining to runaways/AWOLs.

#### **E. Engagement and Assessment**

1. Engagement and assessment are core responsibilities that begin when the youth is first placed into care and continue through the entire period of placement. Case planning and other support staff are responsible for ongoing engagement with the youth in care and his/her parents or other discharge resources. They are also responsible for documenting this work in the case record. Effective engagement is required to ensure that assessments are of good quality and responsive to the needs of the youth. Ultimately, these assessments inform planning, service delivery, and service coordination.
2. Children's Services will require, as necessary, NSP providers to implement family team conferencing or family team meetings.

The NSP provider shall ensure that parent[s], family, extended family or other discharge resources are engaged in the development of the service plan and invited to service plan reviews as set forth in *Title 18 NYCRR 430.12 (c)*. The NSP Provider shall make best efforts to engage parent[s], extended family or other discharge resources so they are involved in every aspect of the youth's life, including but not limited to decisions regarding the service plan, education, medical issues, development, and overall well-being. When possible, the provider shall take measures to facilitate the attendance of parent[s], family, extended family, or other discharge resources at occurrences such as school conferences and medical appointments, and shall update parent[s], family, extended family, or other discharge resources of the outcome of such events when they are unable to attend.

#### **F. AWOLs, Warrants and Transportation Arrangements for Return to Program**

1. Circumstances Under Which an ACS Placed Youth Is Considered Absent Without Leave (AWOL) or on Unauthorized Leave:
  - a) The youth leaves supervision within the NSP facility for a period of time, that is outside specified or agreed upon terms between the NSP provider and the youth prior to leaving supervision, and his/her whereabouts are unknown; or

- b) The youth leaves the grounds of the NSP facility without permission and, after consulting with likely locations (a parent/relative, a local store for example) provider staff are unable to determine the youth's whereabouts within two hours or
  - c) On a supervised off-grounds trip or home visit, the youth leaves the presence of the person responsible for the supervision of that youth without such person's permission; or
  - d) On an unsupervised off-grounds trip or home visit, the youth fails to return to the NSP facility on the assigned date and at the assigned time, or within two hours, and, after investigation, there is no basis to believe the youth will return promptly.
2. Procedures To Be Followed By NSP provider Staff When a Youth is AWOL Or Has Not Returned From A Home Visit
- a) The NSP provider must take the following steps in accordance with *Title 18 NYCRR 431.8 and Social Services Law 404(13)*:
    - i. Notify the local precinct and/or state police for issuance of a Missing Person's Report within twenty-four hours after learning of the AWOL.
    - ii. Notify the parents or guardian as soon as possible, but no later than two hours after learning of the AWOL; except when pursuant to *Title 18 NYCRR 431.8(b)(4)* when parental rights have been terminated, surrendered or where the parent cannot be located.
    - iii. Immediately notify, in writing, MCCU and the ACS Placement and Permanency Specialist and the Family Court and OCFS after learning of the AWOL.
    - iv. Reporting AWOL to ACS: If the AWOL occurs during business hours (Monday - Friday, 9a.m. – 5p.m.), the NSP provider is expected to immediately report the incident to the ACS Placement and Permanency Specialist and call the Movement Control and Communications Unit (MCCU) and report the AWOL incident in accordance with the ACS incident reporting policy. If the AWOL occurs during non-business hours (including weekends and holidays) the report is to be called into MCCU in the same timeframe that will be designated for this purpose and a warrant will be issued.
    - v. Upon receiving a report of an AWOL, ACS will immediately notify, in writing, the Family Court and OCFS and issue a warrant. The warrant is sent to the appropriate law enforcement agency or agencies. The ACS Placement and Permanency Specialist shall file a Notice of AWOL with the appropriate placing court.

- vi. The NSP provider shall document the AWOL in CNNX and CCRS (or other specified/required database).

### 3. Issuing Warrants and Notice to the Court – ACS

- a) ACS Warrants can be issued only when there is a current placement order with ACS.

- b) The NSP provider shall provide the following information when requesting a warrant:

- i. Name of Caller
- ii. Facility Name
- iii. 24-Hour Facility Contact Number
- iv. ACS Placement and Permanency Specialist Name
- v. ACS Case Number
- vi. Youth's Name
- vii. Any Aliases
- viii. Date of AWOL
- ix. Social Security Number
- x. Date of Birth
- xi. Placement Date
- xii. Expiration Date
- xiii. Adjudication
- xiv. Gender
- xv. Ethnicity
- xvi. Height and Weight
- xvii. Eye Color
- xviii. Hair Color
- xix. Scars/Distinguishing Marks
- xx. Youth's Home Address
- xxi. Placing Court
- xxii. Photograph, if available
- xxiii. Additional information, as requested, i.e., mental health status, medical alerts, developmental disabilities, etc.

- c) The issuance of a warrant is dependent upon the NSP provider being able to provide the necessary information as noted above. A warrant cannot be issued when necessary information is not available. In such situations, the NSP provider is required to have records and/or personnel available that can resolve these issues so that the warrant can be issued.

- d) When ACS issues a warrant to apprehend an AWOL youth, ACS must within 48 hours, provide relevant law enforcement agencies with pertinent information, including photographs of such youth *SSL 404(13)(3)(i)*.

#### 4. Diligent Efforts to Apprehend the AWOL Youth

- a) It is the policy of Children's Services that every effort be made to apprehend AWOL youth. ACS and the NSP provider may request assistance of police where indicated, in attempting to apprehend AWOL youth. Children's Services and provider agencies will render full cooperation to police and other authorities investigating the whereabouts of AWOL youth.
- b) The NSP provider case planner is responsible for making diligent efforts to locate AWOL youth and return them to care in accordance with 18 NYCRR 431.8. Diligent efforts must include, but are not limited to, contact with the following person(s) for information concerning the youth's whereabouts.
  - i. Members of the youth's former foster family household or the agency boarding home, group home, or institution where the child was placed prior to admission.
  - ii. Members of the youth's family and extended family, including relatives within the third degree of the child, where known, or legal guardian of the youth.
  - iii. The youth's school principal, teacher(s) or other appropriate staff at the school last attended if applicable.
  - iv. Close friends and boyfriends or girlfriends of the youth, where known.
  - v. Adults known to be working with the youth in recreational or educational activities.
  - vi. Professional persons involved with the youth's development, including, but not limited to, doctors, nurses, psychologists, psychiatrists, or clinical social workers.
  - vii. The administrator or coordinator(s) of the county's runaway and homeless youth program;
  - viii. The local precinct.
- c) These diligent efforts must be contemporaneously documented by the NSP provider in CONNECTIONS (or other specified/required database), indicating the type of contact made, i.e. personal, phone or mail correspondence, the name of the person contacted and their response regarding the youth's whereabouts.
- d) The NSP provider's diligent efforts in securing the youth's return to care should occur daily, for seven days following the date of the youth's AWOL, if necessary.



Beyond seven days, it is the responsibility of the ACS Placement and Permanency Specialist to continue diligent efforts in securing the youth's return.

#### 5. AWOL Youth Return To Care

- a) If an AWOL youth is arrested on a new charge, and the NSP provider is aware of the arrest, the NSP provider is responsible for notifying ACS. Depending upon local practice and legal parameters, detention facilities may hold a youth on a temporary basis pending transportation. ACS will issue a Warrant to the appropriate jurisdiction. The Warrant will provide that the youth is to be returned either to ACS custody or to the NSP provider upon release from detention or jail.
- b) If an AWOL youth is apprehended and held at a location within 100 miles of the NSP provider's location, upon direction from ACS, the provider is responsible for the return of the youth to the facility.
- c) Where the youth is held at a location which is more than 100 miles from the NSP provider location, if ACS determines that the youth will return to the provider's facility, ACS will assist in returning the youth.
- d) The NSP provider shall promptly notify the ACS Placement and Permanency Specialist of the particulars of the youth's return, and status of any additional court appearances. ACS will withdraw the warrant(s).
- e) The NSP provider shall notify the family of the youth's return.
- f) The ACS Placement and Permanency Specialist shall notify the placing courts of the youth's return to custody.
- g) If the duration of the AWOL has been in excess of twenty-four (24) hours, the ACS Placement and Permanency Specialist is responsible for calculating and tracking administrative tolling of AWOL time.
- h) If the NSP provider is notified that an AWOL youth has been apprehended out of state, the provider shall promptly report the available information to the ACS Placement and Permanency Specialist who shall work with the OCFS Office of Interstate Compact on Juveniles to arrange the return of the youth to the state and to the NSP provider, if appropriate. If ACS is notified first, the ACS Placement and Permanency Specialist will inform the NSP case planner. This does not preclude the participation of the NSP case planner in the arrangements for return.
- i) Services to be provided following the AWOL: When a youth is returned or returns voluntarily to NSP after being AWOL, diligent efforts must be made to provide services to the youth which will restore the child to a supportive environment. In

addition to providing the services required by *Title 18 NYCRR*, an assessment must be made of the need of the youth for rehabilitative services. Such services may include, but are not limited to:

- i. remedial educational services;
- ii. psychological counseling;
- iii. medical services in accordance with section *Title 18 NYCRR 441.22*; and
- iv. drug and alcohol abuse treatment where available from a public agency. If a determination is made that any such services are needed by the child, referrals to providers of such services must be made and such referrals must be documented in the uniform case record.

#### 6. Steps To Be Taken If Youth Remains AWOL for Longer Than One Week

- a) The NSP provider is responsible to continue to plan for AWOL youth, in conjunction with the assigned ACS Placement and Permanency Specialist, until such time as the youth returns to ACS custody. These case planning responsibilities include, but are not limited to, the following:
  - i. Submission of supporting documentation for Extension of Placement and Permanency petitions;
  - ii. Developing a plan, in consultation with the ACS Placement and Permanency Specialist for when the youth returns to the facility, or is returned to a detention facility.
  - iii. Completion of Family Assessment Service Plans; and
  - iv. Keeping the ACS Placement and Permanency Specialist apprised of any and all changes regarding the youth's status while absent.

### **G. Arrests**

1. In the event an ACS youth is arrested and charged with a new offense during the placement period, his/her parents or guardians and the ACS Placement and Permanency Specialist shall be notified immediately. The ACS Placement and Permanency Specialist will be given complete information about the arrest and criminal charges (who, what, when, and where) and the youth's current location (detention/jail or returned to campus), as well as the next court date, if known. If the NSP provider learns of an arrest of an ACS youth during non-business hours, the NSP provider is to contact Children's Services to request that a Warrant be issued. In addition to the information listed above, the NSP provider must supply the same information that is required when requesting an AWOL warrant. This notification will be followed-up with a written report

by the NSP case planner within three days of the arrest or receipt of the appearance ticket.

- a) If the youth will continue to be served in the current NSP facility, the provider will be responsible for transportation to court proceedings, as well as remaining with the youth throughout the day in order to provide support. (The agency may request assistance ACS if transportation is required to an area beyond a 100-mile radius of the NSP facility.)
- b) If the NSP provider indicates that it cannot continue the youth in program, the provider case planner shall file a written request with ACS:
  - i. To notify ACS of the provider's request for removal.
  - ii. To request that ACS consent to modify custody of the youth. The provider must be notified that the request for modification and return of a youth has been approved prior to making arrangements to remove or discharge the youth. This approval may require a Family Court appearance to request a modification of the original order of placement.

## H. Modifications

1. An order of placement entered pursuant to FCA § 353.3 may be modified at any time after the disposition when there has been a showing of a substantial change in circumstances. See FCA § 355.1. There are a number of factual scenarios that may result in a myriad of modification applications, but the most common modification during the first year of Close to Home is the movement of a youth from non-secure placement to a more restrictive level of care - limited secure placement (LSP). **Modifications shall be considered as an option only when all efforts to prevent the modification have been exhausted.** The ACS Placement and Permanency Specialist (PPS) must work with the NSP provider agency to help ensure that safety plans have been devised and implemented when safety issues are driving the request for a modification.
2. Reasons for requesting a modification of placement include, but are not limited to:
  - a) The NSP provider can no longer meet the needs of a particular youth as the youth's behavior is beyond the provider's ability to manage the youth and has exhibited a sustained pattern of behavior which clearly establishes that more structure and supervision is needed than can be provided in his/her current setting.
  - b) The youth is a chronic and/or long term AWOL.

- c) The youth has committed or been involved in a serious act, which in and of itself is enough to demonstrate that the youth represents a serious danger to him/herself or others in the residential setting. This “single-instance” criteria will generally involve an act that would constitute a major felony crime, or that represents a significant safety issue.

### 3. Court action for modifications of placement

- a) During the initial phase of Close to Home implementation, all requests for modification from a non-secure level of placement to a limited-secure level of placement will require court application.
- b) Subsequently, depending on the terms of the court order, some cases may require ACS to return to court to effect removal of the youth from the NSP. Therefore, the court order must be examined in each case to determine whether it is necessary to apply to the court to remove a youth from an NSP provider agency. If the ACS PPS reviews the court order and has questions they should contact FCLS for assistance.
  - i. When approving a request for a modification, the ACS PPS will forward a copy of the plan amendment with a covering memorandum outlining the grounds for seeking modification to the appropriate FCLS Court Liaison Officer (CLO) or other representative from FCLS, who shall file a petition to modify the placement order.
- c) If court approval is not required, with input from the ACS PPS, the Director of PPS will have authority to approve or disapprove upward modifications (“step-ups”) to a limited-secure placement (LSP). In making a decision about approval or disapproval, however, ACS PPS will discuss the case with NSP provider agency staff and the appropriate PPS Director and will document decisions through plan amendments in Connections. A scenario whereby Family Court approval is not required will be more common once ACS operates LSP and the court order authorizes ACS the discretion to move youth between NSP – LSP.

### 4. Procedure for Requesting Modification to a Limited-Secure Placement

- a) The NSP provider must give ACS as much notice as possible when the NSP provider believes that a youth may have to be modified to a higher level of care.
- b) The NSP provider agrees to notify the ACS PPS of a pattern of behaviors and/or incidents which indicate that the youth may need to be removed from the agency.

- c) Except in emergencies, in which case the NSP provider may directly call the ACS Executive Director of Non-Secure Placement, a request to move a youth to a limited-secure placement must be made in writing, by email, to the ACS PPS (emergencies will be handled on a case by case basis). The NSP provider must submit a transfer request form along with supporting documentation that demonstrates that the youth's behavior requires removal from the agency. The following elements must be included in the narrative report to the ACS PPS in writing:
  - i. A clear description of the pattern of behavior with clear indications of frequency and severity of each event.
  - ii. The steps the provider has taken to address this behavior.
  - iii. Evidence of imminent danger to the identified youth; other youth and/or staff in the facility. Supporting documentation may include incident reports, which are specific as to the dates, time and place, and signed by the worker who witnessed the incident; AWOL reports must be specific as to the dates of initial absences, dates of return, and efforts to apprehend and return the youth to program.
  - iv. An explanation of why removing the youth is the appropriate intervention for the youth and/or the other youth in the facility.
- d) Before ACS agrees to move the youth or to initiate court action to move the youth to a limited-secure placement, a case conference between ACS and the NSP provider must occur. This case conference shall occur within three (3) business days of ACS receiving the request for modification.
- e) The ACS PPS will email a notice of the conference and a copy of the modification request form to the FCLS CLO.
- f) The NSP provider is responsible for notifying the youth, parent/legal guardian, foster care agency and foster parent, if appropriate, of the conference.
- g) At this case conference, the potential modification of the youth will be discussed and evaluated. The purpose is to determine whether placement preservation is possible, or placement in another NSP facility is possible, possibly with additional services or interventions. Attendees at this meeting will review the behavioral management plan that has been developed for the youth in question and will also discuss what interventions have not yet been explored (e.g. specialized mental health treatment of psychotropic medication) and if appropriate, set a timeframe to implement such alternatives and review their effectiveness.
- h) If ACS, in conjunction with the NSP provider, decides to remove a youth from non-secure placement altogether, ACS will be responsible for all arrangements regarding

the transfer and the forwarding of case record material. The NSP provider may be required to prepare written materials, including sworn affidavits for court and/or attend court appearances and possibly testify to effectuate the transfer. The NSP provider shall also inform the parent/legal guardian and/or foster care agency provider and foster parent if the youth is in foster care.

5. Procedures when a court motion for a modification is uncontested

- a) If court motion for a modification is required, the ACS PPS will review the request and supporting documentation, submitted as outlined above, and make a recommendation on the request as per the case conference.
- b) If the request is approved, the ACS PPS shall forward the written material with a covering memorandum outlining the grounds for seeking modification within one (1) business day of the case conference to the appropriate FCLS CLO and shall request to file a petition.
- c) ACS via the Placement and Permanency Unit and the ACS Director of PPS, shall review the youth's case and the modification request with the designated FCLS representative and determine whether the facts support a modification request. FCLS must be in agreement that there is legally sufficient evidence to modify the order of placement in order for the process to proceed.
  - i. If the decision is to modify a youth's placement to limited-secure placement, FCLS shall make an application to the court and provide a copy of the petition to OCFS, the youth, youth's attorney, the parent/legal guardian and corporation counsel.
  - ii. If the ACS PPS determines that the youth cannot remain in the non-secure placement while a petition for modification is pending, the petition should be filed by Order to Show Cause and a date to be heard before the Family Court will be selected possibly as soon as the next court day. In these instances the youth must be produced in Family Court on the date selected and a request made by an FCLS attorney to obtain a temporary court order remanding the youth to detention pending a final determination of the petition. It is in the court's discretion whether to grant a remand of the youth to detention or return the youth to the NSP provider. It should be noted that in some instances a youth may consent to the modification request at this initial court appearance.
    - (a) The Order to Show Cause requires sworn affidavits by the NSP provider submitted to FCLS detailing the circumstances to support the request to

remand a youth to detention while a petition to modify placement to limited-secure is pending.

- c) A court hearing date will be scheduled and the FCLS CLO will notify the ACS PPS of the hearing date. The ACS PPS will notify the NSP provider of the hearing date.
- d) Upon notification of the hearing date, the NSP provider will notify the youth and his/her parent/legal guardian of the date and time and location of the appearance if not already done during a court appearance to set a remand of the youth to detention.
- e) The agency agrees to permit ACS-placed youth receiving a copy of a petition reasonable access to contact the attorney for the child and the ACS/DYFJ Office of Residential Care Advocacy (ORCA), upon the youth's request.
- f) The NSP provider is required to produce the youth in the appropriate court on every calendared appearance date and on time.
- g) At the initial appearance, it is the responsibility of the ACS PPS to be present or see that another ACS professional is in court.
- h) On the court date, if a disposition for the youth cannot be reached and the case is adjourned, it will be the NSP provider's responsibility to take the youth back into program until the return court date unless the Family Court judge has ordered another option, for example the youth was remanded to detention.
- i) The FCLS CLO will check continually with the court for receipt of a decision. When a decision on the petition for modification is reached, the FCLS CLO shall obtain written court orders from the court and be responsible immediately emailing them to the appropriate ACS PPS and NSP provider.
- j) If the court has ordered the placement modified:
  - i. The NSP provider shall file appropriate discharge papers (as required by ACS), complete the FASP Plan Amendment Form, and submit the case for closing to the appropriate ACS unit, effective the date of the court order. The NSP provider shall provide notice to youth's attorney and also notify the youth's parent and foster care agency provider/foster parent if applicable. It is also possible that a judge will render a decision while all parties are present in court, in which case they have received notice.
  - ii. It will be the responsibility of ACS to coordinate with OCFS (until ACS assumes responsibility for LSP facilities), to make arrangements for the transfer of the youth within a five-day period. ACS PPS will be responsible for notifying the NSP

provider of the alternate placement preparations, the transportation arrangements, and the plan for forwarding the case record material to the new NSP provider.

- k) If the court has denied the modification, the NSP provider will return the youth to program.

6. Procedures when a court motion for modification is contested.

- a) Follow procedures as outlined above. At the initial appearance, if the youth contests the petition for modification, the case is usually adjourned to schedule a full hearing. If this occurs, the NSP provider must return the youth to program until the next court date, unless the Family Court judge has ordered another option. It is the responsibility of the ACS PPS to be present or see that another ACS professional is in court for the first appearance and that Family Court Legal Services has been contacted for available court dates, should the matter be contested.
- b) FCLS and/or the court notifies the ACS PPS and the NSP provider of the adjournment and the new hearing date. The ACS PPS shall contact the ACS Division of Family Court Legal Services for representation at the full hearing and discuss whether witnesses are required to be present in court, and if so, which witnesses. It is anticipated that either a hearing or a settlement of the modification request will be completed at the hearing date selected by the court.
- c) Once the hearing is completed, the FCLS CLO will check continually with the court for receipt of a decision. When a decision on the petition for modification is reached, the FCLS CLO shall obtain written court orders from the court and be responsible immediately emailing them to the appropriate ACS PPS and NSP provider. It is also possible that a judge will render a decision while all parties are present in court.
- d) If the court has ordered the placement modified:
  - i. The NSP provider shall file appropriate discharge papers (as required by ACS), complete the FASP Plan Amendment Form, and submit the case for closing to the appropriate ACS unit, effective the date of the court order. The NSP provider shall provide notice to the youth's attorney and also notify the youth's parent/legal guardian and foster care agency provider/foster parent if applicable. It is also possible that a judge will render a decision while all parties are present in court, in which case they have received notice.



- ii. It will be the responsibility of ACS to coordinate with OCFS (until ACS assumes responsibility for LSP facilities), to make arrangements for the transfer of the youth within a five-day period. ACS PPS will be responsible for notifying the NSP provider of the alternate placement preparations, the transportation arrangements, and the plan for forwarding the case record material to the new NSP provider.
  
- e) If the modification is denied, the NSP provider will return the youth to program.

### **I. Transfers to Another NSP Facility**

1. A lateral transfer involves the transfer of a youth from one NSP facility to another and **shall be considered as an option only when all efforts to prevent the move have been exhausted**. These types of transfers would take place when the below considerations for transfer do not warrant a “step-up” modification to LSP. The ACS PPS must work with the NSP provider agency to help ensure that safety plans have been devised and implemented when safety issues are driving the request for a transfer.
  
2. Generally, an ACS-placed youth will be considered for transfer from an NSP to another ACS-contracted facility under one or more of the following conditions:
  - a) The youth's behavior is beyond the NSP provider's ability to manage the youth and has exhibited a pattern of behavior which clearly establishes that more structure and supervision is needed than can be provided in his/her current setting.
  
  - b) The youth is a chronic and/or long term AWOL.
  
  - c) The youth has committed or been involved in a serious act, which in and of itself is enough to warrant consideration for transfer. This “single-instance” criteria will generally involve an act that would constitute a serious felony crime, or that represents a personal safety issue such as a suicide attempt or risk thereof.
  
  - d) The NSP provider can no longer meet the needs of a particular youth or formally discontinues its care of a particular "class" of youth (i.e. girls or boys will no longer be admitted) or the NSP provider closes its operations entirely.
  
3. The NSP provider must provide ACS as much notice as possible when it is considering requesting a youth's transfer to another NSP facility, and ACS agrees to respond to the request by scheduling a case conference within five (5) business days of receiving the request.
  
4. The NSP provider must notify ACS of a pattern of behaviors and/or incidents, which indicate that the youth may need to be removed from the agency. When the NSP provider wishes to have a youth removed from its program, the NSP provider shall send

a written request for transfer (as outlined below) to ACS documenting the issues or incidents that necessitate the youth's removal from the NSP facility.

5. Once ACS receives a request for transfer, a case conference between ACS and the NSP provider must occur. Upon receipt of the report, the ACS PPS shall review the request and contact the NSP provider to arrange the case conference. Additional information may be sought if needed at this time. The purpose of this case conference is to determine whether placement preservation is possible, possibly with additional interventions and/or services or whether a transfer is absolutely necessary.
6. This case conference shall occur within five (5) business days of ACS receiving the request for transfer. The NSP staff, the appropriate ACS personnel, and if practical, the youth and his family and his or her attorney should participate in this case conference. Attendees at this meeting will review the behavioral management plan that has been developed for the youth in question. Also at this meeting, the potential transfer of the youth will be discussed and evaluated.
7. The NSP provider is responsible for notifying the youth, youth's attorney, parent/legal guardian, foster care agency and foster parent, if appropriate, of the conference.
8. If agreement is reached that a transfer to another NSP facility is the appropriate intervention for the youth, it will be the responsibility of ACS to make arrangements for the transportation of the youth within a five-day period. ACS PPS will be responsible for notifying the NSP provider of the alternate placement preparations, the transportation arrangements, and the plan for forwarding the case record material to the new NSP provider.
9. When youth are transferred, the ACS PPS shall notify the Family Court through the FCLS Court Liaison Officer of the decision to remove a youth, the reason for the decision, and the youth's location and level of care in ACS. The youth's attorney, and parent/legal guardian, and the Corporation Counsel will be copied on the notice
10. The NSP provider will be responsible for notifying the youth, youth's attorney, and parent/legal guardian prior to the youth's transfer, unless the decision is for an immediate change of placement, in which case notice is to be given by the next business day.

#### **J. NSP Transfer/Modification Request Report**

1. When an NSP provider thinks a change of placement for a youth may be warranted, the NSP provider shall submit a transfer request report to the ACS PPS. The NSP provider shall submit the report (as outlined below) by email or fax to the ACS PPS. The report shall be:

- a) Typewritten,
- b) On agency letterhead paper, and
- c) Approved (signature) by the agency Director of Social Service (or a similarly ranked agency administrator).
- d) The report shall contain the following information:

- i. SECTION 1. YOUTH CASE INFORMATION

- (a) Youth Name
- (b) Date of Birth Height Weight Gender
- (c) Admission Date Expiration Date
- (d) Placement Offense Placement Court Docket #
- (e) Youth's Current Location
- (f) Pending Charges (if applicable)
- (g) Pending Court Appearance (if applicable)
- (h) Known Active Medical Problems and/or Medications (indicate none, if none)
- (i) Known Active Mental Health Problems and/or Medications (indicate none, if none)
- (j) Name and Address of Parent/Guardian
- (k) Name of Placing Family Court Judge
- (l) Name and Address of Youth's Defense Attorney (if available)

- ii. SECTION 2. TRANSFER REQUEST

- (a) This section shall contain the following statement:

**(NSP AGENCY NAME)** requests that the NYC Administration for Children's Services discontinue the placement of **(YOUTH NAME)** at **(NSP AGENCY NAME)**, in accordance with *Section 404 (13)(c) of the Family Court Act*.

- iii. SECTION 3. REASON FOR TRANSFER/MODIFICATION AND DOCUMENTATION

- (a) This section shall contain the reason for discontinuing a youth's placement with the NSP provider.
- (b) This section shall also contain the documentation for the request, which shall include:
  - (i) The date(s) of incident(s) in support of the reason for transfer;

- (ii) A full description of the incident(s), including the "result(s)" of the incident (i.e., amount of property damage; extent of physical injuries and medical attention required, if any; etc.); evidence of the youth's inappropriateness for continued placement (i.e., victim statement; youth's statements; witness accounts; medical reports; police investigations; arrest; etc.);
  - (iii) A summary of the steps that the NSP has taken to maintain the youth in placement. This section shall indicate the agency's efforts to maintain the youth in program. For example, such efforts may include additional supervision, loss of privileges, intensive or increased counseling, etc.;
  - (iv) The NSP provider shall also include what additional treatment plans are needed to make a transition from the NSP facility to another ACS-contracted facility. This shall include the current status of the youth's medical condition and ongoing treatment plans (medication and medical appointments; sex offender, substance abuse, and mental health treatment any appointments).
  - (v) Additionally, the NSP provider shall indicate efforts to fulfill the youth's permanency goal. If a discharge resource has not been identified, all pertinent progress regarding other fit and willing relatives as a discharge resource will be noted (including relationship and the response of the person being a release resource). If no relative can be identified as a release resource, this section will include what progress has been done regarding family finding.
- (c) Any other information relevant to the request.

## **K. Permanency and Extension of Placement/Permanency Petitions**

### **1. Permanency Planning**

- a) Pursuant to *Family Court Act (FCA) section 355.5*, ACS may initiate permanency hearings for ACS-placed youth in care at an NSP provider agency. Although many of the same issues apply, a permanency hearing is a separate inquiry from an extension of placement hearing.

ACS placed youth in NSP facilities may be subject to permanency hearings if it is anticipated that they will remain in placement beyond one year after entry into NSP as defined by *FCA section 355.5* and at one year intervals thereafter. It is ACS' expectation that most juvenile justice youth placed in a NSP will be returned home and/or to the community within 7 seven months. If youth are subject to permanency hearings, the following standards and protocols will apply.

- b) An initial permanency hearing must be held no later than 12 months after the youth has entered NSP. Subsequent permanency hearings must be held no later than 12 months after the preceding permanency hearing.
- c) For the purposes of this section, a youth is considered to have entered NSP 60 days after the youth is removed from his/her home into the custody of a governmental agency. This includes consideration of detention time spent in connection with the placement and previous local district placements.
- d) When applicable, soon after placement, ACS provides the NSP provider with the youth's first permanency hearing date. This date is calculated by comparing the youth's removal information with the requirements of the placement order. If a youth spent an extensive time in detention or came to ACS from a previous foster care placement, the permanency hearing date may be much earlier than one year from the youth's admission to an NSP facility.
- e) The permanency petition must state the permanency plan for the youth and what has been done to achieve the permanency goal, such as return to home. ACS will assist in the development of the permanency plan and approve its submission to the courts. Specifically, the permanency petition must address:
  - i. What reasonable efforts were made to make it possible for the youth to return to home; or, if the plan is not to return home, what efforts were made to bring about/finalize the alternative arrangement. This will include a projection of when the youth will be returned to home or to an alternate living arrangement and, what was and must be accomplished to achieve the permanent return to the community;
  - ii. If the youth is over the age of 16, what services, if any, are needed and have been obtained to permit the youth to move independently from placement to independent living (if independent living is the plan);
  - iii. If the youth is placed out of state, whether the out of state placement continues to be appropriate and in the best interest of the youth;
  - iv. If applicable, those compelling reasons which support the conclusion that it is appropriate that a youth not be returned to the legal guardian, adopted or placed with a fit and willing relative or caretaker.
- f) The NSP provider agency shall provide ACS placed youth with a copy of any petition for permanency related to any court notices the agency may receive.

- g) The NSP provider agency shall permit ACS placed youth receiving a copy of a petition reasonable access to contact the attorney for the child and the ACS/DYFD Office of the Ombudsman, upon the youth's request.
- h) Youth Placed for 12 months or less: All permanency hearings will generally be held in conjunction with an extension of placement proceeding, as appropriate.
- i) Youth Placed for more than 12 months: There must be a "stand alone" permanency hearing (without an extension of placement hearing) within 12 months of entry into foster care. At this stand-alone hearing, the only matter before the court will be the permanency plan. The court will make the required determinations as to the plan. Any subsequent permanency hearing will generally be held in conjunction with an extension of placement proceeding.

## 2. Extension of Placement

- a) The *Family Court Act in Article 3, section 355.3* provides for the placement of juvenile delinquents to be extended beyond the original date of expiration. ACS must file a petition in court at least sixty (60) days prior to the placement expiration date. Generally, in all cases where an extension of placement is requested, an extension of placement and a permanency hearing will be requested and an extension of placement/permanency hearing petition (OCA form 3-38) will be filed. If the petition is not filed within the mandated timeframes but is filed within 60 days before the placement expiration date, the petitioner must show **good cause** for such lateness. If the court makes a determination that there was no good cause to file late, the court must dismiss the petition. In no case can the petition be filed after the placement expiration date.
- b) The court may grant successive extensions of placement. However, no placement may be continued beyond the placed youth's eighteenth birthday without the youth's consent. No placement can be extended past the youth's twenty-first birthday.

## 3. Procedures for filing both permanency hearing and extension of placement permanency hearing petitions and the various responsibilities.

- a) All Permanency and EOP petitions will be developed in conjunction with ACS, and ACS will approve its content and submission to the court.
- b) When petitions must be filed:
  - i. Stand alone permanency hearing for placements of more than one year: The petition must be filed at least 60 days prior to the permanency hearing date. For

the first ACS permanency hearing, the permanency hearing date appears on the Youth Fact Sheet provided by ACS.

- ii. Extension of placement/permanency hearing petitions with placements of one year or less and all cases where there has already been a first ACS permanency hearing: The petition must be submitted at least 60 days prior to the earlier of the placement expiration date or the permanency hearing date. The initial placement expiration date appears on the Youth Fact Sheet provided by ACS. All subsequent expiration dates appear on the extension of placement orders. All subsequent permanency hearing dates are one year from the completion of the previous permanency hearing with a finding of reasonable efforts to finalize the plan or the date specified in the order, whichever is earlier.
- c) When submissions must be made in support of petitions:
- i. The NSP case planner must provide the ACS Placement and Permanency Specialist with the necessary supporting documentation to file a permanency petition. Such documentation must be submitted to the ACS Placement and Permanency Specialist at least 90 days prior to the permanency hearing date in the case of stand alone permanency hearings, or 90 days from the earlier of the placement expiration date or the permanency hearing date in all other cases. In the event that a permanency hearing date is within 90 days or a late extension of placement must be filed, the supporting documentation must be submitted as soon as possible.
- d) Late Filing: Where an extension of placement/permanency petition is filed within 60 days of the placement expiration date, the ACS Placement and Permanency Specialist must submit an affidavit outlining good cause for the late filing. For example, good cause may be found where the youth's behavior deteriorates within 60 days of the expiration date.
- e) Submission of petitions
- i. After reviewing the documentation and preparing the petition, the ACS Placement and Permanency Specialist will be responsible for seeing that the petition is completed and filed by Intake staff or the Court Liaison, as applicable. The Family Court Liaison or the ACS Placement and Permanency Specialist will inform the NSP case planner of the scheduled court hearing date.
  - ii. Upon notification of the hearing date, ACS in conjunction with the NSP provider will arrange for personal service of the petition and the date and time and location of the appearance upon the youth and his/her parent/guardian, defense attorney and presentment agency.

- iii. The NSP case planner must provide an updated court report to the ACS Placement and Permanency Specialist at least 15 days before the court appearance. The ACS Placement and Permanency Specialist will provide the updated report to the Court Liaison, if available, or the appropriate Intake Office for filing with the court. Copies will be provided to those who must be served with the petition.
  - iv. The NSP provider is required to permit ACS placed youth receiving a copy of a petition reasonable access to contact the attorney for the child and the ACS/DYFD Office of the Ombudsman, upon the youth's request.
  - v. On the court date, the NSP provider must produce the youth in court on a timely basis. A representative of the NSP provider who is capable of giving testimony about the youth must be present in court. The ACS Placement and Permanency Specialist will be present or make arrangements for another ACS professional staff to be present. The ACS Placement and Permanency Specialist will be sure to contact FCLS for available attorney dates should the matter be contested.
  - vi. NSP provider employees, counselors, and mental health staff should refer any calls or communications from legal representatives concerning ACS youth to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist may then refer the legal representative to FCLS for response.
- f) If the petition is not contested:
- i. If the matter is not contested, the ACS representative will ask the court to accept the petition with attachments and updated report into the record and be prepared to discuss efforts made to achieve the permanency goal and plans for further service. The ACS representative will ask the court to make findings on the record that:
    - (a) The permanency goal and the planned date to achieve the goal are approved;
    - (b) If the goal is not return to home, adoption or placement with a fit and willing relative that there are compelling reasons for a different goal;
    - (c) Reasonable efforts as specified in the petition, updated reports and statements to the court were made to make and finalize the permanency plan;
    - (d) If the child is 16 or over, the services needed, if any, to assist in independent living, if that is the plan;



- (e) If the child is out of state, whether the out of state placement continues to be in the child's best interests;
  - (f) The steps that must be taken to implement a the plan for release or conditional release including school enrollment or vocational planning;
  - (g) If there is an extension of placement before the court, the period of such extension of placement.
- ii. The court cannot simply accept the parties' consent to the permanency findings. The court must make its own determination based on the information the parties have agreed to present to the court for this purpose. Therefore, it is appropriate to say the following, "Your Honor, ACS and the respondent have agreed to an extension of X. We have also agreed to submission of petition with attachment and up-date report dated X to you and the following verbal update for your determination as to approval of the permanency plan and reasonable efforts to finalize the permanency goal."
  - iii. If the matter is not contested and there is a permanency or permanency extension of placement order submitted with the petition, the ACS representative should be sure to bring a copy of the order to court, be sure that the reasonable efforts section is completed and that the order is properly completed. If circumstances have changed dramatically, a new order should be drafted. Fill in or correct any information which must be changed in the order and ask the judge to initial the changes. The changes will likely include, but may not be limited to:
    - (a) The date of the appearance in court. This is inserted in the paragraph above the caption on the first page.
    - (b) The date by which the next petition for a permanency or permanency/extension of placement petition must be filed (for juvenile delinquents that is the date 60 days before the **earlier** of the next placement expiration date or the date 12 months from the conclusion of the permanency hearing)
    - (c) The persons who appeared at the hearing.
    - (d) Any adjustments to the placement extension period based on settlement
- g) If the petition is contested:
    - i. If the matter is contested and the next scheduled date is later than the date by which the permanency hearing must be held, the ACS representative should ask

the court to make a finding that reasonable efforts were made to finalize the permanency plan as described above.

- ii. If the matter is contested and the next scheduled date is after the expiration of the placement, the ACS representative must ask the court to order a temporary extension of the placement to accommodate the next date, which should be within 30 days of the expiration of the placement. If necessary, the representative should politely advise the court that the placement cannot go beyond 45 days after the expiration of the placement. The ACS representative shall also notify all necessary parties and FCLS of what occurred in court.
- iii. The NSP provider is required to provide another updated report to the ACS Placement and Permanency Specialist at least 15 days before the hearing date. The report will be provided to all parties and FCLS.
- iv. The NSP provider shall provide an appropriate witness to testify at the hearing who will arrive in a timely manner. The NSP provider shall see that the youth is produced at court in a timely manner.
- v. The ACS Court liaison or Intake worker shall forward a copy of any order resulting from the hearing to the ACS Placement and Permanency Specialist and NSP provider case planner as soon as it becomes available.

#### **L. Planned Release Out-of-State**

1. Planning for out-of-state release for a youth with an active court placement is coordinated between the NSP case planner and the ACS Placement and Permanency Specialist.
  - a) Release to Parent or Legal Guardian
    - i. At least sixty (60) days (and preferably more) before the anticipated release date, the NSP case planner complete and have the youth sign Interstate Compact for Juveniles (NY CLS Exec. 501-e) Form 1A and Form VI. Three copies of the completed Form 1A and Form VI and a recent progress report shall then sent to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist will complete Juvenile Interstate Compact Form IV, including the recent progress report and other appropriate case material (see Form IV) and send three copies of all the material to the OCFS Juvenile Interstate Compact Coordinator at the OCFS Office in Rensselaer.
    - ii. The OCFS Juvenile Interstate Compact Coordinator will send this information to the Interstate Compact Coordinator of the receiving state. The receiving state will conduct an investigation of the parent or legal guardian's home and will send

its report and findings along with recommendations concerning the home environment, to the OCFS Juvenile Interstate Compact Coordinator. The Interstate Compact Coordinator, in turn, will send this information to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist will forward a copy of this information to the NSP case planner. If the release to out-of-state is approved, the ACS Placement and Permanency Specialist and the NSP case planner shall make the necessary arrangements.

- iii. Although a receiving state may recommend that a youth not be released to that state, a receiving state cannot refuse to accept supervision of a youth if a youth's parents or legal guardian reside in the receiving state.
- iv. If problems arise while the youth is residing in the supervising state, that state may request that the youth be returned to New York where alternate case planning will be made for the youth. However, the decision to allow a youth to return is at the discretion of ACS.

b) Release to Person Other than Parent or Legal Guardian

- i. At least sixty (60) days (and preferably more) before the anticipated release date, the NSP case planner complete and have the youth sign Interstate Compact Form 1A and Form VI, and should obtain a recent progress report.
- ii. Three copies of the completed Form 1A and Form VI and the progress report must be sent to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist will complete Interstate Compact Form IV and obtain a consent form signed by the youth's parent or legal guardian giving permission for the youth to reside with the prospective release resource. Three copies of these forms, along with the progress report on the youth's adjustment at the NSP facility and other appropriate case material (see Form IV), must be sent to the OCFS Interstate Compact Coordinator in Rensselaer. If more appropriate, the consent form can be signed by the parent in the presence of the NSP case planner and sent to the ACS Placement and Permanency Specialist.
- iii. The OCFS Interstate Compact Coordinator will send this information to the Interstate Compact Coordinator of the receiving state. The receiving state will conduct an investigation of the prospective release resource's home and will send to the OCFS Interstate Compact Coordinator its findings, along with recommendations concerning the home environment and a statement indicating whether or not they will accept supervision of the youth. The OCFS Interstate Compact Coordinator, in turn, will send this information to the ACS Placement and Permanency Specialist, who forwards a copy of this information to the NSP case planner. Appropriate next steps will take place between the ACS Placement

and Permanency Specialist and the NSP case planner to carry out plans for the youth.

- iv. Should the receiving state agree to supervise the youth and should the youth not make a satisfactory adjustment while under supervision, the supervising state may contact the OCFS Interstate Compact Coordinator and request that the youth be returned to New York State. The OCFS Interstate Compact Coordinator will then make arrangements after discussion with the ACS Placement and Permanency Specialist for the youth to return to New York where alternate plans will be made for the youth.

c) Youth in the custody of a local social services district

- i. Where a youth is also in the custody of ACS on a child protective matter, there must also be approval for the out of state placement under the Interstate Compact on the Placement of Children (*Social Services Law, section 374-a*). In such a case, the ACS Placement and Permanency Specialist must coordinate internally with appropriate staff. The OCFS Interstate Compact Coordinator for the Interstate Compact on Child Care must be contacted for instructions as to how to proceed.

## **PART IV: PROGRAM SERVICES**

### **A. Coordination and Delivery of Services**

1. Family Assessment and Service Plan (FASP)
  - a) NSP providers are required create and maintain written service plans for each youth in care, which ACS requires to be documented in the FASP in the New York State CONNECTIONS (CNNX) system, and which are created in conjunction with and provided to parent[s], family, extended family or other discharge resources, youth, and others in accordance with *Title 18 NYCRR Part 428* or any successor or amended regulation.
  - b) Individualized FASPs shall include a case plan, which shall include projected length of stay, issues including but not limited to: extension of placement (EOP), service needs and community reintegration issues. The provider case planner responsibilities include completing the initial assessment, comprehensive updates, and reassessments as well as any other case planning requirements as outlined by ACS. The responsible ACS Placement and Permanency Specialist will approve or reject all plans for juvenile justice placed youth. Documents requiring ACS approval are to be submitted electronically to the ACS Placement and Permanency Specialist at least 15 days before the required approval.
2. Permanency Planning
  - a) Permanent, nurturing family connections are important for all youth. When youth are in foster care or have parents who are unable to care for them, it is critical that provider staff begin planning for permanency immediately. All efforts made shall be in collaboration with Children's Services and the foster care agency, if applicable.
  - b) Many teens know best who the caring, committed adults are in their life. Permanency for teens requires a partnership with young people to identify the key people in their lives, including but not limited to parents; members of their extended family such as grandparents, older siblings, godparents, aunts, uncles, cousins; family friends and neighbors; current and former foster parents and group home staff; school and after-school personnel; and other responsible adults whom the youth trusts and with whom the youth feels safe.
3. Casework Contacts
  - a) The provider shall provide casework contacts in accordance with *Title 18 NYCRR Parts 441.21, 423.4, and 443.4* or any successor or amended regulation.

## b) Family

- i. As defined in *Title 18 NYCRR Part 441.21* casework contacts with the youth's parent[s], family, extended family or other discharge resources is defined as individual or group face-to-face contacts between the caseworker and the youth's parent[s], family, extended family or other discharge resources for the purpose of assessing whether the youth would be safe if he or she was to return home. Such contacts are also for the purpose of guiding the youth's parents or relatives towards a course of action aimed at resolving problems, supervising the youth and addressing needs of a social, emotional, or developmental nature.
- ii. In the case of foster youth with the permanency planning goal of APPLA placement arrangement with a permanency resource or Adult Residential Care, such contacts are for the purpose of mobilizing and encouraging family support of the youth's efforts to function independently, and to increase his/her capacity to be self-maintaining; evaluating the ability of the parent[s], family, extended family or other discharge resources to establish or reestablish a connection with the youth and serve as a resource to the youth; and, where appropriate, encouraging an ongoing relationship between the parent[s], family, extended family or other discharge resources and the youth.
- iii. During the first thirty (30) days of placement, casework contacts are to be held with the youth's parent[s], family, extended family or other discharge resources as often as is necessary, but at a minimum, must occur at least monthly unless compelling reasons are documented why such contacts are not possible.

## c) Discharge Resource

- i. Best case practice dictates that discussion of discharge resources must be part of the case planning process. The NSP provider is responsible for discussing and reviewing all changes of identified discharge resources during regular casework contacts with the youth and parent[s], family, extended family or other discharge resources, as well as with the ACS Placement and Permanency Specialist.

## 4. Treatment Team Meetings

- a) The NSP provider shall establish a Treatment Team for each youth, led by provider staff, to determine the most appropriate treatment plan for each child and to review service plans and determine changes necessary to improve the emotional and physical well-being of the youth, and family/caretaker. The team members shall include but not limited to the following, as appropriate for each youth's service needs and plan: family/caretaker, a medical professional [Medical Doctor (MD), Register Nurse (RN) or Licensed Professional Nurse (LPN)], developmental specialist,

psychiatrist, psychotherapist, psychologist, program director, social workers (including clinical social workers), youth skills trainer, caseworker who has daily contact with the family and educational, recreational, and vocational specialists. Each youth will have a treatment team meeting monthly. The youth and his or her family will attend these meetings, unless compelling reasons are documented in the youth's case file.

## **B. Case Closing Criteria and Procedures**

### **1. General Requirements of the NSP Provider**

- a) The NSP provider is responsible for ensuring safe, timely, and appropriate discharges of youth from care and adhering to a seven month average length of stay. When youth are being returned to their families, the provider is responsible for determining that the parent will be able to provide a safe home for the youth prior to discharge, including working with an aftercare provider that will be providing Functional Family Therapy or linking the family/discharge resource with other community-based organizations providing aftercare services, additionally, NSP providers shall link youth and families to community-based services such as school and after school programs, child care, support groups, in-home supports (e.g., New York State Office of Mental Health Home (OMH) and Community Based Waiver program, the New York State Bridges to Health Waiver program, services through the New York State OMH or New York State Office of People With Developmental Disabilities (OPWDD) services, case management services, school-based services, alcohol and other drug prevention services, and preventive services).
- b) For young people who will require clinical supports as adults, Providers are responsible for guiding them through the application process for supportive housing or other services available through adult social service, health, and mental health systems.

### **2. Transition Planning**

- a) NSP providers are required to develop a transition plan in accordance with *09-OCFS-ADM-16* that must inform proactive decisions where a youth is leaving care on or after their 18th birthday.
- b) The ACS Placement and Permanency Specialist shall review and approve all such transition plans.

### **3. Discharge to Adult Residential Care**

- a) When youth are being discharged to Adult Residential Care, the NSP provider is responsible for providing a transition plan per 18 NYCRR 430.12(j); the standards for

preparation for discharge set forth in *Title 18 NYCRR 430.12 (f)(2)(i)(a)*; the stipend standards in *43012 (f)(2)(i)(b)*; the issuance of consumer reports as required by *Title 18 NYCRR 430.12(k)*; and the following actions:

- i. Commencing planning for that discharge at or before the youth's sixteenth (16<sup>th</sup>) birthday;
  - ii. Referring the youth to a facility and/or program that will be able to begin serving him/her upon discharge; and
  - iii. Making best efforts to identify and connect the youth to a caring adult who is willing to make a commitment to the young person's future well-being beyond the age of (twenty-one) 21, even though the youth will not be living in their home.
- b) NSP providers are responsible for facilitating the youth's enrollment in Medicaid, Social Security, and other government assistance programs as early as possible/appropriate.
4. Discharge Planning and Aftercare
- a) Upon discharge from an NSP facility, youth will transition to an ACS provider run aftercare program. These services will include, but are not limited to:
- i. **Functional Family Therapy:** This therapeutic modality will be offered as a post-residential service to appropriate youth FFT is an empirically grounded, well-documented and highly successful family intervention program for delinquent youth. FFT is provided in the home and focuses on both the youth and the family. The therapy ranges from, on average, 8 to 12 one-hour sessions for mild cases and up to 30 sessions of direct service for more difficult situations. FFT also includes a rigorous system of quality assurance, including its own clinical assessment and tracking system.
  - ii. Community Based Organization provided services, including but not limited to; job skills training, employment obtainment assistance, educational advocacy and support, mental health services, and family supports.
- b) Discharge Planning – Health
- i. The NSP provider shall ensure that all youths' health care is up-to-date and all referrals are followed up prior to discharge, including filing all paperwork for transitioning into community Medicaid or private insurance. The provider shall provide all youth with a medical exam at discharge pursuant to the provisions of *Title 18 NYCRR 441.22 (n) and (o)*. The NSP provider shall ensure that health



services are available to all children/youth discharged from placement and help children/youth obtain medical coverage by assisting with the Medicaid application process or linking the child to low-premium health insurance options, such as Child or Family Health Plus. The provider shall ensure that health records are up-to-date and all records are transferred to the discharge resource person and the post-discharge health services provider at no cost, as appropriate, pursuant to the provisions of *Title 18 NYCRR 441.22(n) and (o)*.

- ii. The provider shall work with the discharge resource person and/or the youth, as age appropriate, to identify and establish a linkage with the youth's post-discharge primary care provider and mental health provider, if indicated. Where appropriate and available, the post-discharge provider shall be located in the child's discharge neighborhood.
- iii. The provider shall provide post-discharge supervision in accordance with *Title 18 NYCRR 430.12(f)(4)(i)(b)* and ACS policies. The provider with planning responsibility for the child shall provide post-discharge services for a minimum of three (3) months and a maximum of six (6) months with extensions provided when necessary and/or appropriate, including youth between the ages of eighteen (18) and (21) that are discharged to APLA.

#### 5. Length of Stay Waivers

- a) NSP providers are required to submit a waiver request to the ACS Placement and Permanency Specialist if they wish to extend the length of stay for a youth beyond seven months from the date of placement. Extension requests may be for a maximum of two (2) months at a time. Only youth who meet the following criteria will be considered for a waiver:
  - i. Youth who display physically threatening, destructive, or dangerous behaviors;
  - ii. Youth who exhibit behaviors that suggest that they are actively suicidal, homicidal, or psychotic and need to be stabilized;
  - iii. Youth whose time has been tolled as a result of an AWOL, and additional time in placement is necessary to address threatening, destructive or dangerous behaviors'
  - iv. Youth who lose their identified release resource and no other appropriate release resource can be immediately identified and assessed.
  - v. Youth whose identified release resource becomes temporarily unable to support the youth due to a situation that is likely to be resolved within a reasonable time.

- b) The following information must be included in the waiver request:
  - i. A thorough explanation for why a waiver is being requested;
  - ii. A detailed action plan for how the additional time will be used to address the problematic behavior, if applicable, and prepare the youth for release; and
  - iii. Any other reports as supporting documentation.
- c) Children's Services will review the waiver and make a decision within five (5) business days to either:
  - i. **Approve:** If the decision is to approve the waiver, the NSP provider's action plan for the youth's continued time in placement will be reviewed and modified as appropriate and subsequently reviewed on a continuing basis by the ACS Placement and Permanency Specialist.
  - ii. **Disapprove:** If the waiver is disapproved, the seven month case management and transition plan for the youth/family will remain the same and the NSP provider will maintain responsibility for transition planning to ensure the youth is ready for release within seven months.
- d) If the NSP provider requests a case conference to discuss the reason for the waiver application or to grieve the decision to deny the waiver, the request for a case conference will be granted and a case conference will be arranged by the ACS Placement and Permanency Specialist.
- e) If the NSP provider wishes to extend a placement beyond the time granted in a waiver, a new waiver must be submitted, per the protocols above.

## **PART V: SERVICES FOR YOUTH PLACED IN NON-SECURE JUVENILE JUSTICE PLACEMENTS**

### **A. Program Manual**

1. The NSP provider shall develop a comprehensive program manual which includes, but is not limited to; a comprehensive overview of the program model, NSP provider administrative and organizational information, site specific information, description of program services and permanency planning, description of support services for families, case practice information, personnel policies and procedures, the NSP provider's responsibility in case flow, and record keeping and data management information. This manual shall also include a directory of resources, which shall be updated on a calendar basis by each NSP provider.

### **B. Behavior Management System**

1. The NSP provider shall design a comprehensive behavior management system compliant with ACS Policy that encourages and rewards positive behavior and ensure that its staff is thoroughly knowledgeable about such system.

### **C. Education Services**

1. Educational achievement is an essential component to a young person's development. All youth in non-secure placement are required to attend a school in accordance with New York State Education Department and Local Education Agency (LEA) regulations. There is an expectation of demonstrated academic and behavioral progress for every youth in non-secure placement.
2. Continuum of Services: The following continuum of school settings will be available to youth in non-secure juvenile justice placements:
  - a) School Setting within New York City Maintained by the NSP Provider: If the NSP provider maintains their own school on site at a New York City location, the NSP providers are required to work directly with DOE to approve space and daily schedule of service delivery including integration of wrap-around student supports. Additionally, if the provider currently operates a school, the provider must demonstrate that they are in good standing with the New York State Education Department. Providers must demonstrate that students are earning credit, have access to all State exams and that students are attending school on a regular basis.
  - b) School Setting Outside of New York City Maintained by the NSP Provider: If the NSP provider maintains their own school on site outside of a New York City location, the NSP provider must demonstrate that they are in good standing with the New York State Education Department. Additionally, providers must

demonstrate that students are earning credits that can be transferred to New York City schools, have access to all State exams and that students are attending school on a regular basis.

- c) Passages Academy/District 79 School: If the NSP provider sends youth to a Passages Academy/District 79 school, the NSP provider is required to transport the youth to and from school every school day. The NSP provider is also responsible for sending qualified personnel with the youth, who will remain at the school site, including in the classrooms, to support the students and teaching staff in maintaining school wide and classroom environments conducive to learning and to assist DOE staff so that youth will be engaged in the learning process and to assist with positive behavioral interventions with individual students.
- d) Public or Private Community School: If determined after an individual assessment to be in the best interests of the child, the youth may attend his or her home school. In addition, to assist with the youth's transition home or to another discharge resource, the youth may, after an assessment and approval from the ACS Placement and Permanency Unit, transfer to a public or private community school during the placement period. NSP providers are required either to transport all youth in their care attending a community school to and from school every day or, if it is decided that a youth will be responsible for their own transportation to and from school, for maintaining a close relationship with the community school to ensure the youth is arriving on time, attending and achieving academic and behavior progress at the school. There will be constant communication and planning between the NSP provider, DOE, and ACS. NSP providers must obtain copies of Individualized Education Plans (IEP) and evaluations conducted by the DOE, and incorporate the IEP goals into the youth's overall service plan, including behavioral plans used in placement. The NSP provider must work with DOE, parents, foster parents, and youth to ensure that key transitions in youth's educational progress receive adequate attention. These key transitions include application to high school for eighth (8th) graders, and application to higher education or vocational training for youth leaving high school.
- e) District 75 School: A youth may attend a District 75 school during their placement period. NSP providers are required to transport all youth in their care who attend District 75 schools to and from school every day.
- f) For youth coming to ACS from parole status, the provider must assess on a case by case basis, whether continuation in the same school is in the best interest of the child.

### 3. Educational Assessment and Plans

- a) NSP providers are required to use an education based psycho-social assessment for youth and their family/guardian(s); which shall include but not be limited to, educational goals and aspirations, supports in the home to help youth achieve educational goals, historical educational behaviors and attitudes and factors the family/guardian(s) feels they and the youth need for the youth to succeed. This assessment, in coordination with DOE and ACS assessments, will be used to determine the most appropriate level of educational services for the youth.
- b) NSP providers shall provide for and work in collaboration with DOE to develop an educational plan for every youth that is appropriately based on an assessment of the youth's educational level. Middle school youth will have a plan that promotes their developmental, social, emotional, and academic growth and prepares them for high school. This includes services provided through the DOE Committee on Special Education, if indicated. High school students will have a plan that prepares them for graduation with a diploma, GED, post-secondary education, and/or skills for adulthood. NSP providers are required to work with school personnel to develop and monitor plans for the youth's educational achievement.
- c) The NSP provider shall work with DOE, parents, foster parents, and youth to ensure that key transitions in youth's educational progress receive adequate attention. These include application to high school for eighth (8th) graders, and application to higher education or vocational training for youth leaving high school.
- d) Children's Services will measure provider compliance including promotion of behavioral and academic achievement, and the Division of Policy Planning and Measurement will work with providers whose educational interventions with children are in need of improvement.

### 4. Educational deficits form barriers that prevent youth from developing to their fullest potential. Youth in non-secure placement need to maintain educational continuity; existing educational deficits should be identified and addressed. NSP providers are required to work with DOE to plan for services.

- a) Each NSP provider is required to identify at least one (1) Educational Liaison who shall have experience in education programming or a related field. The identified staff shall:
  - i. Have an ability to make use of DOE data; any education performance data provided by Children's Services; and educational information obtained by the case manager in support of best practice and case planning.
  - ii. Work with the Case Manager and parent[s], family, extended family or other discharge resources to address any educational concerns; build and maintain

collaborative relationships with the schools; provide advocacy on behalf of the youth; negotiate with the DOE staff to ensure the implementation of recommended and appropriate educational services; and monitor on-going performance.

- iii. Give particular focus to helping youth achieve the best possible educational and behavioral outcomes, including school stability, attendance, access to appropriate assessments and services, academic progression.
- b) Special Education Planning: NSP providers are responsible for engaging in special education planning when needed.
- i. NSP providers shall obtain copies of Individualized Education Plans (IEP) and evaluations conducted by the DOE, and incorporate the IEP goals into the youth's overall service plan.
  - ii. NSP providers shall advocate with the DOE for the provision of needed educational services; obtain legal assistance from education advocacy programs; and make use of technical assistance from Children's Services and community resources when needed.

#### 5. Communication with Youth's School

- a) NSP provider staff shall meet regularly with school guidance counselors, teachers, and other school staff to determine that youth are developing and learning at sufficient competency levels. When possible, appropriate school staff should be invited to a youth's treatment team meetings.
- b) NSP provider staff shall ensure that adolescents are receiving appropriate educational services placing them on track to achieve a Regent's high school diploma, (except for situations where this standard is deemed unrealistic by an assessment of the particular youth's capacity).
  - i. In situations where this standard is deemed unrealistic, NSP provider staff shall assist the youth and family in the development of an alternative educational plan to maximize the youth's reading and math competency.
- c) The NSP provider is encouraged to secure and/or provide tutorial services to all youth.
- d) The NSP provider shall engage the birth parent/caretaker and foster parent as active participants in the youth's education, and work to facilitate the birth parent/caretaker's involvement with the child's school.

## D. Mental Health Services

### 1. Service Provision

- a) All mental health services must be delivered by qualified mental health providers. Qualified mental health providers who treat youth are required to develop and update a consistent working diagnosis or diagnoses. The diagnosis or diagnoses shall be updated uniformly among all qualified mental health professionals providing services to the youth. NSP providers must either offer a comprehensive array of mental and behavioral health services or must establish formal referral and treatment arrangements with one or more community based mental health providers. NSP providers that develop linkages to community based mental and behavioral health providers must ensure that the services youth need are available.

### 2. Initial Mental Health Screening

- a) The NSP provider shall develop a strategy for completing or obtaining current age appropriate mental health screenings within seven (7) days of placement but in no event shall the mental health screenings be completed later than fourteen (14) days from the date of placement and at least annually thereafter. If the NSP provider is unable to complete a youth's mental health screenings within seven (7) days of placement, the NSP provider shall document in CNNX, the case record, and the medical record the reasons the mental health screenings were not completed within that seven (7) day period. These screenings shall use validated instruments, and the NSP provider shall inform Children's Services' medical auditors which instruments they are using at the time of audit.
- b) The mental health screening must include, at minimum: current mental status; history of present illness; current medications and response to them; history of treatment with medications and response, including allergies; social history; substance abuse history; interviews of parents or guardians; a review of prior records; and an explanation of how the youth's symptoms meet diagnostic criteria for the proffered diagnosis or diagnoses.
- c) For youth who are suspected of using or abusing alcohol and/or other drugs, the mental health screening process shall also cover chemical dependence/use in accordance with ACS Policies and the Section of these *Juvenile Justice Non-Secure Placements Quality Assurance Standards* entitled "*Substance Abuse Services.*"
- d) Where the initial screening or a youth's history indicates a need for mental health services, the NSP provider must ensure that qualified staff, or a qualified contracted mental health professional, performs a full assessment. Assessments must take into account available diagnostic and treatment information, the efficacy or lack of efficacy of treatments and behavioral interventions, and the outcomes of prior

treatments and behavioral interventions with the youth being assessed. Youth who have severe developmental and/or mental health needs shall be referred to the B2H program or appropriate OMH services.

- e) When assessments indicate a need for mental health services, staff of the NSP provider must arrange for the provision of the prescribed services. If a psychiatric referral is needed, that referral must be made promptly upon indication of the need, and in no event later than one (1) business day after the need is identified.

### 3. Assessment/Evaluation

- a) If the mental health, psychological and/or psychiatric evaluation indicates a need for further mental health or behavioral health services, provider staff shall arrange for follow-up treatment for the youth. Treatment plans for mental health or behavioral health services shall be written and included in the youth's case record.
- b) When deemed appropriate by a qualified mental health professional, the NSP provider shall ensure that a mental health or behavioral health service treatment plan is developed, a copy of which shall be included in the case record.
- c) The NSP provider shall ensure that mental health services are delivered by qualified licensed mental health providers, and that services are documented.
- d) If the NSP provider is unable to offer a comprehensive array of such services to youth in its care, the provider shall establish a formal referral and treatment arrangement with at least one (1) neighborhood-based mental health provider.
- e) If, after completing the assessment/evaluation, the youth requires transfer to a setting more appropriate to his/her mental health diagnosis and needs, transfer will need to be approved by the ACS Placement and Permanency unit. ACS Placement and Permanency staff will consult with mental health experts on staff at ACS before approving or disapproving a transfer. If a transfer is approved, the NSP provider will be required to initiate procedures to transfer the youth to the required setting immediately as outlined in these Quality Assurance Standards.

### 4. On-Call

- a) NSP providers must arrange for on-call availability for urgent mental health services at all times.
- b) Each NSP provider must develop a protocol to ensure that agency staff can access emergency care information to share with mental health care providers as necessary.



- c) NSP providers must train direct care and other staff, as appropriate, on strategies to employ to address a youth's mental health crisis while awaiting arrival of a qualified mental health professional.

## 5. Suicide Prevention

- a) The NSP provider must have a suicide prevention plan that addresses training, assessment, communication with and levels of supervision of suicidal youth, intervention and follow-up to suicide attempts.
- b) At a minimum, the NSP provider is required to provide at least two and a half hours of pre-service training and two and a half hours of annual refresher training for all direct care staff in suicide awareness, assessment, prevention, and response to suicide attempts.

## 6. Support Services

- a) The NSP provider shall develop relationships with parent and family support programs and parent advocacy programs within the mental health network, and link their birth parents, foster parents and parent advocates with these resources.
- b) The NSP provider shall be familiar with and develop linkages with preventive programs, and home and community-based clinical services providers, such as mental health case management programs for youth and B2H and NYS Office of Mental Health Waiver services for youth with serious emotional disabilities.
- c) The NSP provider shall also provide parent[s], family, extended family or other discharge resources with basic information about youth's mental health, including but not limited to:
  - i. Common children/youth's mental health issues and treatments;
  - ii. The importance of mental health screening and early intervention; and
  - iii. Psychotropic medications and how they are used within a mental health treatment plan.
- d) The NSP provider shall make best efforts to ensure that parent[s], family, extended family or other discharge resources are meaningfully engaged in the child's mental health treatment, including participating in family counseling if recommended. The provider shall follow-up to determine that the mental health services are being utilized by the parent[s], family, extended family or other discharge resources, that the mental health and NSP service plans are coordinated, and that the services are accomplishing the treatment goals.

- e) Parent[s], family, extended family or other discharge resources shall also receive education about parental mental health and its impact on children.
  - f) NSP providers shall ensure that family members or other discharge resources receive appropriate training to assure proper and safe administration of medication.
7. All NSP providers are required to follow the *Continuity of Care for Non-Secure Placement policy*.

## E. Health Services

### 1. Continuum of Care

- a) The NSP provider shall develop a strategy for creating a continuum of care to adequately meet the full range of health needs of the youth being served through participation in community-based health coalitions, consortia, and networks, including the Children’s Services Coordinated Initiative and coordination with borough-based family support service providers in the mental health system. This includes coordination and planning with youth’s community doctors to ensure continuity of care. If the NSP provider operates its own health clinic, it shall utilize its on-site medical and mental health services with modifications or accommodations, to ensure that services are provided within a neighborhood-based context. Details concerning the medical services procured or provided by the NSP provider must be included in the NSP provider program manual.
- b) The NSP provider shall ensure that youth in its care have an initial medical examination (in accordance with *Title 18 441.22 (c)*) and access to a full range of specialty, sub-specialty, dental, ancillary, and hospital services. “Specialty medical services” includes general mental health services, chemical dependency/use services and specialty services for developmental delays.
  - i. The initial medical examination shall include a screening for symptoms of **Methicillin-resistant Staphylococcus Aureus (MRSA)**, which is a type of bacterial infection that shows resistance to some commonly used antibiotics but is easily treated in nearly all cases. A MRSA infection may look like a pimple or boil and can be red, swollen, painful, and have pus.
    - (a) NSP providers shall make efforts to prevent and reduce the risk associated with MRSA exposure within their facilities through evaluation, early identification and treatment of residents with MRSA; the use of Personal Protective Equipment (PPE), such as latex gloves; and staff training.

- (b) When a suspected case of MRSA is identified, NSP staff shall immediately notify medical/health services staff and alert the Director of Placement and Permanency assigned to the youth or, if unavailable, the Executive Director of NSP. A determination must be made immediately by medical/health services staff as to whether the youth must complete a course of antibiotics, or whether other treatment (e.g., intravenous antibiotics) are needed.
  - (c) NSP providers must develop internal protocols for preventing and addressing incidents of MRSA, which shall include steps to minimize exposure and include protocols for following: hand washing, the washing of clothing and linens, housekeeping, general hygiene, the use of PPE, and the transportation of youth with MRSA.
- c) All medical services shall be provided, either directly or through linkage agreements, with hospitals and specialty networks, and/or through primary care physicians who are affiliated and/or have admitting privileges with a hospital network. The NSP provider shall establish linkages including, but not limited to, service provider contracts, formal service agreements, "letters of linkage," and "memoranda of understanding." The NSP provider may establish linkages with health providers outside the community for services not available within the community. These agreements shall include provisions for information-sharing and collaborative service planning. If the child already has an established relationship with a specialty health care provider, every effort shall be taken to ensure that the child continues to receive services from that specialty health care provider. Both the NSP provider's services and those from external sources shall be neighborhood-based. The provider shall monitor and coordinate all services.
- d) All youth must be able to request to be seen by a doctor or nurse practitioner. NSP facility staff cannot screen these requests. When a youth makes this request, he or she will be seen as soon as possible. The NSP provider must develop a triage policy to expeditiously address youth requests to be seen by a doctor or nurse practitioner. In no case shall a youth be seen by a doctor in more than two working days.
- e) Plans for the care of chronically ill youth will be confirmed with each provider before youth with such illnesses are placed into their facilities. If special medical services are required for particular youth, NSP providers are required to arrange for such services if they are not able to provide them via onsite medical staff.

## 2. Youth with Special Medical Needs

- a) The population of youth with special medical needs includes, but is not limited to:
  - i. Youth who are oxygen-dependent and airway-compromised;
  - ii. Youth with neural tube defects (spina bifida) and neurodevelopmental

- disabilities;
- iii. Youth with significant dysfunctions of major organ systems (e.g. heart, kidney, liver);
- iv. Youth with diabetes and severe endocrine and metabolic disorders;
- v. Youth with debilitating neurological disorders including progressive encephalopathies (mitochondrial disease) and non-progressive encephalopathies (cerebral palsy);
- vi. Youth with significant hematological disorders, such as sickle cell disease;
- vii. Youth who are burn victims or victims of physical trauma resulting in physical disabilities;
- viii. Youth who are dependent on devices such as feeding tubes and wheelchairs;
- ix. Youth who are undergoing chemotherapy and other complex modes of management of serious and/or chronic illnesses;
- x. Youth with HIV and/or AIDS who are on a combination drug therapy, as well as HIV-exposed youth whose HIV status is not yet determined;
- xi. Youth with ophthalmologic/optical conditions leading to loss of vision;
- xii. Youth with orthopedic conditions resulting from congenital malformations; and
- xiii. Youth with otological/aural conditions leading to loss of hearing.

b) For all youth with special medical needs, the NSP provider shall:

- i. Provide activities geared to strengthen their skill that will help them learn to cope with their particular medical condition;
- ii. Provide counseling and support for youth's medical condition;
- iii. Offer information and education on their medical condition, the importance of following a medical regimen, prescribed medication and its effects, and on how to use medical equipment if applicable;
- iv. Provide supportive services for the youth;
- v. Develop formal referral linkages with at least one of the NY State Department of Health designated HIV specialized care centers in each borough when serving youth with HIV and/or AIDS. The Provider shall be prepared to work with all designated HIV specialized care centers since a youth may already have been receiving care at one of the centers prior to placement with the Provider. Given the medical complexities and multiple conditions often diagnosed in youth with HIV/AIDS, the Provider shall assume responsibility for developing and expanding its capacity through linkages with other providers.

3. Referral to Bridges to Health Waiver Program

- a) The NSP provider shall refer eligible youth who are emotionally disturbed, developmentally disabled or medically fragile to the B2H Medicaid Waiver program.

4. Referral to Specialized Services

- a) As indicated by the initial and ongoing assessments of the youth's needs, the NSP provider shall facilitate the youth's enrollment into community-based clinical services such as mental health case management services, day treatment programs, Nurse Family Partnership, and/or Early Intervention.
- b) When the NSP provider does not operate such services itself, the NSP provider shall develop formal referral linkages with other organizations, such as mental health clinics, parenting programs, HIV specialized programs, pediatric AIDS hospital units, infectious disease specialists, and maternity and mother/child service providers. Additionally, the NSP provider shall link with community-based chemical dependence/abuse programs to address the full range of child and family chemical dependency/use prevention, counseling, education, treatment and aftercare needs. All children and family members with chemical dependency/use disorders shall receive referrals to NYS Office of Alcohol and Substance Abuse Services (OASAS) - licensed treatment programs.

#### 5. Emergency Medical Services

- a) The NSP provider shall arrange for on-call availability (twenty-four (24)-hours-a-day, seven (7)-days-a-week basis) of a primary care physician or appropriate coverage for any urgent medical and mental health consultations sought by a caseworker or child care worker regarding a youth. The provider shall develop a protocol to ensure that all emergency care information is shared with agency staff and all relevant medical and health care providers in a timely fashion. The protocol shall also include specific instructions for NSP staff pertaining to emergency psychiatric hospitalization that delineates the steps, the contacts, and the accompanying documentation.

#### 5. Medication Management

- a) The NSP provider shall develop a medication management plan to guide health services providers and the youth's residential care provider. The NSP provider shall have policies/procedures in place and provide adequate training to staff and parent[s], family, extended family or other discharge resources to assure proper and safe medication administration. The NSP provider shall develop a specialized medication management plan for youth requiring medication for chronic conditions, to ensure appropriate monitoring of dosage, administering, and duration.
- b) All medication shall be kept in well-lit, locked storage areas that provide sufficient privacy for uninterrupted handling of medication.
- c) Each NSP provider must enact a policy for when youth refuse to take prescribed medications, including psychotropic medications. The policies must prohibit the use of force in medication administration, require that staff consult a supervisor in these

instances, and require documentation in Connections of a youth's refusal to take medication.

- d) Information about medication refusal shall be provided to the youth's physician or psychiatrist by the NSP provider, so that the physician or psychiatrist can address the medication refusal with the youth and the NSP provider staff.

## 6. Consent

- a) In accordance with federal, state and City laws, regulations, and policies, and *Children's Service Procedure No. 102/Bulletin 99-1, 'Guidelines for Providing Medical Consents for Children in Foster Care'* as amended, informed consent for medication provision to youth must first be sought from the parent/caretaker, unless the parent's rights have been terminated or surrendered.

## 7. Psychotropic Medication

- a) All NSP providers are required to create and implement an internal policy regarding the use of psychotropic medications with NSP youth that is consistent with ACS policy and state regulations.
- b) The provision of psychotropic medications to youth is only permitted when the prescription is tied to current, clinically justified diagnoses or clinical symptoms; tailored to each youth's symptoms; prescribed in therapeutic amounts; modified based on clinical rationales that are determined by a qualified mental health professional; and documented in the youth's record.
- c) Laboratory examinations and side effect monitoring must be reviewed by each youth's psychiatrist and documented in Connections.
- d) Training regarding psychotropic medications is mandatory.
- e) In addition to the elements of informed consent described earlier, informed consent prior to the administration of psychotropic medications shall include the following information from the prescribing psychiatrist:
  - i. reasons for prescribing the medication;
  - ii. name and dosage of medication and the date prescribed;
  - iii. previous non-pharmacological interventions; and
  - iv. expected results of the medication and potential side effects.

- f) Psychotropic medication shall be a separate section of the overall treatment that includes psychotherapy (i.e., “talk therapy”) unless otherwise indicated by the child’s diagnosis. The psychiatrist shall communicate regularly with any other clinicians providing mental health services to the child. Based on a “targeted symptom” approach, every effort must be made to limit the number of psychotropic medications prescribed for each child, and the dosage of each medication. The decision to start and/or add a certain medication shall be based on clinical review of the child’s progress and response to treatment, known adverse reactions, and potential pharmacologic interactions.
- g) Every youth shall be cleared medically with appropriate indicated lab tests performed in the twelve (12) week period preceding the administration of psychotropic medication. Thereafter, the prescribing physician or an equivalent shall observe the youth receiving psychotropic medication at least once a month, and document the observations in the case record.
- h) All youth on psychotropic medication shall be given a physical examination and appropriate indicated lab tests at a minimum of every six (6) months or based on the frequency required by accepted New York State health standards. It is also the provider’s responsibility to maintain an up-to-date list of all current medications, a current treatment plan, and copies of medication consent forms for each child receiving such treatment.
- i) The psychiatrist on the clinical team shall assume responsibility for medical aspects of mental health care provided by the provider in all phases of intervention. All youth prescribed psychotropic medication are required to receive concurrent non-medical mental health treatment, unless contraindicated by the youth’s condition or treatment needs; frequently, family treatment may be needed and shall be explored. As is the case with all medical and mental health treatment, continuity of care with a single clinician shall be the standard.

8. All NSP providers are required to follow the *DYFJ Continuity of Care Directive 17.1*.

**F. Sexual Health Education and Services**

- 1. The NSP provider shall reference the *Children’s Services’ “Policy Guidelines for Family Planning and Pregnancy Related Information and Service” dated 11/8/07*, and any subsequently released policies, that describes activities foster care providers must take to ensure that children in their care receive timely and comprehensive sexual health information and services.
- 2. The NSP provider shall assure that all youth in care aged twelve (12) years old and over, and younger children who are known to be sexually active, receive comprehensive information about family planning and sexual health issues, and have access to the full

range of services including contraception (including but not limited to condoms, emergency contraception, and prescription methods), options counseling (including abortion and adoption services), and education and treatment related to sexually transmitted infections (“STIs”) and HIV/AIDS within thirty (30) days after placement and every six (6) months thereafter, and provide them with such services upon request. The NSP provider shall comply with standards for assessment and testing of HIV as set forth in *Title 18 NYCRR 441.22(b)*.

- a) The NSP provider shall ensure that such notification is made both in writing and verbally and must be recorded in each youth’s medical record and in CNNX (or other specified/required database) as part of the youth’s health history. The NSP provider shall ensure that such notice complies with the Law including *Title 18 NYCRR Part 463.2* or any successor or amended regulation. The notice must inform the youth of his/her rights to confidential sexual and reproductive health services and social, educational, health, and medical family planning services.
3. The NSP provider shall notify the parent[s], family, extended family or other discharge resources of all youth twelve (12) years and older and youth under twelve (12) years old who are known to be sexually active of the availability of family planning services within thirty (30) days after placement and every six (6) months thereafter.
  4. The NSP provider shall ensure that the provider agency and NSP provider staffs’ religious beliefs are not be conveyed to any youth with regard to family planning during initial or semi-annual written or verbal notification of the availability of family planning services nor shall it be included in the curriculum of structured family planning programs.

#### **G. Substance Abuse Services**

1. The mental health screening process shall include questions/instruments related to the youth's history of use or abuse of alcohol and/or other drugs.
2. Under New York State law, chemical dependency/use risk behavior or assessments of youth cannot include random urinalysis drug screening of the youth, nor is such screening permissible at any other time during a youth's stay in NSP. Such testing is a violation of the Social Services regulation which governs foster children’s privacy rights, regardless of the presence or absence of consent by youth in accordance with Title 18 NYCRR Part 441.8 or any successor or amended regulation. The very limited circumstances in which drug testing of NSP youth is allowed are as follows:
  - a) A parent or guardian signs a consent for a school related testing in accordance with NY Education Law 912-a;



- b) There is a medically necessary need as determined by a doctor, and the parent, guardian or provider, if authorized, consents;
  - c) The youth is in an OASAS program, and the drug tests are part of that program. The results of testing may only be used for treatment purposes, and the youth must give his/her informed consent to participate in a drug testing program; and
  - d) Pursuant to a court order.
3. The NSP provider shall ensure that youth who use substances receive alcohol and other drug education and counseling either on-site or by referral to community-based a substance abuse program that is either evidence-based or on Substance Abuse and Mental Health Services Administration’s (SAMHSA) approved list of modalities <http://www.nrepp.samhsa.gov>.
  4. If a youth is regularly using, abusing, or is chemically dependent, this young person requires treatment. Residential substance abuse treatment is different than counseling or education, and can only be provided on-site if the provider holds an OASAS license to provide treatment and has a Credentialed Alcohol and Substance Abuse Counselor (CASAC) to deliver it. Otherwise, chemical dependency/use treatment of youth and family members must be provided through a referral to OASAS-licensed chemical dependency/use facilities. When specialized chemical dependency/use treatment is offered in the program, a licensed physician shall be a member of the NSP provider’s clinical team.
  5. Parents who need chemical dependency/use treatment shall also be offered services when needed. For more information refer to the section on “Support Services for Parent[s], Family, Extended Family or Other Discharge resources” in Part VI.
  6. All NSP providers are required to follow the *DYFJ Continuity of Care Directive for Non-Secure Placement policy*.

**H. Programming, Enrichment, and Recreational Activities**

1. The NSP provider shall ensure that youth in placement are provided recreational opportunities in accordance with *Title 18 NYCRR Part 442.20* or any successor or amended regulation.
2. Planned recreational programs/activities shall be provided for all youth in care including special populations of children (e.g., mother-baby, special needs).
3. In NSP facilities, planned recreation programs shall be discussed in the NSP provider's operational manual. Recreation schedules shall reflect the availability of more than one

type of recreation. Both indoor and outdoor activities, trips, and other events from outside sources shall also be included. In the case of the mother-baby population, the provider shall offer recreational opportunities for the mother that permits respite from child care responsibilities, and provide opportunities for child-bonding/relationship building. Recreation schedules shall be posted in all NSP facilities.

4. Youth shall be involved in planning special events. These events shall be recorded in logs and reports. There shall be adequate supervision during *all* recreational activities (a minimum of one (1) staff member for every nine (9) children).
5. Where possible, the community shall be utilized for recreational events, provided an appropriate security plan is developed and implemented (e.g., YMCA, pools, movies, concerts).
6. NSP providers must to have written policies on religious observance, instruction and training and provide access to services and clergy of the faith for each youth, recognizing and respecting the religious wishes of the youth's parents and endeavoring to protect and preserve their religious faith.
7. All NSP providers must deliver psycho-educational programming and where appropriate, that programming will utilize gender specific program models.
8. Providers will continually assess the population and adapt programming to better engage the interests and needs of youth.
9. All NSP providers are required to comply with federal Prison Rape Elimination Act (PREA) requirements.

#### **I. Financial Literacy**

1. NSP providers shall provide youth in placement with financial literacy training and allowance standards set forth in *Title 18 NYCRR 441.12*, which shall include, but not be limited to:
  - a) Financial Literacy – What does it mean to youth?
  - b) Provide access to information on financial management.
  - c) Understanding money in our society.
  - d) Practicing money management: saving, spending, budgeting, investing, and debt.
  - e) Importance of paying bills on time; role of credit cards; role of credit scores.

- f) Strategies for minimizing debt.
- g) A regular allowance appropriate to the age of each child in care, which shall not be used to meet basic needs, and kept in the custody of the NSP provider, separate from agency funds in accordance with *Title 18 NYCRR 441.12*.

#### **J. Employment/Training**

1. NSP providers' vocational activities/supports shall offer opportunities for youth in placement to receive employment-related training in accordance with *Title 18 NYCRR 430.12(f)(2)(i)*, including but not limited to the:
  - a) Assessment of the youth's abilities to find employment and keep a job; assess a youth's social and interpersonal skills, and self-awareness to develop a plan to improve and maximize the youth's skills.
  - b) How to prepare for the world of work, whether paid or unpaid; including how to interview, conduct a job search, grooming, dress, punctuality, follow instructions, complete tasks, and obtain actual referrals to neighborhood businesses for employment, assist youth in obtaining documents required for employment.
  - c) Provide and/or make referrals for career counseling, vocational assessments, and for training to identify appropriate placements and supports needed to secure and sustain employment.
  - d) Develop job leads in the private sector and work with businesses who are potential employers. Develop linkages with local merchants, trade unions, and trades people to arrange possible apprenticeships, summer jobs, and other opportunities for young people.

#### **K. Legal Services, Court Appearances, and Reports**

1. The NSP provider shall complete timely permanency reports and other ordered court reports as necessary; attend Family Court proceedings; and comply with all court orders. NSP provider staff with substantive knowledge of the case situation must be ready to testify in court as to the NSP provider's safety and permanency assessments and the provider's position related to the current placement and permanency when necessary.
2. The NSP provider shall provide Children's Services' Family Court Legal Services (FCLS) attorneys with updated information including child status, location, assigned caseworker and supervisor, as needed for court appearances. The NSP provider shall maintain contact with FCLS attorneys to review any important developments, and communicate with lawyers for youth as necessary, pursuant to communication

protocols. NSP provider staff must cooperate with FCLS attorneys in preparing court cases for trial.

3. The NSP provider must also be prepared to appear in court on post-dispositional report dates on the youth's juvenile delinquency case and submit written reports to the court about the youth's adjustment to placement; the treatment goals, plan, and youth's progress; the youth's academic progress; and visits home to the family or discharge resource. Written reports shall be objective and data-focused and shall avoid the use of qualifying language. If reports are inadequate, corrective action plans must be implemented and must be adhered to by the NSP provider.

#### **L. Transportation**

1. The NSP provider shall provide all transportation necessary to fulfill its duties within these Standards.
  - a) The Provider shall ensure that transportation services are readily available to transport youth to the hospital, medical and mental health appointments and other subspecialty providers as necessary.
  - b) Once a youth is placed with a NSP provider, that Provider is responsible for transporting the youth from detention, or other current location of the youth, to the NSP facility.

#### **M. Client Grievance Procedures**

1. The NSP provider shall adhere to ASP policy related to NSP grievance procedures.

## **PART VI: SUPPORT SERVICES FOR BIRTH PARENT[S], FAMILY, EXTENDED FAMILY OR OTHER DISCHARGE RESOURCES**

### **A. Mental Health Services**

1. The NSP provider shall recognize indicators of mental health issues in parent[s], family, extended family or other discharge resources and provide or arrange for assessment, diagnosis, testing, psychotherapy, specialized therapies and interventions to parent[s], family, extended family or other discharge resources that require them. Parent[s], family, extended family or other discharge resources must be assessed and recommended for services by the provider and services shall be delivered by qualified licensed mental health providers and documented in a written treatment plan developed, signed and dated by the individual members of the treatment team. If the NSP provider lacks capacity to provide mental health services to birth parent[s], family, extended family or other discharge resources directly, the provider shall establish referral agreements and treatment arrangement with neighborhood-based adult mental health providers having specific expertise in the treatment of Post-Traumatic Stress Disorder, and other conditions relevant to the juvenile justice population.
2. Parent[s], family, extended family or other discharge resources who need more intensive mental health services shall be referred, by the NSP provider, to programs including mental health case management programs, Assertive Community Treatment Teams, etc.
3. The NSP provider shall be familiar with and develop linkages with home- and community-based clinical service providers; mental health case management programs for adults and children; and OMH Home and Community-Based Services Waiver programs for children with serious emotional disturbance.
4. The NSP provider shall provide parent[s], family, extended family or other discharge resources with basic information about children's mental health, including but not limited to trauma and the emotional impact of abuse/maltreatment on children; the range of behaviors traumatized children may express, what they mean and how to appropriately intervene; common children's mental health issues and treatments; the importance of mental health screening and early intervention; and psychotropic medications and how they are used as part of an overall mental health treatment plan. Parent[s], family, extended family or other discharge resources shall also receive education about parent mental health (including maternal depression) and its impact on children. As needed, parent[s], family, extended family or other discharge resources shall be educated about the importance of being meaningfully engaged in their children's mental health treatment, including participating in family treatment as recommended.

## **B. Housing and Housing Subsidy Services**

1. The NSP provider shall assess the need for and arrange for individuals and families to improve their housing conditions. This includes helping individuals and families:
  - a) to obtain necessary repairs;
  - b) to be protected from abuse or exploitation by landlords or other tenants;
  - c) to identify and correct sub-standard rental housing conditions or code violations;
  - d) to find suitable and adequate alternative housing, and to obtain needed assistance or relief from public agencies that regulate housing, including arrangement for legal services when necessary.
2. Mentally ill parent[s], family, extended family or other discharge resources who need supportive housing in order to reunite with their children shall be referred to New York-New York III and other supportive housing programs if the NSP provider determines that a lack of adequate housing is the primary factor preventing discharge in accordance with *SSL §409-a(5) and Title 18 NYCRR 430.9* as appropriate.
3. Children's Services administers locally the Preventive Services Housing Subsidy program to which the NSP provider shall refer appropriate client families. The referral process shall include making an assessment of the client's needs and eligibility for the Preventive Housing Subsidy, and assisting the client in assembling required documentation in order to complete the referral process. Families must be eligible for mandated preventive services and have a need for at least one preventive service in addition to housing assistance. The NSP provider shall promote and monitors its staff's appropriate use of housing subsidy services.
4. In cases where adequate housing is located, provided and, if necessary, renovated such that a youth could be discharged from care pursuant to this Part, the youth must be discharged within two months from the date such housing is made available. Discharge may occur on a trial basis. Where adequate housing is made available and the youth is not discharged within the two month period, the reason for the child remaining in care will be deemed to be due primarily to a factor other than housing and housing services will be terminated in accordance with *Title 18 NYCRR Part 423.4(b) (2) (V)* or any amended or successor amendment.

## **C. Support Services for Parent[s], Family, Extended Family or Other Discharge Resources of Youth with Serious Health and Mental Health Needs**

1. The NSP provider shall make support services available, directly or by referral, to parent[s], family, extended family or other discharge resources caring for children with

serious health and mental health needs. Such support services may include, but are not limited to: twenty-four (24)-hours-a-day, seven (7)-days-a-week crisis hotline services; caretaker support groups; birth parent support and advocacy, which can be accessed through the Department of Health and Mental Hygiene's Family Support Programs; home visits; planned and crisis respite; education and information about community-based resources and services, including crisis services; informational mailings; and specialized trainings.

## 2. Bridges to Health Waiver Program

a) The New York State Office of Children and Family Services' Bridges to Health (B2H) Waiver Program provides community-based health care services and supports to children in care who are seriously emotionally disturbed, developmentally disabled or medically fragile. Youth have to be in care when enrolled in B2H, but can continue to receive B2H services after discharge if they remain clinically eligible for the services. This service provides enhanced services to youth with disabilities, allows youth to live in less restrictive settings, helps to expedite permanency, and can be a critical support service for foster parents and/or discharge resources.

b) The eligibility criteria for children to enroll in the B2H Waiver Program are as follows:

- i. Placed in the custody of the Commissioner of Social Services;
- ii. Medicaid eligible;
- iii. Have an appropriate and documented qualifying diagnosis of serious Emotional; Disturbance (SED), Developmental Disability (DD) or Medical Fragility (MedF); and
- iv. Eligible for admission to a medial institution and assessed to meet the level of care criteria for one of the waivers.

c) Services provided by the waiver program are:

- i. Health Care Integration;
- ii. Family / Caretaker Support and Services;
- iii. Skill Building;
- iv. Day Habilitation;
- v. Special Needs Community Advocacy and Support;
- vi. Prevocational Services;
- vii. Supported Employment;
- viii. Planned Respite;
- ix. Crisis avoidance, Management and training;
- x. Immediate Crisis Response Services;

- xi. Intensive In-home Supports;
- xii. Crisis Respite;
- xiii. Adaptive and Assistive equipment; and
- xiv. Accessibility Modifications.

**D. Health Education**

1. Providers shall give child-focused health education to parents and discharge resources.

**E. Transportation**

1. Providers shall provide parent[s], family, extended family or other discharge resources with transportation to the office/facility for meetings and family visits if the facility is located outside of New York City or the visiting resource demonstrates need. Providers shall transport or cover the cost of transportation for youth to visit their families or other discharge resources.



## **PART VII: AFTERCARE**

Following a period of non-secure placement, aftercare is the next step in the continuum for adjudicated juvenile delinquents in New York City. NSP aftercare providers will support youth returning to their families and home communities through the provision of evidence-based or promising practice models, as well as linkages to various local community-based organizations. The aftercare component of non-secure placement is critical to the success of reentry and reunification and requires regular, open communication among all parties involved. Aftercare providers will work collaboratively with the ACS Placement and Permanency Unit and NSP providers to offer the necessary support to every youth and family served. Aftercare providers shall begin communication with the ACS Placement and Permanency Unit and NSP providers during the placement period and initiate engagement with the youth and family prior to release, on a case-by-case basis, to help ensure a smooth transition.

The provision of aftercare services throughout the non-secure placement system will occur in two phases. During Phase I, youth in certain NSP facilities will be provided aftercare by the NSP agency and youth in the remaining facilities will participate in Functional Family Therapy (FFT) with Catholic Guardian Society and Home Bureau or, if ineligible for FFT, another community-based provider. ACS will issue a solicitation for aftercare services as part of Phase II. Due to the nature of the solicitation process, the aftercare provider may or may not be an NSP provider. During both phases, communication and coordination among all involved parties are essential, and the mechanism for this communication is outlined later in this document.

### **A. Agency Goals and Objectives**

1. ACS is committed to helping youth returning from NSP to reintegrate safely into their home communities and to remain in and/or return to family settings. ACS's goals and objectives are to provide quality aftercare services to the JD population of young people who are transitioning back into their home communities through the use of an evidence based model or promising practice model. The programs shall work to help stabilize the family while increasing the family's utilization of community resources for the youth to remain safely at home while receiving services and avoid any further interaction with the juvenile or criminal justice system. The aftercare provider shall foster engagement in pro-social community activities such as sports, art and/or music programs (at no cost to the youth's family).
2. These program models will:
  - a) Serve children and their families in their own neighborhoods;
  - b) Prevent recidivism;
  - c) Stabilize youth within the family;
  - d) Improve family functioning;
  - e) Reduce truancy, substance use, curfew non-compliance and other teen-specific maladaptive behaviors;
  - f) Strengthen parenting skills; and

g) Ensure all children are safe, healthy and well cared for.

## **B. Eligibility**

1. All NSP-placed youth will be provided an aftercare service. Where the youth does not meet a certain program's eligibility criteria, an alternative program for which the youth is eligible will be identified early on during the placement period. The ACS Permanency and Placement Unit will match youth to appropriate aftercare programs.
2. All programs, unless designated for a specialized population with developmental delays, must have the capability to serve youth with IQs of 71 and above, and should be able to accept youth with lower IQs on a case-by-case basis. All NSP aftercare programs that involve group programming must also be designed in a way that youth participate with others in their age group, gender, gender identity where appropriate, and/or developmental stage. All NSP aftercare programs must adhere to the ACS Division of Youth and Family Justice Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and Their Families.

## **C. Communication and Case Coordination**

1. Communication and case coordination will vary depending on the NSP aftercare provider.
  - a) The ACS Placement and Permanency Unit has responsibility for determining the aftercare plan no later than day 60 of the placement so that the designated aftercare provider can participate in discharge planning.
  - b) For youth receiving NSP provider-operated aftercare, the cases will be discussed as part of the "NSP Provider Agency Conference Calls."
  - c) Community-based aftercare service providers who are not NSP providers are required to participate in the "Aftercare Services Conference Calls." These calls shall begin two (2) weeks prior to a youth's discharge to facilitate the transition from placement to aftercare. In addition, the assigned ACS PPS will determine when and how often the aftercare provider must attend the "NSP Provider Agency Conference Calls" before the onset of the "Aftercare Services Conference Calls."
  - d) The agenda for the Aftercare Services Conference Calls is as follows:
    - i. Purpose: To discuss youth who have been released to aftercare services.
    - ii. Required Participants:
      - (a) ACS CTH Placement and Permanency Specialist

- (b) Aftercare service provider administrators and/or clinicians
  - (c) NSP case planner or other designated staff familiar with the case (when youth are on trial discharge)
  - (d) Foster care agency case planner (when youth are in foster care)
  - (e) DCP representative (when there is an open ACS case)
- iii. Optional Participants:
- (a) ACS CTH Director of Placement and Permanency
- iv. Frequency: Weekly.
- v. Agenda:
- (a) The ACS CTH PPS will report on the youth's overall adjustment to release and aftercare, including the youth's compliance with reporting, school attendance and credit transfer issues, as well as any areas of concern, including any community safety risks.
  - (b) The NSP representative will provide an update on the trial discharge.
  - (c) The aftercare service provider(s) will discuss the youth's progress in treatment, as well as any barriers.
  - (d) The aftercare service provider(s) will discuss plans and continued efforts to support the youth's success in the community and prevent the need for release revocation.
  - (e) The aftercare service providers and ACS CTH PPS will discuss any proposed release revocations.
- e) Responsibilities and Communication Two Weeks Prior to Release
- i. Two (2) weeks prior to a youth's release, the ACS CTH PPS will submit a copy of the six (6) month FASP and an ACS NSP Agency Modification Request to the DYFJ MCCU via email for approval to internally modify the youth's placement for ACS community supervision.
    - (a) The ACS CTH PPS will forward a copy of the FASP and ACS NSP Agency Modification Request to the aftercare service provider via email so that the provider can make plans to contact the family.
  - f) Prior to the youth being released, the NSP provider agency case planner, the ACS CTH PPS, and the youth shall sign the required Conditions of Release form, Statewide Curfew, and Notice Concerning Discipline Rules of Conduct which will reflect that the youth participate in post-residential services and the aftercare services that will be provided, or any other required program.
  - g) Upon release, within 24 hours, the youth must contact the ACS CTH PPS by phone to confirm his/her arrival home. The CTH PPS will then notify the aftercare service

provider who will also be responsible for making his or her first therapeutic contact with the family within 72 hours of the youth's release.

- i. For child welfare involved youth, the ACS CTH PPS will coordinate with the NSP case planner to conduct a special pre-release home assessment. The ACS CTH PPS will work with the ACS foster care provider agency to ensure that the child welfare placement plan is in place and ready to receive the youth upon discharge from NSP. If the NSP provider or ACS CTH PPS have concerns about the ACS foster care provider agency's plan for the youth then they must contact the ACS Confirm Unit. For youth who will be entering foster care for the first time upon discharge from a NSP, the ACS PPS will make best efforts to ensure that a foster care placement has been identified so that a joint visit can occur including all individuals involved in planning for the placement, and that the youth and planning resource(s) can learn about and discuss the aftercare plan together.
- ii. The NSP aftercare provider shall make contacts in keeping with the requirements of the evidence-based or promising practice model being implemented.
- iii. If the NSP aftercare provider is a community-based organization and does not operate an NSP, the provider shall make contacts consistent with preventive requirements.

#### **D. Incident Reporting**

1. The NSP provider shall adhere to ACS policies regarding NSP incident reporting.

#### **E. Release Revocations**

1. The ACS CTH PPS will make a decision about whether to remove a youth from the community and return the youth to out of home care (revoke the youth's release) when he or she has engaged in serious misconduct; has been arrested and/or found guilty of having committed a serious offense; or for a combination of other factors that have made the youth's release unsafe or untenable. The revocation decision must be made in consultation with staff on the managerial level and will be based on an assessment of the severity of the behavior within the context of the youth's adjustment to aftercare services in the community. The ACS Placement and Permanency Unit will have an internal case conferencing process, to assure that revocations are consistent with ACS procedures and practices. Prior to the decision to revoke the youth's release, efforts will be made to engage the youth, family, ACS CTH PPS, and aftercare provider to develop a plan to prevent revocation. Pursuant to 9 NYCRR Section 169.1, the following may also be reasons for ACS to revoke a youth's release:
  - a) Failure to adhere to a reasonable curfew set by the ACS CTH PPS;

- b) Association with persons whose influence would have a detrimental effect, including but not limited to persons previously convicted of crime or having a known criminal background;
- c) Once youth is connected to an appropriate school, failure to attend school in accordance with the provisions of part I of article 65 of the Education Law and/or cooperate with the CTH PPS and/or aftercare service provider in seeking to obtain and in accepting employment and employment counseling services;
- d) Failure to abstain from the use of alcoholic beverages, hallucinogenic drugs, habit forming drugs not lawfully prescribed, or any other harmful or dangerous substance;
- e) Failure to report to the CTH PPS as directed;
- f) Commission of an act which would be a crime if committed by an adult;
- g) Operation of a motor vehicle without a license;
- h) Failure to obey all reasonable commands of parents or other persons legally responsible for care and treatment;
- i) Running away from the lawful custody of parents or other lawful authorities; and
- j) Failure to abide by any other reasonable condition of which the youth is informed.

#### **F. Discharge**

1. NSP aftercare services end on the expiration date of a youth's placement. Treatment may continue beyond the expiration date, as clinically warranted but shall be on a voluntary basis only.
2. Case completion will be defined by the evidence-based or promising practice guidelines with guidance of the model consultants.
3. Discharge readiness and plans will be discussed during the appropriate conference call, depending on whether the youth is in an NSP provider-operated aftercare program or a standalone community-based aftercare program.

#### **G. Program Site Location(s) and Facility Standards**

1. Nearly all aftercare services should be provided in the family's home or at locations in the communities in which the youth and family live (e.g., the youth's school, community-based mental health clinics, community-based after-school programs, community settings, and not in the aftercare provider's office). Providers must consider the safety needs of families when determining if home-based services are appropriate, for example, when there is a history or evidence of domestic violence in the family. ACS also recognizes that providers may need to supplement home-based services in certain situations. For example, some families' living situations may prevent effective home-based treatment due to multiple families sharing a common space, or when language translation services are required.

2. The program facility (or collection of facilities) must be readily accessible and usable by individuals with disabilities, including but not limited to, people with visual, auditory, and/or mobility disabilities. The facility should be easily accessible to youth and families being served and only a short walking distance of some form of New York City public transportation.

#### **H. Community Partnerships**

1. ACS encourages the forming or enhancement of existing community partnerships or linkages with community based organizations. Aftercare providers shall work to develop and support holistic, seamless local networks of service providers, community members and families, and other stakeholders with the goal of assisting families and offering safety and support where they reside. Agencies shall identify community needs and draw upon community resources to address those needs and work to identify and overcome obstacles to success. Aftercare programs are encouraged to connect youth and their families to a partnership (if one exists) in the community to which the youth is returning from non-secure placement. Besides ACS contractors, community partners are thought to include representatives from health, mental health, substance abuse, and domestic violence service providers and will be encouraged to continue to build this network. Partnerships include birth/caretaker families and foster families. They also include residents, community leaders, school personnel, police precinct staff, employment readiness programs, child and youth development programs, housing organizations, faith and civic groups, and local business owners.
2. The majority of aftercare slots are generalized, with the exception of a small number of slots for special populations.

#### **I. Neighborhood-Based Services**

1. The aftercare provider shall establish linkages and referral protocols with neighborhood-based service providers when appropriate to the model.
2. The aftercare provider shall build supportive services and work in partnership with other providers in the community to best meet the needs of children and families living in the community.
3. The aftercare provider shall make every effort to actively participate in the Neighborhood Network within their community. A Neighborhood Network is a collaboration between community-based ACS staff, ACS contract agencies assigned to specific community districts, other local service providers, and community stakeholders.

## **J. Accessibility of Services**

1. The aftercare provider shall describe the geographic proximity of its service site(s) to the youth and families most likely to receive services. The provider shall detail the modes of transportation available to access the service site(s) and the approximate travel time and distance from public transportation locations to the site(s).
2. The aftercare provider shall develop a general strategy for ensuring that its hours of operation reflect the needs of the youth and families to be served. This strategy shall include flexible hours to accommodate school hours and working family members in a manner that is least disruptive to daily life activities, religious proscriptions, medical and health related conditions, and neighborhood safety conditions.
  - a) The aftercare provider shall assess the communication skills of each youth and family to be served and shall address identified family literacy limitations so that oral and written communications occur at an appropriate level, to ensure the client's full participation in and understanding of the services offered.
  - b) The aftercare provider shall make services accessible to clients with physical disabilities. Strategies for doing so may include, but not be limited to, offering TDD services, raising staff consciousness about disabilities, utilizing large print informational reading materials, and establishing referral protocols to programs serving disabled communities.

## **K. Social Work Services and Advocacy**

1. Aftercare programs will establish linkages with organizations providing expert and specialized services to individuals with chronic physical, mental or developmental disabilities, prenatal and postnatal counseling and services, alcohol and substance abuse. The provider will implement protocols for referring clients to neighborhood-based services when such services are appropriate and available.
2. The provider must have a process of systematic collection of information on participant characteristics, staff characteristics, and participant service experiences to ensure services are being implemented with fidelity to the model, program intent, and structure.

## **L. Provider Staff**

1. Staff Qualifications
  - a) The provider shall ensure that culturally and linguistically competent services are provided through a staff that is representative of the population served and fluent in the languages spoken by participating youth and family members, including hiring staff from the same community where the program services are being provided.

- Social work staff shall have experience and skills with the practices and concept of family treatment/family systems, as well as knowledge of and experience with domestic violence issues and substance abuse issues.
- b) The provider shall profile the credentials of their staff, including, but not limited to, the number of staff, educational degrees, languages spoken and areas of specialization, and describe how these impact upon and address service needs of the targeted population.
  - c) Social work staff shall have demonstrated experience and skill with, and commitment to, the practices and concept of family treatment, as well as knowledge of and experience with domestic violence issues and substance abuse issues.
  - d) Staff shall adhere to all program model qualifications and experience requirements for the proposed model as listed in the Standards & Indicators.
  - e) Staff must demonstrate expertise and commitment to the evidence-based model or promising practice model to be utilized for this population.

## 2. Staff Training and Development

- a) The provider shall ensure that all appropriate staff receive periodic and regular training about relevant child welfare and juvenile justice topics including, but not limited to, substance abuse, adolescent development, psychotropic medication and medication management, working with families, concurrent planning, domestic violence, teen relationship abuse, HIV/AIDS, appropriate restraint techniques, behavior modification and management, child development disorders, DYFJ LGBTQ training curriculum, gender identity, and expression, sexually acting-out, crisis intervention, trauma theory, and youth and gang violence.
- b) The provider shall ensure that all appropriate staff receive training specific to the provision of neighborhood-based services, including training on community characteristics, resources, and needs, and on how to successfully negotiate services for children within a neighborhood-based environment.
- c) The provider will make every effort to ensure that training incorporates and encourages the participation of representatives from community-based service providers who provide culturally appropriate and linguistically supported programs including services for lesbian, gay, bisexual, transgender and questioning youth (youth questioning their sexuality), such as local hospitals, police precincts, and drug treatment centers, as well as community residents.
- d) The provider shall provide training in about how to recognize and assess the presence of domestic violence and substance abuse as well as methods for performing appropriate interventions.
- e) The provider must ensure that all of its staff are trained or are being trained in the use of the treatment model being implemented.
- f) A strategy for guiding staff in balancing the task of delivering program content while being responsive to a family's cultural beliefs and immediate circumstances
- g) A method to train staff on delivering the model with a supervisory system to support direct service staff and guide their ongoing practice



- h) Reasonable caseloads that are maintained and allow direct service staff to accomplish core program objectives

### **M. Monitoring, Evaluation and Quality Improvement**

1. Case Record and Record Keeping
  - a) The provider shall cooperate with ACS assessment, evaluation and technical assistance systems, and shall provide all information necessary to allow ACS to fulfill these responsibilities.
  - b) The provider shall maintain adequate case files and fiscal records, and ensure that staff follow appropriate record-keeping practices and procedures, in a manner which is in compliance with and supports all existing Federal, State, and City laws, rules, and regulations, and is consistent with policies, procedures, and standards promulgated by ACS, including the utilization of electronic data management systems such as the New York State systems of record (i.e., Child Care Review Service (CCRS), CONNECTIONS (CNNX), Preventive Organization Management Information System (PROMIS for preventive cases only).
  - c) The provider shall provide sufficient information to ACS to enable data collection and monitor additional performance indicators as appropriate and as part of a full evaluation process.
  - d) The provider shall comply with any ACS request to obtain additional data specific to the needs of this population.
  - e) The provider shall comply with any ACS request to submit critical incidence/fatality reports.

### **N. Quality Assurance**

1. The provider shall comply with ACS policies and procedures regarding evaluations, best practices and improvement strategies as appropriate.
2. The provider shall work with ACS' Juvenile Justice Planning (JJPM) and Measurement Unit, Agency Program Assistance (APA), DYFJ, and/or Program Development (PD) consultants and monitors to ensure performance standards are maintained, including, but not limited to, scheduling site visits, access for case record reviews and evaluations and attendance at pertinent meetings and trainings. JJPM, APA, Office of Preventive Technical Assistance (PTA) and Provider Agency Measurement System (PAMS) Scorecard staffs are responsible for ongoing monitoring of provider agency practice at the program level, through case reviews and quality improvement efforts.
3. The provider shall have access to clinical consultants who are associated with the model being provided, to provide case consultation and advice on program and clinical issues.
4. The provider shall comply with the program model's policies and procedures regarding case documentation and quality assurance measures.

5. The provider shall work with Conference Facilitators/Specialists employed by Children's Services who are involved in case planning and decision-making on individual cases, traditionally done through Family Team Conferences (FTC) convened at regular intervals, and at critical points in a family's involvement with child welfare services. ACS will work with the provider to make modification to FTC requirements to ensure compliance with the program model.
6. The provider shall maintain internal quality assurance systems that demonstrate continuous program improvement, utilizing program specific data to inform that process.

#### **O. Scorecard**

1. Programs will be evaluated using an ACS Scorecard, with indicators developed specifically for the NSP placement and preventive programs. Performance measures will capture programs' performance in meeting regulatory requirements, achieving desired outcomes for the families they are serving, and sustaining a high-quality service delivery system. The Scorecard will capture data through monthly reports required from all programs, qualitative reviews conducted by ACS and other required reporting mechanisms. The reporting mechanisms will vary depending on the categorization of the program (i.e., preventive or otherwise) and will include but not be limited to the NYS Child Care Review Service data base (CCRS), the ACS Preventive Organization Management Information System (PROMIS for preventive programs) and Connections (CNNX). The evaluation will be conducted regularly, and programs will be expected to initiate corrective action plans as needed to address deficiencies identified in the evaluation. In addition, ACS may base decisions about contract renewal and program capacity on the results of the annual Scorecard. Modifications to the Scorecard tool may be made to ensure model fidelity.

## **PART VIII: REQUIRED PERSONNEL & PERSONNEL POLICIES AND PROCEDURES**

### **A. Program Manual of Standards, Policies and Procedures**

1. The NSP provider shall set forth written plans (“Program Manual of Standards, Policies and Procedures”) that detail all management systems and the manner in which they are designed to ensure proper planning and implementation of programmatic operations and fiscal administrative policies and procedures. The NSP provider’s Program Manual of Standards, Policies and Procedures shall include the records and maintenance of: personnel management systems; fiscal management systems, including procurement and cash management systems; facility management systems; program management systems; and parents' decision-making systems.

### **B. Children’s Services Review**

1. The NSP provider, when requested, shall make available for Children’s Services review, a copy of all Program Manual of Standards, Policies and Procedures related to the implementation of programmatic operations and fiscal administrative policies and procedures. The Program Manual of Standards, Policies and Procedures shall include:
  - a) Personnel policy practices including such matters as job descriptions and qualification requirements, hiring and selection practice, personnel grievance procedures, benefits and leave, salary increases, holiday schedules and other related matters;
  - b) Management practices and procedures;
  - c) Purchasing policy and procedures;
  - d) Fiscal policies and procedures;
  - e) Intake and planning procedures; and
  - f) Completed safety plan that provides specific and detailed procedures for responding to a range of incidents.

### **C. Previously Submitted Program Manual**

1. If, in response to a request by Children’s Services, the NSP provider believes they had previously submitted a copy of its Program Manual of Standards, Policies and Procedures, the provider shall give written notice to Children’s Services of the date of submission and shall certify that the Program Manual of Standards, Policies and Procedures stated therein are currently in effect. ACS may review, in whole or in part, or decline to approve the Program Manual of Standards, Policies and Procedures of the

Provider. ACS may direct the NSP provider at any time, and from time to time, to rescind, modify or add to its Program Manual of Standards, Policies and Procedures to bring the Program Manual of Standards, Policies and Procedures into compliance with the law, and/or ACS policies.

#### **D. Changes to Program Manual**

1. The provider shall notify ACS in writing within thirty (30) days of any changes in its Program Manual of Standards, Policies and Procedures.

#### **E. Staff Qualifications**

1. Social Work Services
  - a) Director of Social Work Services: A master's degree in social work or graduation from an accredited school of social work and a minimum of three (3) years of experience in a supervisory capacity supplemented by or including experience in the field of child welfare.
  - b) Supervisor of Social Work Services: A Master's degree in social work or graduation from an accredited school of social work and a minimum of (3) years of experience, at least one of which shall have been under qualified supervision in the field of child welfare.
  - c) Site Director (for General Programs): At minimum, a BA/BS/BSW in an appropriate discipline with seven (7) years documented satisfactory experience working with court-related youth and at least three (3) years experience working in a residential setting. The site director should also have at least two (2) years of supervisory experience.
  - d) Site Director (for Specialized Programs): LMSW or equivalent human services graduate degree and a minimum of seven (7) years documented satisfactory experience working with court-related youth; at least three (3) years experience working in a residential setting; and at least two (2) years working with the specific specialized population that the site will serve.
  - e) Supervisor of Direct Care: Shall be qualified by appropriate training and have experience with children living in a group living facility.
  - f) Direct Care Worker: Shall have at least a high school or equivalency diploma.
  - g) Intake Worker: MSW or equivalent human services graduate degree (preferred) or BA/BS/BSW with at least two (2) years documented relevant experience. (May be shared across multiple programs).

- h) Caseworker: MSW or equivalent human services graduate degree (preferred) or BA/BS/BSW with at least two (2) years of documented relevant experience.
- 2. Recreation Therapist: BA in recreational therapy and is currently a Certified Recreation Specialist or has the documented equivalent in education, training and experience and is currently competent in the field. This staff is recommended to help NSP providers enhance their recreational services.
- 3. CASAC: Bachelor-level CASAC.
- 4. Mental Health Services
  - a) Psychiatrist: New York State-licensed physician with a specialized rating in psychiatry, preferably adolescent psychiatry.
  - b) Psychologist: Licensed as a psychologist in New York State.
  - c) Mental Health Clinician: LCSW (preferred) or LMSW/licensed mental health professional with equivalent human services graduate degree with at least two (2) years documented relevant experience.
- 5. Health Services
  - a) Physician: Licensed and currently registered to practice medicine in New York State.
  - b) Nurse: New York State-registered professional nurse or licensed practical nurse.
- 6. Educational/Vocational Specialist: BA/BS/BSW or MSW or equivalent human services graduate degree (preferred) in education, guidance and counseling or related field (including Masters in Ed w/ CRC) with at least two (2) years documented relevant experience.
- 7. Parent Advocate: Persons who have previously received child welfare services, have successfully addressed the issue(s) which brought their families to the attention of the child welfare system, have been reunified with their children, if applicable, and subsequently have been trained as parent advocates to work within the child welfare system as set forth in *Title 18 NYCRR 441.2(o)*.
- 8. Consultants
  - a) Providers may utilize consultants that include, but are not limited to:
    - i. Psychologist: certified as a psychologist in New York State.

- ii. Psychiatrist: licensed physician with a specialized rating in psychiatry.
  - iii. Physician: licensed and currently registered to practice medicine in New York State.
  - iv. Mental Health Professional: LCSW (preferred) or LMSW/licensed mental health professional with equivalent human service graduate degree with at least two (2) years documented relevant experience.
  - v. Substance Abuse Professional: CASAC Bachelor-level CASAC
  - vi. Dietician: Bachelor's degree with major studies in food and nutrition and be registered or eligible for registration with the American Dietetic Association.
- b) NSP providers that utilize consultants shall have a signed contract for each consultant and keep a record of the consultative services provided. These staff may be shared across multiple programs.
9. To the degree possible, the NSP provider shall supply on-site speech, occupational and physical therapy when ordered by the primary care provider.
10. Family Team Conference Facilitator (if necessary): MSW or equivalent human services graduate degree or two (2) years casework and one (1) year group work experience and/or one (1) year supervisory experience.
11. Add-On Staff: It may be necessary for the NSP provider to hire special staff for a particular youth or group of youth, on a case-by-case basis. ACS must be informed of an agency's decision to hire special staff. In some cases, the decision will be made collaboratively between ACS and the NSP provider, based on the specialized needs presented by a youth.
12. Staffing and Staff Qualification shall be in accordance with *18 NYCRR Part 442.18* or any successor or amended regulations.

## **F. Staffing Requirements**

1. NSP providers shall ensure that programs are operated with understanding and respect for community needs and cultures. Culturally and linguistically competent services shall be provided by a staff that is representative of the community served and fluent in the languages spoken by youth and family members. To the extent possible the provider shall recruit and hire appropriately qualified staff from the community served. When it is not feasible to hire bilingual/bicultural staff from each different ethnic/cultural group in the community served, the provider shall have a Memorandum of Understanding

(MOU) with community-based organizations or have access to interpreter and translation services needed to serve non-English speaking youth, parents, discharge resources and kinship resources.

2. The NSP provider shall have staff, professional consultants, or close linkages with resources that are qualified to address the full range of medical, clinical, and developmental needs presented by children and adolescents in residential care. Whenever possible, the NSP provider shall employ social work staff with at least a BSW or equivalent level of education and/or experience. Staff shall be skilled at engagement of youth and their families, and have a thorough understanding of child and adolescent development. The NSP provider shall ensure staff are committed to working with juvenile delinquent youth and are experienced and qualified to support youth to obtain the skills and resources necessary to live healthy, productive, and self-sufficient adult lives. Social work staff shall be familiar with the practice and concept of family treatment, and receive training/have experience as well as experience in screening for domestic violence and chemical dependency/use issues and making referrals to appropriate providers for further assessment and services. Experience and qualifications shall include previous work experience with similar populations and credentials in the specific areas of expertise (e.g. CASAC for chemical dependency/use counselors).
3. The NSP provider shall designate a staff person to be the Domestic Violence (DV) Services Coordinator. This person will schedule and document staff training in domestic violence, and participate in Children's Services-organized forums for domestic violence education and information on issues such as chemical dependency/use and domestic violence, immigration, working with abusive partners, the effects of domestic violence on children, etc. The DV Service coordinator shall receive on-going regular training and education, including case conferencing, on an as needed basis. The DV Services Coordinator monitors provision of domestic violence assessments with birth families and foster families, and the use of the Children's Services DV Screening Tool and Children's Services DV Protocol at intake and periodically afterwards, receives reports of indicated domestic violence from Children's Services CPS and other referring organizations, and conducts outreach and liaison to establish a network of services for domestic violence.
4. The NSP provider shall designate a staff person to be the LGBTQ Point Person to serve as a source of support to youth and as a resource to staff on LGBTQ issues. This person will schedule and document staff training in LGBTQ issues, and participate in Children's Services-organized forums for education and information on LGBTQ issues. The LGBTQ Point Person will work with the provider's home finding department to identify LGBTQ-friendly and affirming homes. The LGBTQ Point Person shall receive on-going regular training and education, including case conferencing, on an as needed basis. The LGBTQ Point Person is responsible for conducting outreach and liaison to establish a network of services for LGBTQ youth and their families.

5. The NSP provider shall assure that all clinical staff including physicians, nurse practitioners, psychologists, nurses, etc. are licensed professionals and meet the qualifications as described here. All staff and neighborhood-based medical and mental health professionals working with the NSP provider shall have demonstrated experience and skill with, and commitment to, the practices and concept of effective health care management, as well as knowledge and experience with issues affecting health care provision, coordination, and integration.
6. The NSP provider shall establish a procedure to review and evaluate the backgrounds of and information supplied by applicants for employee or volunteer positions according to *Children's Services Guidance #2009/01 conducting Criminal History Checks on prospective employees, New York State Social Services Law § 371(10), 378-a(1), and 390-b, and OCFS Memorandum 03-OCFS-LCM-12 "Criminal History Records for Candidates for Employment (Prospective Hire)," dated August 15, 2003*. All applicants shall complete employment applications which shall include inquiries relative to the applicant's most recent employers and prior criminal convictions. The use of this information in the applicant's evaluation shall be consistent with Article 23-A of the *New York State Correction Law* or any successor or amended Law.
7. In accordance with *Title 18 NYCRR Parts 442.18, 447.2, and 448.3* or any successor or amended regulations and *section 424-a of the Social Services Law*, the NSP provider shall adhere to all codes prior to hiring staff. Additionally, NSP providers are required to conduct criminal history and background checks for current employees when transferred or promoted to a new position in which they will have the potential for direct contact with youth. Please refer to the revised *Children's Services Guidance #2009/08 conducting Criminal History Checks on Prospective Employees'* issued September 3, 2009, and *OCFS Memorandum 09-OCFS-INF-04* for further details. At a minimum, all staff should be high school graduates and have completed at least 40 hrs of pre-service training before supervising youth.
8. Staff Workload Ratios and Coverage
  - a) NSP providers must recruit and hire appropriate and sufficient staff to meet their program's needs. The ratio of youth to direct care/supervisory workers in all types of regular NSP residential settings shall be eight (8) youth to one direct care/supervisory staff during all waking hours and twelve (12) youth to one direct care/supervisory staff during sleeping hours.
  - b) All NSP facilities (general and specialized) are required to maintain a minimum of two (2) direct care/ supervisory staff at all times regardless of size of the program.



9. The NSP provider shall be responsible for the verification of credentials and references and screening of all current and prospective employees. Such screening shall include but not be limited to the following:

c) New York State Central Register Clearance (SCR)

- i. Prior to employment, the NSP provider shall clear with the NYS Central Register of Abuse and Maltreatment all staff members who will have the potential for regular and substantial contact with children who are cared for by the agency (including administrative staff, supervisors, social workers, child care workers, cooks, drivers, and any other appropriate staff) in order to determine whether the applicant has been or is currently the subject of an indicated child abuse/maltreatment report. Providers must utilize the child abuse or maltreatment report via the revised Statewide Central Register (SCR) Database Check, form LDSS-3370, when making a determination about hiring prospective staff. The provider shall provide written notice to each prospective employee of its intention to make inquiry of the SCR. Extensive guidance is provided in the revised *Children's Services Guidance #2009/08 conducting Criminal History Checks on Prospective Employees'* issued September 3, 2009, and *OCFS Memorandum 09-OCFS-INF-04*.

d) Criminal History Record Check

- i. NSP providers shall obtain fingerprint supported criminal history background declarations indicating criminal conviction records, if any, and conducting a record review directly with the New York State Division of Criminal Justice Services (DCJS) in accordance with above reference for all prospective employees who will have the potential for direct contact with children. Such searched apply to convictions and open charges. Fingerprinting of all prospective employees must be conducted in accordance with Section 378-a of the *Social Services Law* and all other laws, including the execution of a sworn statement by each applicant addressing whether the applicant has ever been convicted of a crime in any jurisdiction as set forth in Title 18 *NYCRR §§ 442.18, 447.2 and 448.3*. The fingerprinting processing fee may be paid either by the prospective employee or by the NSP provider. In either case, the fee will not be paid or reimbursed by Children's Services.
- ii. The NSP provider shall make employment decisions concerning prospective employees with a criminal record in accordance with the law. In the event the NSP provider hires a candidate with a criminal record, the NSP provider shall document the basis for the decision to hire such employee, which shall be signed and approved by the NSP provider's executive director. The NSP provider shall inform Children's Services of decisions to hire employees with criminal records.

e) Applicant's Employment History

- i. NSP providers shall obtain a statement or summary of each applicant's employment history, including but not limited to any relevant child welfare experience, must be submitted before hiring. For prospective employees, the summary of the employment history must include written inquiries to at least three (3) of the applicant's most recent prior employers, if applicable. The NSP provider shall use its best efforts to obtain a response to such inquiry prior to placing the prospective employee on the payroll.

f) References

- i. NSP providers shall obtain from all prospective staff the names, addresses and, telephone numbers of three (3) references who can verify the applicant's employment history, work record and qualifications is required. NSP providers shall request written statements from three (3) references including previous employers. When written statements are not received, the NSP provider shall follow up by telephone. These statements shall become part of the individual's employment record.

g) Physical Examination

- i. A physical examination shall be required of all staff as a condition of employment, which shall include an intradermal tuberculin test, with chest x-rays where such test result is positive. The candidate needs to be certified in writing for fitness of employment. Such certification shall be retained by the NSP provider and kept available for inspection.

10. See *Title 18 NYCRR Part 442.18* or any successor or amended regulations for additional information regarding institutional personnel requirements.

**G. Probationary Employment**

- 1. The NSP provider may retain an employee on a probationary basis in accordance with Children's Services' policies, pending the results of the record review conducted by DCJS and the SCR. For such probationary hires, the NSP provider shall keep in confidential personnel files documentation describing supervision and measures taken to ensure the safety of children with whom such staff is working, pending background clearance. The NSP provider shall notify Children's Services of decisions to hire employees on a probationary basis pending the results of a criminal background check.

## **H. Suspected Abuse or Maltreatment of Children/Youth by an Employee**

1. If the NSP provider has reasonable cause to suspect that an employee has abused, maltreated, neglected, assaulted or endangered the welfare of any child/youth, the NSP provider shall, immediately report such belief to the SCR, and take appropriate action to remove the employee from the proximity of all children/youth while the matter is being investigated pursuant to the provisions of *SSL§ 413 and Title 18 NYCRR 441.8*. The NSP provider shall immediately notify Children's Services of any NSP provider reports made to the SCR regarding employees of the NSP provider.
2. Children's Services reserves the right to conduct its own investigation with regard to any employee of the NSP provider for which the NSP provider has filed an SCR report. The NSP provider and its program staff is required to fully cooperate with any such investigation.
3. If there is a finding of indicated abuse, maltreatment or neglect by the NSP provider's employee, the provider shall immediately take action to ensure the permanent removal of the employee from the proximity of all children/youth, and Children's Services and/or the NSP provider may take appropriate legal action or disciplinary action, if necessary, to accomplish such removal.
4. If, notwithstanding the SCR finding of indicated abuse, maltreatment or neglect by the NSP provider's employee in question, the NSP provider believes that there are special mitigating circumstances in the matter, the NSP provider shall promptly submit a written request to the Commissioner for a review of the matter. This request shall contain a complete explanation, including all pertinent documentation, and the actions the NSP provider intends to take, in regard to the employee. During the review process, the employee shall remain removed from proximity to all children/youth. The Commissioner or his/her designee shall review the matter and may meet with the provider and/or the employee and shall promptly notify the NSP provider of the Commissioner's decision concerning the permanent removal of the employee from the proximity of all children/youth.

## **I. Children's Services' Request for an Employee Review**

1. Children's Services reserves the right to request that the provider review the performance of any employee who has direct contact with children and/or families referred by Children's Services pursuant to their contract. Upon completion of the review, the provider shall take appropriate action with respect to the employee, and thereafter notify Children's Services of such action.

## **J. Staff Development Supervision**

1. All caseworkers must receive at least one hour per week of individual supervision for the purpose of professional development from an MSW, or equivalent human services graduate degree, level supervisor. In the event of extended absences/vacancies in a supervisory position, the director of the program shall arrange for coverage and maintain the provision of weekly individual supervision and case reviews.
2. It is recommended that supervisory case reviews occur in the context of supervision (individual and/or group) with the caseworker(s), child care staff and supervisor(s) and that the case reviews include thorough discussion of the preceding and current case issues and dynamics; careful monitoring of the quality of the casework provided; and clear support and guidance to staff in making critical case-related judgments and decision.
3. Supervisors are responsible for maintaining a record, outside of the CNNX case record, of weekly supervision meetings with each of their staff. Weekly occurrences of supervision for professional development shall be documented at minimum in a monthly summary of the key aspects of supervision bulleted above. Supervisors shall also keep records of all performance reviews.

## **K. Performance Evaluation**

1. Performance evaluations of all staff shall be conducted annually at a minimum. For new staff, the first review is conducted within six (6) months and annually thereafter. Performance evaluations shall be based on information from direct observation of job performance on an ongoing basis during weekly staff supervision and monthly social worker/foster parent contact and includes observed interaction with the child and/or birth families/discharge resources. Results of performance evaluations shall be incorporated into the performance plan for the coming year. Performance evaluations shall result in the NSP provider's effort to strengthen constructive behavior and reward positive performance. Performance evaluations shall also be used to develop training objectives for staff.

## **L. Cultural Competence**

1. The NSP provider shall provide culturally and linguistically competent services through staff that is representative of the communities served and fluent in the languages spoken by participating children and family members. Such staff shall reflect that the NSP provider is able to assess the needs of the local community and is meaningfully linked to local community/ies resources, and that the program is led and operated with understanding and respect for community/ies needs and cultures. The NSP provider shall make diligent efforts to recruit and hire qualified staff that reflects the ethnicity/race of the community served. When it is not feasible to hire

bilingual/bicultural staff from each different ethnic/cultural community group, the provider shall have “letters of linkage,” memoranda of understanding, or other written agreements with community-based organizations or have contractual arrangements with interpretation and translation services needed to serve non-English speaking children and family members.

#### **M. Political Activity/Religion**

1. NSP provider staff may not engage in or promote partisan political activity or religious worship, instruction or proselytizing during the conduct of their employment. The religious affiliation of the NSP provider or individual staff members shall not influence the delivery of services as set forth in *Title 18NYCRR 441.11(a) and (b)*.

#### **N. Community Board of Directors Participation**

1. NSP providers who receive funding from Children’s Services shall ensure that members of the communities they serve have the opportunity to contribute to and be informed about policy-making processes. In doing so, they shall actively solicit family members' involvement in services provided to their children.

#### **O. Linkages to and Participation in Community Partnerships**

2. Community Partnerships will work to develop and support holistic, seamless local networks of service providers, community members, families, and other stakeholders with the goal of assisting families and offering safety and support where they reside. Community Partnerships will identify community needs and draw upon community resources to address those needs and will work to identify and overcome obstacles to child welfare system success. Relationships and partnerships formed within the Community Partnerships shall significantly impact core child welfare outcomes of safety, permanency, and well-being. The Partnership shall seek to close the divisions between Children’s Services, contract providers, other neighborhood organizations, and residents of neighboring communities.
3. NSP providers shall participate in local Community Partnerships if one exists in their local community. Family Foster Care providers shall participate in the Community Partnership where a substantial proportion of their clients reside. NSP providers shall participate in the Community Partnership nearest to their residential facility. NSP providers are encouraged to connect discharged youth and their families to a Partnership if one exists in the community to which the youth is returning.

## P. Discipline, Restraints, and Searches of Youth

### 1. Discipline

- a) The first step in a discipline system is the development and implementation of a positive behavior management system/approach. Before defining what happens when a youth breaks a rule, NSP shall explicitly outline what program incentives a youth can earn for pro-social, positive behavior. All NSP providers shall have a written, positive behavior management system/approach that will be made available to ACS upon request.
- i. At the time of placement, an NSP provider must provide each youth with a copy of the discipline practices allowed in the facility. Family and other visiting/discharge resources may also be provided with a copy at their request.
- ii. NSP providers must develop procedures regarding discipline that suit the child's age, circumstances, and developmental needs. Methods of discipline may include:
  - (a) Reinforcing desired behavior by making explicit program incentives readily available for youth who behave appropriately. These incentives may include: additional phone calls or visits, later bed times, special home visits, etc.
  - (b) Establishing routines;
  - (c) Setting reasonable limits;
  - (d) Modeling appropriate behavior;
  - (e) Offering choices;
  - (f) Giving explanations;
  - (g) Repeating instructions;
  - (h) Using "time outs" ("time out" is when a youth is removed to a safe, unlocked place from the NSP programs for a limited time, not to exceed 30 minutes); and
  - (i) Enforcing or permitting logical or natural consequences
- iii. Discipline shall be prescribed, administered and supervised only by the NSP provider staff. Such responsibilities shall never be delegated to youth. The Provider must maintain a copy of discipline policies in writing.
- iv. Prohibited
  - (a) The NSP provider shall adhere to the following prohibited items in accordance with *Title 18 NYCRR Part 441.9* but not limited to the following:

- (i) Deprivation of meals, snacks, mail, personal hygiene, clothing, family visits, routine telephone calls to family, and access to needed health and mental health interventions
- (ii) Corporal punishment
- (iii) Pharmacological restraint (see definition below)

2. Room Isolation

- a) The NSP provider shall adhere to ACS policy regarding NSP room isolation.

4. Restraint

- a) The NSP provider is permitted to restrain youth pursuant to ACS policy. The NSP provider shall adhere to ACS policy regarding the use of restraints.

5. Searches of youth and property

- a) The NSP provider is permitted to search youth and property pursuant to ACS policy. The NSP provider shall adhere to ACS policy regarding searches of youth and property.

6. Hardware

- a) Non-secure facilities shall not generally be surrounded by a perimeter fence. Fencing may be allowable if the sole purpose is to keep a person or persons from inappropriately entering the facility.
- b) All exit doors in NSP facilities must have delayed egress:
  - i. Facilities must receive written approval by the authority having jurisdictions over fire codes and/or fire inspections.
  - ii. The egress delay must never exceed the time delay allowed by the fire code applicable to the area in which the facility is located, and the maximum time delay allowed must be specified on the written approval.
  - iii. Under no circumstances can the delay exceed 30-seconds.
- c) Security cameras must be used in common areas. Recordings must be maintained for a minimum of 90 days and be readily accessible to ACS on request. In instances where video footage is beyond 90 days, but an incident is under review and/or investigation, the provider must maintain the footage until, at the earliest, the completion of the investigation.
- d) Doors and windows must be alarmed.

## **Q. Staff Training and Development**

1. NSP providers shall continually assess the training needs of the NSP provider staff based on the population of youth in the NSP provider's care and tailor the training to ensure that its staff receives appropriate training.
2. NSP providers shall have an annual training plan, which describes the specific trainings and hours of each that are required of and offered to each staff level. NSP providers shall be able to track and monitor staff compliance with annual training requirements.
3. The attendance, time and substance of all pre and in-service training must be documented and available to ACS.
4. NSP Providers must provide comprehensive training for staff who come into contact with youth to equip them with skills to deal positively and effectively with problem behavior; assist them in meeting the needs of a diverse population of youngsters in their care; receive information on techniques in identifying trauma and addressing trauma triggers, managing behavior and preventing abuse/maltreatment, and meeting the contractual requirements of the service provider.
5. Training for staff coming into contact with youth and their supervisors shall consist of both on-the-job and classroom training. In addition to covering the specific topics listed below, the training shall provide a common language and open communication about behavior challenges and solutions for staff – including social service staff, child care staff, therapists, educational specialists, parents and youth.
6. All training for staff coming into contact with youth and their supervisors shall be geared toward developing an understanding the needs and characteristics of the population in care and skills building to provide emotional support and care, and appropriately manage the behavior of youth in placement. Such training shall also include all skills that are identified as needing improvement in the individual staff's annual performance evaluation.
7. All NSP staff who have contact with youth, or who supervise staff that have contact with youth, shall also receive a minimum of forty (40) hours of pre-service training in, but not limited to, these topics (the number of hours for each topic is at the discretion of the provider, except required Suicide and Crisis Management and Physical Restraint Interventions):
  - a) Overview on Family Court, and particularly the juvenile justice system
  - b) Critical thinking, case decision-making, communication skills, and report writing;



- c) All reporting requirements, including mandated reporting of child abuse;
- d) The Safe Crisis Management system, including but not limited to (if providers are not utilizing Safe Crisis Management, the provider must train staff on their approved physical intervention technique and ensure a similar curriculum to the one outlined below is utilized):
  - i. Appropriate procedures for preventing the need for physical restraint, including the de-escalation of problematic behavior, relationship building, and the use of alternatives to restraint;
  - ii. Instructions for developing individual behavior plans for each youth;
  - iii. The methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted and the description and identification of dangerous behaviors on the part of youth that may indicate the need for physical restraint;
  - iv. The simulated experience of administering and receiving a variety of physical restraint techniques, ranging from minimal physical involvement to very controlling interventions (ACS Policy outlines specific allowable physical restraint techniques);
  - v. Instructions regarding the effects of physical restraint on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance;
  - vi. Instructions regarding debriefing with and staff after an Emergency Safety Physical Intervention has taken place;
  - vii. Instruction regarding documentation and reporting requirements and investigation of injuries and complaints; and
  - viii. Demonstration by participants of proficiency in verbal de-escalation and administering physical restraint through successfully passing a skills exam.
- e) Emergency procedures, including fire and “disaster” escape planning, fire safety, establishment of a disaster plan, and emergency medical procedures
- h) Youth development; the effects of abuse (including sexual abuse), maltreatment, trauma, loss and separation, and living with domestic violence on children; and the range of behaviors, including substance abuse, that children engage in to cope with these issues, and how to appropriately respond to them;

- i) Common psychological and psychiatric diagnoses in youth in NSP, including what types of behaviors to expect from youth with diagnoses and how to manage and change behavior
  - j) Medication administration and common psychotropic medications used with children, including the risks/side effects associated with such medication and basic information about administering medication and the dangers that can result from missed or improperly-administered doses of medications;
  - k) Family planning and sexual health, including child's/youth's rights to access confidential services on their own and HIV/AIDS;
  - l) Supporting lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth in care, in accordance with the *DYFJ Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and Their Families Involved with DYFJ*;
  - m) The importance of initial and ongoing medical and mental health treatment and the importance of keeping scheduled appointments as well as compliance with treatment;
  - n) The importance of continued education for children and a basic primer on the education system in New York City, including the special education system; and
  - o) Cultural Competency.
8. All NSP staff who have contact with youth, or who supervise staff that have contact with youth, shall also receive a minimum of thirty (30) hours of in-service training annually (forty (40) hours of in-service training for NSP staff in specialized programs, additional training required as outlined in Part XI of these Quality Assurance Standards) which may include, but not limited to, the topics listed above.
  9. The NSP provider shall ensure the provision of at least two and a half hours of pre-service training and two and half hours of annual refresher training for all direct care staff in suicide awareness, assessment, prevention, and response to suicide attempts.
  10. The NSP provider shall ensure that all staff receive training specific to the provision of neighborhood-based services, including training on community characteristics, resources, and needs, and negotiation of services for children within a neighborhood-based environment.
  11. The NSP provider shall make every effort to ensure that training incorporates and encourages the participation of community-based service providers, such as local hospitals, mental health providers and family support programs, police precincts, and

drug treatment centers, as well as community residents and leaders. All staff shall be trained about the B2H Waiver program and the B2H referral process.

12. Supervisors shall have the ability to assess the professional development needs of their staff, and support those needs and provide opportunities for growth. Supervisors shall conduct quality assurance case reviews with staff, and provide staff with reflective supervisory support and regular evaluations.

13. Staff Training – Providers of Health and Mental Health Services

a) The NSP provider shall develop a strategy to ensure that health and mental health services providers who are working with children in their care receive orientation or training in issues such as the importance of a strength based approach to assessment and treatment as well as the following topics:

- i. The NSP provider’s responsibility for overseeing the health care provided to children in its care, the need for documentation of provided health services, and how HIPAA applies to youth in placement;
- ii. How the health care provider will interact with the youth's discharge resources and other service providers; and
- iii. Common health, emotional and behavioral issues affecting youth in juvenile justice placement, including the trauma that often results from abuse/maltreatment, community violence, and separation from one’s parents.
- iv. All health service providers shall be trained in the B2H Waiver program and the B2H referral process.

## **PART IX: RECORDKEEPING**

### **A. Documentation of Case Records**

1. The NSP provider shall maintain adequate case files and fiscal records, and shall ensure that its staff follows appropriate record-keeping and retention practices and procedures, in a manner that is in compliance with and supports all existing federal, state (*Title 18 NYCRR Parts 428 and 446*) and City laws, rules, and regulations, and is consistent with policies, procedures, and standards promulgated by Children's Services. The NSP provider shall keep separate files and records for each youth so that they may be readily identifiable from those relating to other activities of the NSP provider. In addition to information normally kept by the NSP provider in individual files, such as basic information about the individual, describing and recording each use of the services by the individual, and the individual's progress, the NSP provider shall include such other information in individual files as Children's Services may require. The files and records of each recipient shall be made available to Children's Services at reasonable times upon reasonable notice and request.
2. The NSP provider shall upon reasonable notice and request by Children's Services, provide information and records relating to youth in the custody of Children's Services. Children's Services shall have access to information and records including, but not limited to, information and records pertaining to programs, birth parent[s], family, extended family or other discharge resources, foster parents, and compliance with legally mandated activities. The NSP provider shall collect and maintain all information and records requested by Children's Services.
3. The NSP provider shall cooperate with Children's Services assessment and evaluation systems, including the new Scorecard system, and shall provide all information necessary to allow Children's Services to fulfill these responsibilities. Appropriate NSP provider staff shall be trained in the use of electronic data entry record systems, including CNNX, Legal Tracking System (LTS), CCRS, and SSPS and any subsequent tracking systems or databases as required by ACS, OCFS or the law.
4. The NSP provider shall ensure that its staff, consultants and subcontractors shall at reasonable times and upon reasonable notice, be made available to Children's Services or its Counsel upon request for consultation either at the office of the NSP provider or at the offices of Children's Services.
5. The caseworker (and child care worker, where appropriate) shall have primary responsibility for the development, documentation and maintenance of all case records within his/her caseload. Provider policies and procedures shall clearly define the requirements of the caseworker and child care worker in documenting and maintaining case records, including required forms, content and format of other documentation, and storage.

6. Primary documentation of case record information will be maintained in CNNX (and other database required/specified by ACS). Hard copies of all other information unable to be captured in CNNX shall be kept in physical case records. In general, case records shall contain: demographic and contact information; the reason for a request or referral for services; up-to-date assessments; copies of all signed consent forms; a description of services provided by referral; individual behavior plan, and documentation of routine supervisory review.
7. A NSP provider's documentation procedures shall also define the documentation requirements for all service providers, e.g. medical, psychiatric, chemical dependency/use prevention, and treatment and after care providers as well as education professionals.
8. The Provider shall adhere to *Title 18 NYCRR Part 466* or any successor or amended regulations.

#### **B. Incident Reporting**

1. The NSP provider shall adhere to ACS incident reporting policies.

#### **C. Authorization for Release of Health Information and Consent Form**

1. Consent for the Release of Health Information
  - a) A signed authorization from the youth's parent(s) or guardian(s) must be obtained for the release of medical information from health care providers who have previously treated the youth and for copies of medical records from such health care providers. If written authorization for the release of such records cannot be obtained from the parent(s) or guardian(s), the NSP provider may be able to sign the authorization as the NSP provider authorized to be the child/youth's personal representative under HIPAA, and obtain copies of medical records from the providers. Whether the provider may act as the child/youth's personal representative varies depending on the type of legal authority for the placement.
2. Medical Consent Forms
  - a) Within ten (10) days of admission into care, authorization in writing must be requested from the youth's birth parent/caretaker for routine medical and/or psychological assessments, immunizations and medical treatment, and for emergency mental health, medical or surgical care in the event that the birth parent/caretaker cannot be located at the time such care becomes necessary. Please see Part VII: Documentation for more information. Such authorization must become a permanent part of the youth's medical record.

- b) Informed consent for non-routine medical treatment shall be sought from the child/youth's birth parent/caretaker, unless their rights have been terminated or surrendered per *Children's Services' Bulletin 99-1 (10/18/99) "Guidelines for Providing Medical Consents for Children in Foster Care."* Providers can consent for medical treatment when the parent is unavailable. In situations where the time necessary for seeking parental consent would present a danger to the child/youth's life, health, or immediate welfare, the child's physician has the authority to grant consent if he/she deems the situation to be an emergency as defined by law.
- c) Informed consent for the release of confidential information implies that the following information has been obtained/explained or sent in writing to the consenting party:
  - i. Risks and benefits of the treatment;
  - ii. Treatment alternatives;
  - iii. Expected outcomes;
  - iv. Time frame to observe expected outcomes;
  - v. Proposed length of treatment; and
  - vi. Names and contact phone numbers of the clinical provider of proposed procedure/treatment.

### 3. Health Records & Documentation

- a) NSP providers are responsible for maintaining complete health information in each youth's CNNX case record (and other database required/specified by ACS), per Children's Services policies and CNNX. In addition to the requirements for the medical documentation contained in CNNX, the NSP provider shall establish a comprehensive health history for each youth by working with the birth family/caretaker and known previous health providers for the youth. The medical record shall include, but not be limited to: a complete medical history, dental history, immunization record, an admission physical exam and all subsequent physical exams, records of all medical treatment, consent(s) for treatment, and any other appropriate documentation related to medications and procedures (diagnostic and therapeutic). NSP providers shall adhere to all timelines for collection of such information as required by Children's Services.
- b) All NSP providers responsible for a youth's care shall have health information about the youth's health status and history on a "need to know" basis, as appropriate to maintain the youth's confidentiality, so as to maximize the opportunity for effective care and coordination. The NSP provider shall maintain standards for access to confidential HIV-related information as set forth in *Title 18NYCRR 431.7*. The NSP provider shall maintain each youth's individual medical history in a user-friendly, readily transferable manner that details all critical information regarding the

child/youth's health status and history, including achievement of major medical milestones. The NSP provider will comply with provisions governing the disclosure of a youth's health history to an authorized agency to which the child is moved per *Title 18 NYCRR 357.3(b)(1)*.

- c) The following forms and notices must be included in the youth's medical record and in the medical section of the FASP and/or CNNX Health screen, where appropriate. Additional details regarding documentation appear in the subsequent sections.
  - i. The initial health examination;
  - ii. All periodic health examinations (as recommended by the American Academy of Pediatrics/Child/Teen Health Plan (CTHP) schedule) and well-child examinations;
  - iii. A list of all of the youth's health-related needs, including special healthcare needs, with a corresponding plan to address each need;
  - iv. All on-going medical treatment (including medications, see below) and corresponding reason for treatment;
  - v. The youth's treatment progress, including response to treatment and non-compliance shall be documented;
  - vi. All specialty and subspecialty referrals, including referrals to home-and community-based health, mental health and substance prevention/use programs;
  - vii. All hospitalizations and corresponding summary discharge notes;
  - viii. Copy of an updated Medical Passport (defined below);
  - ix. All laboratory results and results of diagnostic examinations and procedures;
  - x. Prenatal and birth-related information when available;
  - xi. Documented evidence that initial and semiannual risk assessments are performed for HIV, STDs and Family Planning (Form CM 1036);
  - xii. Documentation of strategies to keep the youth's CIN number/Medicaid number readily available when needed by a health care provider; and
  - xiii. Documentation of all mental health-related treatment and diagnostic procedures.

#### 4. Physical Examination

- a) NSP providers shall document the results of a youth's physical examinations using the Child's Health Record or a comparable form. This form is used to include the results of the initial and periodic health examinations given to the child/youth. The record shall contain a section describing a plan for the youth's health needs being met and document on-going medical treatment. The record shall include information on all specialty referrals, copies of laboratory results, and summary discharge notes from any hospitalizations. The health record must also indicate any evidence that the child/youth's CIN number is readily available when needed by a health care provider. Upon intake, the NSP needs to document that each youth has had a recent physical exam within the last 60 days. If a newly admitted youth has

not had a physical exam within 60 days, the NSP will assure that he or she will receive a complete physical exam within 5 working days, after placement. The NSP Provider will provide the youth with regularly updated physical examinations pursuant to *Title 18 NYCRR 441.22* and any subsequent legislation.

- b) All records of complete physical examinations shall include documentations of vision screens, hearing screens and dental screens. CTHP is New York State's version of the Federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. It describes the State's plan for ensuring the provision of the full range of CTHP Services as recommended by the Committee on Practice and Ambulatory Medicine of the American Academy of Pediatrics. Subsequent evaluations, procedures and therapies related to significant findings from the required screens shall also be documented in the Medical Record in accordance with *Title 18 NYCRR Part 441.22* or any successor or amended regulation with regard to health and medical services for youth.

#### 5. Continuing Health History

- a) The NSP provider must keep a hard copy of the youth's medical history and other relevant health documents that are not scanned or recorded in CNNX (and other database required/specified by ACS).

#### 6. Health Summary Form

- a) The NSP provider will maintain a Health Summary Form for each youth in its care. The summary form will be completed during the first one (1) month of placement with the results of the initial comprehensive health and mental health examinations. The form will be up-dated every six (6) months the youth remains in care in conjunction with the FASP. The Health Summary will include information on health, mental health and substance use/abuse status; health care providers; dental, vision and hearing test results; current immunization history and any follow up referrals that are necessary in accordance with *Title 18 NYCRR Part 441.22 C(1)* above or any successor or amended regulation.

#### 7. Medical Passport

- a) The NSP provider shall have a Medical Passport for each youth and updated by health service providers at each visit. The Medical Passport shall not be used as a substitute for the full medical record. A copy of the youth's most up-to-date Medical Passport shall be kept in the medical record. The passport shall be updated as often as possible and at minimum every six (6) months. An acceptable Medical Passport is available free upon request from the City of New York Department of Health and Mental Hygiene.



## 8. Mental Health Screening and Treatment Documentation

- a) Medication-Related Documentation: All information related to all medications given to youth while in placement shall be documented in the medical record. For each medication, this includes (but not limited to):
- i. The name of the medication(s) currently being taken by the youth (including dose and dosage schedule);
  - ii. The purpose of the medication(s) or condition/diagnosis being treated or managed;
  - iii. The name and credentials of the prescriber;
  - iv. Documentation of appropriate consent [e.g., provider consent for “freed child,” parental/guardian consent, consent from a youth over eighteen (18)] and consent procedures followed by the provider;
  - v. All associated health facility visits, specialty and subspecialty care associated with the medication;
  - vi. Documentation that the provider has provided appropriate administration of the medication;
  - vii. Documentation of non-compliance to prescribed medications;
  - viii. Documentation of any allergies or adverse reactions that the child may have had to any past medication(s), and the incident report associated with each adverse reaction (while the child was in the provider’s care); and
- b) For NSP settings, there must be documentation that staff has been trained in medication administration/supervision of self-administration. Medication sheets are also reviewed for those in residential care.
- c) Care must be taken to ensure that all consents for treatment were obtained and documented appropriately. Specifically, the designated Consent for the Release of Confidential Information Officer (or other personnel with an equivalent title) shall not be the prescriber for the same medication and shall not administer the same treatment for which the consent was obtained.
- d) Psychotropic medication documentation: In addition to the required documentation above, for children/youth receiving psychotropic medications, the following shall also be documented:
- i. Documentation of appropriate informed consent procedures (i.e. consentor was given information on alternatives, risks, benefits, expected outcomes, length of treatment) followed by the provider prior to initial administration of the medication;
  - ii. Documentation of appropriate initial and follow-up laboratory exams;
  - iii. Documentation of recent one (1) month physical exam prior to initiation/change of treatment regimen;

- iv. Documentation of monthly evaluation (or appropriate reason for exception of this requirement) by a child psychiatrist (or other appropriate health care provider); and
  - v. Documentation of appropriate monitoring of the youth's reaction to any treatment or medication must be provided.
- e) Psychotropic medications may be prescribed by a pediatrician, a neurologist, or a pediatric psychiatric nurse practitioner under specific circumstances. Formal requirements will be released in the future.

#### **D. Court Documents**

1. The NSP provider shall furnish documents to Children's Services attorneys as requested by them for their work on cases under the NSP provider's care. These documents may include, but not be limited to, case records, family assessment and service plans, notes, medical records, and evaluations, as well as written reports prepared specifically for the court. All documents shall be furnished, whenever possible, at a reasonable time in advance of the court hearing, so that the attorney can discuss the use of the documents with the provider.
2. Additionally, Permanency Hearing (PH) reports must be submitted to the Children's Services attorneys by the provider according to applicable procedures, within firm timeframes.

#### **E. Disposal of Confidential Data**

1. The case record and any documents contained therein are confidential. Other confidential items include, but are not limited to, documents containing: child and family names, addresses, social security numbers, case information, details of allegations of abuse, confidential employee information, medical information, and other personal information. NSP providers must comply with New York State law and regulation regarding record retention and disposal. Please reference *OCFS' document - 05-OCFS-ADM-02 dated April 19, 2005*.

#### **F. Resolution of Disputes between ACS and the Contractor**

1. In the event of a dispute between the NSP provider's staff and Children's Services' staff relating to case planning, case practice and service planning, and positions to be taken at any court or administrative hearing, Children's Services and the NSP provider shall follow the steps below to resolve such disputes expeditiously, and cooperate with each other in such situations and/or inquiries to the fullest extent possible. If the provider fails to report the presence of any dispute or submit an appeal within the time frames indicated below shall constitute a *waiver* of any such dispute.

2. If after the performance of an internal review of its position, the NSP provider's executive director disagrees with Children's Services on a decision relating to case planning, case practice and service planning, and/or a position to be taken at any court or administrative hearing, the NSP provider shall present its position and recommendation in writing ("Notice of Dispute") within five (5) business days of the occurrence of an event giving rise to the dispute to the appropriate Children's Services Assistant/Associate Commissioner for the Children's Services organizational unit involved. The Notice of Dispute shall include all the facts, evidence, documents, or other basis upon which the provider relies in support of its position. The Children's Services Assistant/Associate Commissioner will make every reasonable and good faith attempt to resolve the dispute after due consideration of the opinion, expertise and professional judgment of the NSP provider, and render a written decision within five (5) business days from the date the dispute was referred to him/her. If the Children's Services Assistant/Associate Commissioner is unavailable to meet or unable to render a decision within such five (5) business days, the time for decision-making may be extended at the sole discretion of Children's Services.
3. If the Children's Services Assistant/Associate Commissioner fails to act or if the dispute remains unresolved after the decision of the Children's Services Assistant/Associate Commissioner, the NSP provider, within five (5) business days of receipt of such decision may appeal the decision by submitting its appeal in writing to the Children's Services Deputy Commissioner responsible for the Children's Services organizational unit involved. A copy of the NSP provider's appeal must be submitted simultaneously to the Children's Services Assistant/Associate Commissioner making the initial decision. The written appeal must contain the following information and documentation (i) a brief statement of the substance of the dispute and the reason(s) the NSP provider contends the dispute was wrongly decided by the Children's Services Assistant/Associate Commissioner; (ii) a copy of the decision of the Children's Services Assistant /Associate Commissioner, and (iii) a copy of all materials submitted by the NSP provider to the Children's Services Assistant/Associate Commissioner. The Children's Services Deputy Commissioner will make every reasonable and good faith attempt to resolve the dispute after due consideration of the opinion, expertise and professional judgment of the NSP provider, and render a written decision within five (5) business days from the date the dispute was referred to him/her.
4. If the dispute remains unresolved after the decision of the Children's Services Deputy Commissioner or his/her designee, the NSP provider, within five (5) business days of receipt of such decision, may present a final appeal to the Commissioner. The written final appeal must contain the following information and documentation:
  - a) a brief statement of the substance of the dispute and the reason(s) the NSP provider contends the dispute was wrongly decided by the Children's Services Assistant/Associate Commissioner and the Children's Services Deputy Commissioner; and

- b) a copy of the decisions of the Children's Services Assistant/Associate Commissioner and Children's Services Deputy Commissioner, and a copy of all materials submitted by the NSP provider to the Children's Services Assistant/Associate Commissioner and the Children's Services Deputy Commissioner.
5. The Commissioner will make every reasonable and good faith attempt to promptly resolve the dispute after due consideration of the opinion, expertise and professional judgment of the provider.
  6. The decision of the Commissioner shall be binding upon all parties.
  7. At any stage during the above described procedure, where a decision is made which the NSP provider does not wish to present to the next level of supervision such decision shall promptly be carried out by the NSP provider to the extent that it is required to do so and to the extent that it is not required to carry out such decision, the NSP provider shall not impede the carrying out of such decision.
  8. During the appeal process described above, the NSP provider shall take no action which may undermine or impede the then current decision of Children's Services.

## **PART X: MONITORING, EVALUATION, QUALITY IMPROVEMENT and FISCAL RECORDING**

### **A. Standards and Procedures**

1. The NSP provider shall set forth written plans “Standards and Procedures” that detail all management systems and the manner in which they are designed to ensure proper planning and implementation of programmatic operations and fiscal administrative policies and procedures. The NSP provider’s Standards and Procedures shall include the records and maintenance of: personnel management systems, including training records for each staff; fiscal management systems, including procurement and cash management systems; facility management systems; program management systems; and parents’ decision-making systems.
2. Unless previously submitted, the NSP provider shall submit to ACS for its review a new/revised copy of all Standards and Procedures related to the implementation of programmatic operations and fiscal administrative policies and procedures at the time of signing their NSP Agreement. The Standards and Procedures submitted must include:
  - a) Organizational papers such as a true copy of the Certificates of Incorporation filed with the New York Secretary of State, by-laws, and any other related documentation reasonably requested by Children’s Services;
  - b) Personnel policy practices including such matters as job descriptions and qualification requirements, hiring and selection practice, personnel grievance procedures, benefits and leave, salary increases, holiday schedules and other related matters;
  - c) Purchasing policy and procedures;
  - d) Fiscal policies and procedures;
  - e) Intake and planning procedures; and
  - f) A completed safety plan that provides specific and detailed procedures for responding to a range of incidents, including natural disasters.
3. If the NSP provider has previously submitted a copy of its Standards and Procedures, the NSP provider shall give written notice to Children’s Services of the date of submission and shall certify that the Standards and Procedures stated therein are currently in effect.
4. Appropriate Children’s Services personnel/staff may review, in whole or in part, or decline to approve the Standards and Procedures of the provider. Children’s Services may direct the NSP provider at any time, and from time to time, to rescind, modify or

add to its Standards and Procedures to bring the Standards and Procedures in compliance with these *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, the Law and Children's Services Policies.

5. The provider shall notify ACS in writing within thirty (30) days of any changes in its Standards and Procedures.

#### **B. Quality Assurance Plan, Ongoing Data Collection and Program Evaluation**

1. The NSP provider shall have a quality assurance plan in place that describes how it will provide quality assurance, planning and program evaluation for NSP youth placed in its care.
2. NSP provider participation in collection of information for review procedures: The NSP provider shall participate in on-going Children's Services assessment, evaluation, and monitoring review procedures on the performance of NSP services and provide all information appropriate to allow Children's Services to conduct these review procedures and complete a full review of the provider's NSP program.
3. All records kept by the NSP provider pursuant to their NSP contract agreement shall be subject at all reasonable times to inspection, review or audit by City, state, or Federal personnel and other personnel duly authorized by Children's Services.
4. Children's Services' will supervise, monitor, audit and review the activities of the NSP provider in providing the NSP services in accordance with their NSP contract agreement. The NSP provider staff should be aware that a program and facilities review, including unannounced visits, meeting with youth and families/discharge resources, review of service records, review of service policy and procedural issuances, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services, may be conducted at any reasonable time by Children's Services staff, state and federal personnel, or other persons duly authorized by Children's Services. The NSP provider shall provide the information required for any review or evaluation requested by Children's Services.
5. Children's Services data collection and program evaluation:
  - a) Children's Services shall collect and monitor data as part of a full evaluation process and monitor program performance indicators as appropriate and as needed.
  - b) Children's Services will establish and notify the NSP provider of evaluation standards prior to their implementation. Standards will be established in advance of the evaluation period. The provider will be afforded the opportunity to rebut an evaluation before it is made final by Children's Services.

- c) Children's Services shall at its sole discretion:
  - i. Implement monitoring methods including, but not limited to, direct contact with youth and family/discharge resource by telephone or mail to assess the sufficiency, efficiency and adequacy of the services performed.
  - ii. Have Children's Services personnel visit the NSP provider to enable Children's Services to assess and determine the effectiveness of the provider's staff on a regular basis. During site visits, Children's Services personnel may provide technical assistance in solving problems affecting the provision of NSP services.
  - iii. Review all program activities, procedures, records, and records recording, and conduct other evaluation activities as Children's Services deems necessary and appropriate, including, at reasonable times, unannounced and unscheduled visits.
- d) Duplicate all of NSP provider's records, forms, and other data, which Children's Services deems necessary.
- e) Children's Services shall provide the executive director and board of directors of the NSP provider with written information concerning the results of the monitoring visit or evaluation.
- f) As a result of all service inefficiencies uncovered by the monitoring visit or evaluation, the NSP provider is required to implement any corrective action plan required by Children's Services.

### **C. Children's Services' Annual Data Collection and Program Evaluation Review**

- 1. Scorecard Evaluation
  - a) The Scorecard is a comprehensive performance measurement and quality improvement system designed to:
    - i. Evaluate the quality of practice and services provided by foster care/residential programs, as well as their outcomes; and
    - ii. Function as a tool for quality improvement.
  - b) The Scorecard will be organized into categories and measurements that are meaningful to NSP provider practice.
  - c) An NSP provider agency measurement system will also be developed and implemented in the first year of operation of the NSP contracts.

- d) The outcomes measures evaluate the work NSP providers do with the children/youth in their care – categorized to account for differences by age, need and time in care, including but not limited to:
- i. Permanency discharges (reunification, adoption);
  - ii. Children missing from care;
  - iii. Lateral moves (e.g. moves from NSP facility to another);
  - iv. Restraints and other forms of discipline;
  - v. Upward modifications, defined as any move from a NSP facility to a more restrictive setting;
  - vi. Step-downs, defined as any move between residential care, as defined above, and family-based care;
  - vii. Educational achievement of youth in NSP; and
  - viii. Post-release recidivism and other outcome measures.

#### **D. Maintenance and Utilization of Electronic Systems of Record**

##### **1. Connections (CNNX)**

- a) The NSP provider shall document all processes and activities regarding children/youth and families in their care in CNNX, the New York State electronic system of record. This includes, but is not limited to:
- i. All case information as detailed in *Children’s Services Procedure 108 and Children’s Services Bulletin 05-1*;
  - ii. Health, Education and Permanency Hearing Report information as detailed in the *CNNX Build 18.9 Procedures No 108/Bulletin No 05.1 and 1008/03*; and
  - iii. All system changes and updates detailed in the CNNX Build 18.9 Procedure.
- b) The NSP provider shall ensure that all relevant staff receives the necessary introductory and ongoing training to ensure knowledge of and proficiency with the CNNX system as well as all pertinent policies and procedures.

##### **2. Legal Tracking System**

- a) NSP providers will have read-only access to the Legal Tracking System (LTS), and shall make use of this capability in this regular course of business. Each provider shall designate at least one (1) LTS liaison for all LTS-related issues and updates, including permanency hearing reports. The liaison will communicate regularly with designated individuals at Children’s Services.



- b) Uses of LTS shall include, but not be limited to, the reviewing of court orders, hearing outcomes, and attorneys' court action summaries. Additionally managers and supervisors at the providers are expected to run and review LTS reports about Permanency Hearing (PH) report timeliness and submission rates, and they are expected to use the other management tools available in LTS, such as PH Due Dates Bulletin Boards and court calendars. The NSP provider shall follow all applicable procedures for submitting PH reports from CNNX to the Children's Services attorneys, including uploading of PH draft reports to LTS.
- c) The NSP provider shall update designated individuals as soon as possible, but no later than each month, regarding changes in assigned caseworker or other information as listed in LTS. The provider shall not re-disclose the information contained in LTS to third parties, absent instruction from Children's Services.

### 3. Child Care Review System (CCRS)

- a) CCRS is a statewide system used to track children in foster care as well as children placed as Persons In Need of Supervision (PINS). Children's Services shall open cases within three (3) business days of placement. Children's Services and the NSP provider shall mutually strive to keep CCRS accurate and timely at all times. After Children's Services has opened a CCRS case the NSP provider is required to enter data related to:
  - i. Absence and return to care;
  - ii. Inter- and intra agency transfers; and
  - iii. Adoption codes.

### 4. Statewide Service Payment System (SSPS)

- a) SSPS is a statewide payment system used to process payment for children in foster care, children of minor children in foster care, and youth placed as PINS. Providers are expected to:
  - i. Submit an initial request for payment of services for each month by the fifth (5<sup>th</sup>) business day of the following month, i.e. on February 5<sup>th</sup> 2008 they would request payment for services provide in January 2008.
  - ii. Work with the Children's Services Reconciliation Center and Financial Services staff to reconcile any discrepancies.
  - iii. Submit the final request for payment of services for each month by the seventh (7<sup>th</sup>) business day before the end of the following month, i.e. on February 21, 2012 they would request payment for services provide in January 2012.

- iv. Work with Children’s Services Reconciliation Center, Financial Services and program area staff to rectify payments including any overpayments and underpayments, i.e., payments requested but not processed.

## **E. Reimbursements, Statistical and Fiscal Recording**

### **1. Education Expenses**

- a) Children’s Services shall reimburse the NSP provider their approved reimbursable rate for tuition for each youth in their care in accordance with Children’s Services policies, including the Payment Bulletin and the law, including *Title 18 NYCRR Part 427.3* or any amended or successor regulation, and *Education Law § 4004*, as amended.
- b) Pursuant to *Education Law § 4002* and *Education Law § 4004*, Children’s Services shall reimburse the provider for the reasonable tuition of a youth in their care attending a New York State Education Department approved private school operated by the provider or a New York State Education Department approved private non-residential school.
- c) In the event the NSP provider operates a school which provides education services to youth in their care, the provider’s school shall apply for all available State Education Department funds for the children who qualify and shall supply Children’s Services with copies of all applications and awards. All funds received shall be deducted from any tuition costs to the local district.
- d) Children’s Services payment/reimbursement to the NSP provider is subject to the following:
  - i. In compliance with *Title 18 NYCRR Part 427.3* or any successor or amended regulation, the NSP provider’s submission of the youth’s proposed school placement/service and expense to Children’s Services, and Children’s Services’ approval of the proposed school placement/service and expense; and
  - ii. The NSP provider’s timely and appropriate submission of invoices/requests for reimbursement in compliance with Section 8.04(F) of their NSP contract agreement entitled “Reimbursement Requirements” and Children’s Services policies including the Payment Bulletin. Any invoice/request for reimbursement which does not comply with the Payment Bulletin and Children’s Services policies and is received after the time frame indicated in the Payment Bulletin will be disallowed.
- e) All Children’s Services approvals in connection with this *Juvenile Justice Non-Secure Placements Quality Assurance Standards* and *Title 18 NYCRR Part 427.3* or any

successor or amended regulation shall remain in effect only for the duration of the academic year in which approval was provided.

- f) The NSP provider, shall, upon written request of Children's Services, report in writing any grants, commitments or funds received by the NSP provider from any source, governmental or non-governmental. The report shall include a copy of the proposal and budget, if any, upon which the grant, commitment or funding was given and shall be delivered to Children's Services within twenty (20) days from the date of request by Children's Services. The NSP provider shall also report how it is accounting for such grants and expenditures.

## 2. Statistical and fiscal recording

- a) The NSP provider shall maintain and produce reasonable program statistical records as required by Children's Services, and produce program narrative and statistical data at times prescribed by and on forms furnished by Children's Services.
- b) The NSP provider shall collect fiscal data on a regular basis and make fiscal statistical reports at times prescribed by and on forms furnished by Children's Services.

## 3. Family Court sanctions

- a) In the event the Family Court imposes a fine or sanction against Children's Services which arises out of an act or failure to act by the NSP provider, Children's Services may, in its sole discretion, direct the provider to pay the fine or sanction, in whole or in part, or Children's Services may, in its sole discretion, withhold further payments hereunder for the purpose of set-off in sufficient sums to cover the said fine or sanction.

## 4. Denial of reimbursement

- a) Expenditures by the NSP provider for the care and maintenance of a youth in their care, and the administration thereof, shall not be reimbursed in whole or in part by Children's Services in such instances when, due to an act or failure to act by the NSP provider, Children's Services has been denied reimbursement by the Federal Department of Health and Human Services pursuant to the law including Title IV-E of the Social Security Act. Moreover, the City may order the NSP provider to make repayment, and the NSP provider will make such repayment, of any monies previously paid as reimbursement under the terms of their foster care contract agreement for which Children's Services was denied reimbursement by the State and for which such denial of reimbursement was attributable to an act or a failure to act by the NSP provider.

- b) In the event that another NSP provider or NSP providers have cared for the youth during a period of time which is the subject of a denial of reimbursement, Children's Services shall, in its sole discretion, allocate the liability among the NSP provider and the other NSP provider or providers in accordance with procedures promulgated by Children's Services.
- c) The NSP provider shall be liable for any denial of reimbursement imposed upon Children's Services by OCFS pursuant to the law, including Title IV-E of the Social Security Act, when such denial results from an act or failure to act by the NSP provider.

#### **F. Financial Audits, Audit Disputes and Resolution**

- 1. NSP providers must adhere to ACS auditing policy and procedures.

#### **G. Termination Process**

- 1. Termination
  - a) Children's Services and the NSP provider shall have the right to unilaterally terminate their NSP contract agreement in whole or in part, upon thirty (30) days' written notice to the other subject to the terms of their NSP contract agreement including Section 12.02(A) of this Part 2 entitled "Responsibilities after Notice of Termination." In addition to any other rights to terminate their NSP contract agreement, which are contained in their NSP contract agreement, Children's Services may terminate this agreement in whole or in part to conduct a new solicitation for the same services.
  - b) The City shall not incur or pay any further obligation pursuant to their NSP contract agreement beyond the termination date. The City shall pay for services provided in accordance with their NSP contract agreement prior to the termination date. Any obligation necessarily incurred by the NSP provider on account of their NSP contract agreement prior to receipt of notice of termination and falling due after the termination date shall be paid by the City in accordance with the terms of this agreement. In no event shall such obligation be construed as including any lease agreement, oral or written, entered into between the NSP provider and its landlord.
- 2. Responsibilities after Notice of Termination
  - a) Upon Children's Services' receipt of the NSP provider's notice to terminate their NSP contract agreement or the provider's receipt of Children's Services' notice of termination or expiration of their NSP contract agreement, Children's Services shall make its best efforts to arrange for the transfer or discharge of all NSP placed youth to another NSP provider, as soon as possible. The NSP provider shall continue to provide all care and services required by the NSP contract agreement and the law

for all NSP placed youth in the NSP provider's care and not to discharge or refuse to continue to provide care and services to such charges until all NSP placed youth are transferred or discharged at the Commissioner's direction. Children's Services shall pay the NSP provider the rate established in their NSP contract agreement until all NSP placed youth are transferred or discharged. Children's Services will bring to the attention of OCFS the NSP provider's costs and expenses in closeout.

- b) Upon notice of termination or expiration, the NSP provider shall comply with all Children's Services close-out procedures, including but not limited to:
- i. Accounting for and refunding to Children's Services, within thirty (30) days after notice of termination or expiration, any unexpended funds which have been provided to the NSP provider pursuant to their NSP contract agreement;
  - ii. Furnishing within thirty (30) days after notice of termination or expiration an inventory to Children's Services of all equipment, appurtenances and property purchased through or provided under their NSP contract agreement and carrying out any Children's Services or City directive concerning the disposition of such equipment, appurtenances and property;
  - iii. Turning over to Children's Services or its designees all books, records, documents and material specifically relating to their NSP contract agreement that Children's Services has requested be turned over;
  - iv. Submitting to Children's Services, within ninety (90) days after termination or expiration, a final report of receipt and expenditures of funds relating to their NSP contract agreement. The report shall be made by a CPA or a licensed public accountant;
  - v. Transmitting forthwith to Children's Services copies of all case records; and
  - vi. Providing reasonable assistance to Children's Services in the transition, if any, to a new provider.

## **PART XI: NON-SECURE PLACEMENT and SPECIALIZED NON-SECURE PLACEMENT**

### **A. Non-Secure and Specialized Non-Secure Placement Expectations**

1. It is expected that all Non-Secure Juvenile Justice Placements, including specialized NSPs shall offer high-level and intensive clinical services in a community or residential treatment setting.
2. All NSP programs shall be designed in a way that youth live with others in their age group, gender and/or developmental stage, such as youth who are twelve to fourteen (12-14) and fifteen to seventeen (15-17) years of age. In addition to the age of a specific youth, when deciding on a specific NSP placement, staff of ACS and the NSP will take into consideration the developmental functioning level of each youth. All programs, unless designated for a specialized population with developmental delays, shall have the capability to serve youth with IQs of seventy-one (71) and above, and they shall be able to accept youth with lower IQs, on a case-by-case basis, where low scores are due to mental health conditions.
3. Staffing requirements for the non-specialized NSP facilities shall adhere at minimum to the regulation contained in these *Juvenile Justice Non-Secure Placements Quality Assurance Standards and Title 18 NYCRR Part 442*, but have a minimum of one direct care staff to eight youth during waking hours and one direct care staff to 12 youth during sleeping hours. Educational backgrounds and staffing ratios for the specialized NSP facilities exceed the minimums contained in *Title 18 NYCRR Part 442* and are detailed in this document.
4. All NSP programs, unless designated for a specialized population, shall have the capability to manage youth with mental health diagnoses, prior fire-setting behaviors, a sexual offense adjudication or sexually offending behaviors, substance abuse addiction, a history of commercial sexual exploitation; and in the case of girls who are pregnant. Children's Services will make best efforts to place youth with specialized, high-end needs in the specialized program slots, when those services are needed most. However, on an individualized case-by-case basis, with a focus on meeting the needs of the youth and keeping the youth, other youth, staff and the community safe, ACS may place youth with any of the behaviors listed above in general NSP slots.
5. Where appropriate, NSP facilities must comply with the Americans with Disabilities Act and applicable state and local laws to make services and service locations accessible to youth and family members with physical disabilities including, but not limited to, developing plans for: making facilities wheelchair accessible, utilizing sign language interpreters and large print informational reading materials.
6. To further facilitate family access to appropriate services, the NSP provider agency should establish referral protocols to programs serving distinct disabled communities.

## 7. Key Components and Approaches

- a) The following components are in addition to other required components described in these Standards.
- b) The NSP provider shall ensure that placement and supportive services are in place and available to promote timely reunification between placed youth and their families, while ensuring safe and stable experiences for youth in settings that are as familial and least restrictive as possible consistent with the strengths, needs and risks of the youth. Children's Services shall share with the NSP provider as soon as possible any current assessment and other relevant information about the youth's needs and any identified safety issues.
- c) The NSP provider shall operate according to the following principles and practices in efforts to maximize safety, permanency and well-being for placed youth:
  - i. Work to promote placement stability that minimizes the occurrence of replacements and modifications and provides consistency in care throughout the time that youth remain in care.
  - ii. Except where otherwise indicated for the safety and well-being of a youth, ACS and the NSP provider shall make efforts to place youth in a NSP facility that is in or near the same community in which their birth parents/caretaker resides.
  - iii. Ensure safety of youth, staff and the greater community while in placement.
  - iv. Implement discharge planning and services to avoid the need for entry or reentry of a youth into the juvenile justice system or foster care after discharge.
  - v. Implement services and support for youth to develop to their fullest potential and become healthy, educated, and constructive members of the community with successful transitions to adulthood.

## 8. Treatment Planning

- a) The NSP provider shall design a model of integrated practice with a special emphasis on coordinating treatment plans between NSP provider staff (including on-site clinical staff) and other community service providers. The service plan shall include the full range of health and mental health services, extensive social services, and individually modified, structured, and appropriate recreational activities. All youth shall be assessed for past trauma and presenting trauma symptoms. Youth who have experienced trauma and/or loss shall receive individual counseling focusing on re-establishing physical and emotional safety, and group work sessions that promote a

- trauma-informed and safety-focused environment. The NSP provider shall design a comprehensive behavior management system that encourages and rewards positive behavior. NSP provider staff shall be thoroughly knowledgeable about the behavior management system. Youth who are in eligible settings (i.e., residences of twelve (12) or fewer beds) and meet the eligibility criteria for the “Bridges to Health” (B2H) Waiver Program shall be referred to that program. The provider shall ensure that transportation services are readily available to transport each youth to the hospital, medical and mental health appointments and other sub-specialty providers as needed.
- b) Within ten (10) days of placement, an interdisciplinary team composed of, but not limited to, a pediatric/adolescent medicine specialist, nurse, dietician (as necessary), psychiatrist or psychologist, mental health clinicians, educational, recreational, and vocational specialists shall meet to determine the most appropriate treatment and permanency plan for each youth. This comprehensive assessment shall integrate medical and nutritional assessments if done prior to the youth’s referral.
  - c) Based on this assessment, the NSP provider shall develop individualized written treatment plans and daily program schedules and activities that address the mental health, behavioral, and/or other clinical issues that necessitated the youth’s placement into residential care as required by the service plan review and FASP standards set forth in *Title 18 NYCRR Part 428 and 430.12* and any services ordered to be provided by the court. The treatment plan shall include an assessment of the youth’s needs and an explanation of the goals set for each youth while in residential care, services the youth will receive, and the timeframes for delivery of services and achievement of treatment goals. The NSP provider shall ensure that the treatment plan employs the most appropriate and effective alternatives available to ensure the youth’s safety and well-being. Each youth’s daily program shall specify their schedule of activities and behavioral expectations. The provider shall incorporate the treatment plan into the FASP as formal service goals for each youth’s case.
  - d) The NSP provider shall ensure that its staff conducts at minimum monthly treatment team meetings in accordance with Children’s Services policies to review treatment plans and goals. Treatment team meetings must include, if applicable, medical providers, parent[s], family, extended family or other discharge resources, and mental health providers, as well as any other relevant service providers. The provider shall conduct periodic assessments of each youth, when appropriate, and adjust the treatment plan to ensure that the youth is receiving proper and appropriate services based on his/her needs and changing conditions.
  - e) The NSP provider shall assess, on a regular basis, whether each youth is receiving appropriate services, including given his/her specialized (if applicable), presenting issues. Whenever possible, and consistent with any court orders, the provider shall utilize the results of this assessment to develop a "step-down" plan to identify and



obtain those services and resources necessary to achieve a safe and stable placement in a less-restrictive environment when discharge is appropriate. In these instances, the provider shall make a referral to the Bridges to Health (B2H) Waiver Program, or other home-based services, to ensure that appropriate supports are available to the caretaker (either the parent or a foster parent). If a youth is assessed to be in need of higher level of care and, for example, deemed eligible for services through the Office of Mental Health, the NSP provider shall make a referral.

- f) On-site nursing and medical care shall be available to monitor and address youth's health needs and ensure that youth care staff and youth have an understanding of, and are compliant with, long-term complex medical and mental health care. The NSP provider shall provide or make arrangements for speech, occupational and physical therapy (on-site when feasible), when ordered by the primary care or specialty care provider.
- g) NSP agency are required to articulate and abide by clear protocols for suppressing and managing gang related activity in the facility—including, for instance, a prohibition of wearing or exhibiting gang colors, clothing, beads, jewelry, signs, graffiti and all other identifiers—and will be required to create and maintain safe, gang-free environments for all young people. Gang related information obtained by ACS at intake must also inform the comprehensive individualized service and permanency plan developed for each child by the NSP provider, with input from ACS and the youth and family.
- h) Providers are required to incorporate a focus on safety into individual interventions, group work, family work, and community involvement. Providers must address youth's personal safety through therapeutic interventions and group activities/educational programming to address suicide and self-harm. A focus on safety must also incorporate inclusion of group workshops or other activities related to gang prevention, sexual abuse/exploitation, domestic violence, and substance abuse.

## 9. Daily Life in NSP

- a) The NSP provider shall provide supportive supervision that maintains and enhances the youth's functioning, and provides for the youth's safety and security, by:
  - i. Establishing clear rules appropriate to the developmental and functional levels of the child;
  - ii. Providing structured daily routines with clearly defined expectations;
  - iii. Providing intermittent interventions such as verbal guidance, assistance, and monitoring;
  - iv. Establishing a clear system of rewards and consequences;

- v. Having a written policy statement that is provided to both youth and parent[s], family, extended family or other discharge resources describes how supervision is provided to youth and explains how the program is structured to stabilize or improve the youth's functioning;
- vi. Developing training to provide therapeutic and habilitation support and interventions in a treatment setting pursuant to the training requirements in these Standards.
- vii. Having the minimum number of residential care/direct care staff required by these Standards.
- viii. Having written plans for the direct, continuous observation of those youth who present a significant risk of harm to self or others;
- ix. Providing close daily supervision for youth with developmental delays or mental retardation; and
- x. Having appropriate staffing patterns to ensure the safety of each youth. For all specialized NSP programs, the approved direct care/supervisory staff ratios will be six (6) youth to one staff, for each shift [twenty-four (24) hours a day.]. Documentation of this staffing ration shall include the names of staff on call for each shift, hours of coverage, and plans for providing backup staff in emergencies.

10. In addition, the NSP provider shall:

- a) Have access to a clinical expert in each child's special needs area to provide case consultation and advice on program issues;
- b) Ensure that their advisory groups have representation of special needs population groups;
- c) Keep records of individual service requests and the response to each request;
- d) Identify employment support for youth receiving services apart from what is offered by the provider;
- e) Regularly assess and address the health, mental health and welfare needs of each youth;
- f) Ensure either on-site, or access to, substance abuse treatment interventions which must be either evidence-based or promising practices on a currently recognized list such as SAMHSA's National Registry of Evidence-Based Programs and Practices; and
- g) Document all referral information.

11. The service plan for each youth shall also ensure the safety of all youth and address the possibility of a youth victimizing other residents or staff. Proper safety measures shall be in place to avoid any threat of risk.

12. The provider shall provide or ensure structured educational programs pursuant to the standards contained above in this document.

13. The provider shall design structured therapeutic recreational events appropriate to the population residing in the facility.

#### 14. Food, Beverages and Snacks

- a) The NSP provider shall serve food, beverages and snacks of good quality and sufficient quantity, appropriate for the physical needs and medical conditions of the youth in care, providing suitable and sufficient nutrients and calories for each child in accordance with the provisions of *Title 18 NYCRR Part 442.22* or any successor or amended regulation.
- b) Providers must adhere to New York City guidelines for food procurement, preparation, and service as outlined by the *Mayor's Executive Order #122*. Providers are expected to follow the standards described in each of three sections:
  - i. Standards for Purchased Food: Addresses food items purchased by providers and gives specific standards by food category.
  - ii. Standards for Meals and Snacks Served: Addresses the overall nutrient requirements that should be achieved based on the number of meals and snacks served and describes standards for snacks and special occasions.
  - iii. Provider and Population-Specific Standards and Exceptions: Describes standards for specific populations (e.g. children)

#### 15. Engagement of parent[s], family, extended family or other discharge resources

- a) Parent[s], family, extended family or other discharge resources are essential in the lives of their children. Children's Services will provide to NSP providers information, at the start of all placements, about any court-ordered restrictions on the involvement of any parents in their children's treatment. The following expectations hold when no restrictions on parent involvement apply. In the event court orders limit parent involvement, ACS and the NSP provider will collaborate on a plan to engage parents that also adheres to the court order.
- b) The NSP provider is expected to make parent(s), family, extended family or other discharge resources a primary focus of their programming and effectively engage parent[s], family, extended family or other discharge resources throughout the planning process. The NSP provider is responsible for maintaining regular contact with parent[s], family, extended family or other discharge resources, including visits to the birth parent/caretaker's home or outreach or visits, when possible, to those in treatment or correctional facilities. Efforts must be made to identify birth fathers and attempts made to locate and engage birth fathers and the youths' family members and other discharge resources family in case planning and permanency planning. Documentation of these efforts shall be kept in CNNX and other case records.

- c) Parent[s], family, extended family or other discharge resources shall be actively involved in all conferences and encouraged to present their ideas, concerns and opinions. In addition, they will be offered the opportunity to identify outside support and to involve those individuals in the case planning and permanency process.
- d) NSP provider staff shall be given skills training to develop their ability to effectively engage parents, family members and other discharge resources, to understand the challenges that birth parents, families and other discharge resources face when youth are placed in care, and to appropriately address concerns when parents, family members and other discharge resources are not responsive to planning efforts.
- e) NSP providers shall maintain communication with birth parents, family members and other discharge resources to inform and engage them in any decisions made about their youth. parents, family members and other discharge resources have a right and responsibility to participate in all planning and decision-making regarding their child's/youth's lives. Parent[s], family, extended family or other discharge resources shall be notified of any intention to change the placement of their youth. Parents, family members and discharge resources shall be notified about any medical concerns or injuries sustained by their youth.
- f) NSP providers shall ensure that parents and discharge resources are actively engaged in the youth's education. NSP providers shall inform parents of the youth's progress in school and all relevant meetings and conferences. Parent[s], family, extended family or other discharge resources shall participate in decision-making regarding school-related activities. Parents or discharge resources shall accompany or be involved with their youth's medical appointments and attend open school night and other school activities.
- g) The NSP provider shall be responsible for creating an engaging and supportive rapport between staff members and parents, family members or other discharge resources. The provider shall arrange for family visiting to support maintaining bonds and reunification. Parents and/or other discharge resources that are not readily available due to incarceration or other institutional placement must still be engaged by the NSP provider. The NSP provider shall maintain communication with the birth parents and discharge resources regarding the youth's well-being and development, even if visitation is not permitted by court order. When no restrictions apply, efforts must be made to facilitate family visits and to encourage the parent and/or other discharge resource's involvement in conferences and other important events and activities. Assistance shall be provided to parent[s], family, extended family or other discharge resources that are being released from incarceration or institutional settings shall include, but not be limited to housing, employment and financial resources.

- h) As part of service planning, the NSP provider shall assess the parent/caretaker family's level of need for services to support reunification. The caseworker shall support achievement of the placement goals by providing parent[s], family, extended family or other discharge resources and other significant family members with access to services to meet identified needs related to their medical and mental health, chemical dependency disorder, domestic violence, and educational and/or vocational services. FFT and other evidence-based or promising practices will be provided as aftercare. The NSP provider will be required to work with the aftercare provider to ensure youth and families or discharge resources are prepared for release into aftercare.
- i) NSP providers shall support additional needs and presenting circumstances of parent[s], family, extended family or other discharge resources and extended family members to achieve successful reunification. These include, but are not limited to:
- i. Concrete needs, such as housing, public assistance, Medicaid and food stamps;
  - ii. Assess for chronic maltreatment in order to focus planning and engagement efforts appropriately;
  - iii. Access to job training and employment assistance;
  - iv. Chemical dependency disorder: prevention, treatment, aftercare and community support services;
  - v. Domestic violence screening; when domestic violence is indicated or suspected, counseling and/or referral to support services for the survivor, youth and abusive partner;
  - vi. Services that address parent/caretaker's mental health needs, and the mental health needs of the youth (including siblings, who may be living with the parent or in another foster care placement);
  - vii. Health services, including those that address underlying medical conditions and physical disabilities that put youth at risk for maltreatment;
  - viii. Skills for effective parenting;
  - ix. Education about trauma and the impact of abuse/maltreatment on their youth, and training and supports to care for their child's/youth's needs upon reunification;
  - x. Cultural and linguistic barriers to services;
  - xi. Connections to community supports and services;
  - xii. Immigration status;
  - xiii. Impact of incarceration on permanency plans;
  - xiv. Understanding of legal status regarding Family Court—and specifically, juvenile delinquency—proceedings; and
  - xv. Support for responding to their own or their youth's sexual orientation and/or gender identity/gender expression.
- j) NSP providers shall provide parenting skills training and psycho-education to parents or other discharge resources to address the issues that led to youth's placement. In

addition, many if not most, parents should be able to receive appropriate training and support regarding the developmental needs and growth of teenagers, especially regarding ways to avoid major parental/youth conflict.

- k) For youth with special medical or mental health needs, the NSP provider shall ensure that the parent[s], family, extended family or other discharge resource are fully trained in the care of the youth with special needs so that the youth's physical health or mental well being will not be compromised by discharge. Discharge planning shall be done in conjunction with the child's health care and other service providers, such as Bridges to Health (B2H) Health Care Integration Agencies, and/or the aftercare provider. Whenever possible, the youth shall keep the same health providers upon discharge.

#### 16. Court Participation and Involvement

- a) NSP staff shall have adequate knowledge of the youth's psychosocial and legal history and current status and be ready to testify in court when necessary;
- b) NSP staff shall complete timely and detailed court reports, as required; attend Family Court and/or Criminal Court proceedings; and comply with all court orders in coordination/consultation with Children's Services;
- c) NSP staff must be responsive to inquiries made by youths' attorneys;

#### 17. Preparing Youth for Adulthood

- d) Youth may receive Preparing Youth for Adulthood (PYA) services that meet the long-term interests and needs of the specialized population should be integrated into the programming at the residential care facility. Youth who receive PYA services shall be provided programming specifically adapted to their psycho/educational functioning and which serves the long-term interests and needs of each youth.

#### 18. Integration with Community Resources

- a) All youth in residential care require a closely supervised living environment and need individually modified and appropriate recreational activities. The NSP provider shall integrate recreational programs into the residential care facility to serve the interests and special recreational needs of the youth. Where possible, the community shall be utilized for passive (e.g., movies, concerts) and active (e.g., YMCAs, pools) recreation, with Children's Services' approval.

#### 19. Transitional/Aftercare Services

- a) Discharge planning shall commence within the first 30 days of the placement. The NSP provider shall participate in calls and/or meetings that have been arranged for ACS to ensure that appropriate discharge plans have been arranged by the NSP provider.
- b) Youth shall be assessed and linked either with Functional Family Therapy via Children's Services or with other, ACS-approved aftercare services, prior to discharge from placement. The assessment for appropriateness of FFT and/or other aftercare services shall begin upon admission to the NSP facility, and be revisited regularly thereafter to ensure a continuum of service that the family/youth can rely on after discharge. Indicated referrals to an aftercare rehabilitative program shall be made as soon as a need is identified.

## **B. Specialized Residential Programs and Services**

1. Specialized residential care programs are offered by NSP providers with the special expertise and the physical setting required for youth who have particular needs and conditions. All youth in these specialized NSP placements will be adjudicated delinquents.
2. Specialized residential programs include services for children/youth:
  - a) With serious emotional disturbance;
  - b) With mental retardation, developmental delays and/or developmental disabilities;
  - c) With sexually abusive behaviors;
  - d) Who have been commercially sexually exploited;
  - e) Who are in need of treatment for substance use and co-occurring disorders; and
  - f) Who have engaged in fire-setting behaviors
3. Specialized Residential Care, Treatment and Social Work Services
  - a) For youth in the specialized NSP facilities, the team compiling the comprehensive assessment that must be completed within ten (10) days of placement shall include professional staff with special expertise in the needs and risks of the youth in the specialized NSP.
  - b) NSP facilities shall have higher staffing ratios than non-specialized NSP facilities to ensure the safety of each youth. Specialized NSP must also have at least one awake staff member supervising youth at all times (24 hours per day). For all specialized NSP programs, the approved direct care/supervisory staff ratios will be six (6) youth to one staff at all times. Documentation of this staffing ration shall include the names of staff on call for each shift, hours of coverage, and plans for providing backup staff in emergencies.

- c) Training of staff in specialized facilities in topics critical to the safe care and effective behavior change of youth in specialized placements is required. Specialized training topics are listed below.
- d) Facilities for specialized populations may be required by ACS and/or OCFS to be designed such that the facility meets the need of the specialized population.

4. **Youth with Mental Retardation, Developmental Delays, or Developmental Disabilities:**

*This section contains those standards that are specific to Residential Care for Youth with Mental Retardation, Developmental Delays, or Developmental Disabilities. These standards apply in addition to those in previous sections of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. In some areas, standards in this section are somewhat different from, and may be more stringent than those in the main text of the Juvenile Justice Non-Secure Placements Quality Assurance Standard. Where this is the case, the Residential Care for Youth with Mental Retardation, Developmental Delays, or Developmental Disabilities Standards takes precedence.*

- a) Youth in this category include but are not limited to the following:
  - i. Neurological Impairment and Severe Muscular Disorder,
  - ii. Intellectual Disability with an IQ below 70,
  - iii. Autism Spectrum Disorder,
  - iv. Cerebral Palsy, and
  - v. Down Syndrome.
- b) Youth who are served in Specialized DD NSP facilities shall 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 with their families or discharge resources. 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. Youth with DD shall be placed in the most appropriate, least restrictive and safest setting available which would provide them with the skills necessary to live healthy, productive, and self-sufficient adult.
- c) Youth with DD diagnoses shall receive special, appropriate treatment services in a highly structured setting. The provider shall ensure that clinical interventions address the individualized developmental, social, and medical needs of youth.
- d) NSP Facility Care, Treatment and Social Work Services
  - i. The following is a list of services the provider must offer to youth in the program:



- (a) Youth shall be educated about their developmental need and its various effects and lifestyle implications. Additionally, they should receive information relevant to their particular medications, its effects and side effects or the use of medical equipment and other devices necessary for the treatment and maintenance of their condition.
- (b) Youth, their siblings, and other family members, shall be provided with ongoing counseling to help them cope with their conditions. When youth have the capacity to understand their conditions, they must receive additional health care and personal hygiene information specific to their disability and/or medical condition.
- (c) The NSP provider must also supply or arrange for speech, occupational, and physical therapy as needed and when recommended by the primary care provider.
- (d) Assessments to determine the need for referrals to ACS' Developmental Disabilities Unit for youth requiring long term residential supports and services, through New York State Office of People With Developmental Disabilities must be completed by the provider.
- (e) The NSP provider shall develop and implement child-specific training curriculum for parent[s], family, extended family or other discharge resources along with special extended family support. This curriculum should include the following elements:
  - (i) provide parent[s], family, extended family or other discharge resources with information on the youth's condition and its effect on growth and development;
  - (ii) provide information on how to access professional evaluations and other community resources through established provider protocols;
  - (iii) prepare parent[s], family, extended family or other discharge resources for the demands of caring for a youth with specialized needs, (including need for intensive supervision, emotional stress, concerns expressed by family and neighbors, etc.); and provide parent[s], family, extended family or other discharge resources with training on stress reduction;
  - (iv) ensure that parent[s], family, extended family or other discharge resources receive training relevant to the psychological and treatment goals of the youth in their care; and

- (v) prepare parent[s], family, extended family or other discharge resources to address the complex social, medical, and emotional needs of youth with these conditions or experiences.
  - e) All residential care provider sites must comply with the Americans with Disabilities Act and applicable state and local laws to make services and service locations accessible to youth and family members with physical disabilities including, but not limited to, developing plans for: making facilities wheelchair accessible, utilizing sign language interpreters and large print informational reading materials. All provider sites must comply with *Title 18B Part 448.3* or any successor or amended regulation except in those instances that approval has been granted by Children’s Services and approved by OCFS.
  - f) The NSP staff shall connect the parent[s], family, extended family or other discharge resources to in-home supports that are available at the time of the youth’s discharge (e.g., New York State Office of Mental Health Home (OMH) and Community Based Waiver programs, the New York State Bridges to Health Waiver program services through the New York State OMH or New York State Office of People with Developmental Disabilities (OPWDD) services.
  - g) In addition to required residential care training described in the *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, the NSP provider shall provide supplementary training to staff who care for or interact with DD youth to help them meet their specialized needs. The training shall take into account the individual needs of the youth served and shall be provided by either the provider or an outside educational institution. The NSP provider shall provide all staff continuous and ongoing training to meet the need the changing needs of the DD population.
5. **Youth Who Need Treatment for Substance Use and Co-Occurring Disorders:** *This specialized treatment is for youth with substance use and co-occurring disorders, incorporating a full continuum of care with step-down treatment as indicated and a period of continuing care followed by community reintegration with supportive services. These standards apply in addition to those in previous sections of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. In some areas, standards in this section are somewhat different from, and may be more stringent than those in the main text of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. Where this is the case, the Youth Who Need Treatment for Substance Use and Co-Occurring Disorders standards take precedence.*
- a) This Specialized Residential Care program is intended for delinquent youth who have serious substance use and co-occurring mental health disorders. These youths’ substance use severity indicates a need for services beyond those offered in the general non-secure facilities. The substance use has a pervasive, detrimental effect on the youths’ well-being and development and is complicated by co-occurring

mental health issues. For these youth, within non-secure placement, a specialized treatment setting is necessary to promote long-term recovery and rehabilitation.

- b) NSP providers are required to design a highly-structured, safe, therapeutic environment. Intensive psychological and psychiatric services must be available on a regular basis through program staff and incorporate a known developmentally appropriate evidence-based treatment or promising practice through all stages of care (this does not include supportive services for which there is currently limited information on the best practices for ongoing supportive services).
- c) Treatment interventions must be demonstrated as evidence-based or promising practices on a currently recognized list such as SAMHSA's National Registry of Evidence-Based Programs and Practices.
- d) NSP Facility Care, Treatment, and Social Work Services
  - i. The NSP Provider must ensure its program includes the following elements:
    - (a) Assessment and treatment matching: Programs must conduct comprehensive assessments that cover psychiatric, psychological and medical problems, learning disabilities, family functioning and other important aspects of the youth's life and have been normed and validated for assessment of adolescents and link to ASAM PPC-II-R criteria and DSM-IV-R (Diagnostic and Statistical Manual) diagnostic criteria.
    - (b) Comprehensive, integrated treatment approach: The youth's treatment should be addressed comprehensively (medical, psychiatric, family and environmental). Treatment for substance use and mental health disorders should be delivered in an integrated approach using the best evidence available.
    - (c) Family involved in treatment: Providers will engage both the youth and the parents or caregiver in the treatment, during residential care, upon discharge and throughout continued care including reintegration to the community and family with ongoing supportive services.
    - (d) Developmentally appropriate: Due to the unique and rapid development that occurs during adolescence, programs must be specifically designed, tested and found effective for youth. Modified adult programs are not allowable for use in NSP given the known link to negative or ineffective outcomes when employed with youth.
    - (e) Engage and retain teens in treatment: NSP providers must build a climate of trust between the adolescent and the treatment team, while also recognizing

any court or other reporting responsibilities that may limit full confidentiality.

- e) Before or upon discharge of the youth to the community, the NSP provider shall link the parent[s], family, extended family or other discharge resources with either FFT or an alternate aftercare services that will assist the youth in maintaining abstinence in the community.
- f) In addition to required residential care training described in the *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, the NSP provider shall provide supplementary training to staff who care for or interact who use substances and have co-occurring mental disorders to help them meet their specialized needs. The training shall take into account the individual needs of the children served and shall be provided by either the provider or an outside educational institution. The NSP provider shall provide all staff continuous and ongoing training to meet the need the changing needs of this population.

6. **Youth Who Have Sexually Abusive Behaviors:** *This section contains those standards that are specific to Residential Care for Youth with Sexually Abusive Behaviors. These standards apply in addition to those in previous sections of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. In some areas, standards in this section are somewhat different from, and may be more stringent than those in the main text of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. Where this is the case, the Residential Care for Who Have Sexually Abusive Behaviors standards take precedence.*

- a) Youth Who Have Sexually Abusive Behaviors include, but are not limited to:
  - i. Youth who have been found by Family Court to have committed what would be a crime of a sexual nature (note that not all youth adjudicated on these charges will be required to be placed in a specialized program) and
  - ii. Youth who have in the past been found by a court to have committed what would be (or was) a crime of a sexual nature.
- b) Youth who have sexually abusive behaviors who require non-secure juvenile justice placement shall receive specialized treatment services in a highly structured setting that addresses their needs. Through the provisions of this specialized service, the youth will learn impulse control; guidelines for appropriate sexual behavior; privacy; and respect for boundaries. The youth will be held accountable for his/her actions, and learn to fundamentally change harmful behaviors. These youth shall receive extensive treatment to address the issues which have led or contributed to their offending behaviors.

- c) Some of the youth may have a dual-diagnosis such as substance abuse or mental health issues, which is determined to be a serviceable issue either at the time of referral or during/after referral to this program. However, the sexual behavior problems should be the primary reason for the referral, and the provider must utilize due diligence where possible and appropriate to address the other issues as they are assessed.
- d) NSP Facility Care, Treatment, and Social Work Services
- i. Specialized assessment services, followed by individual, group, and family counseling, shall be provided to address the underlying causes of the youth's harmful acts and move toward changing their behaviors. The NSP provider shall integrate structured educational programs and structured, closely supervised therapeutic recreational events into their residential programs.
  - ii. The NSP provider must provide positive care and support for the youth while advising against and informing him/her of the dangers of their sexually abusive behavior. Youth will be empowered to thrive on their own, armed with the knowledge and technical skills to live independently.
  - iii. The NSP provider will provide treatment for different levels of sexual behavior problems: the offenses can range from touching and fondling to other forms of sexually abusive behaviors.
  - iv. A specialized treatment model and high level of services must be implemented that will also address the underlying issues leading to the youth's sexual inappropriate behavior. This specialized program design must offer structured educational services, recreational events, comprehensive safety, and a structured behavior management system to monitor youth and record their level of progress. Intensive psychological and psychiatric services must be available on a regular basis through program staff. Psychiatric consultation and medication management must be provided when needed.
  - v. Youth shall receive specialized assessments, treatment, and support services in a residential care setting, with staff who have received specialized training to care for this population. Staff must be trained to identify behaviors and triggers that can lead to further abuse by the youth. Assessments must include youths' history of sexual abuse, and inappropriate sexual behaviors, exploration of presenting trauma symptoms and past trauma. Youth who have experienced trauma and/or loss must receive counseling with a focus on re-establishing physical and emotional safety. Providers must provide close supervision at the residence, school, and in the community, and implement a structured, individualized program for each youth.

- vi. The NSP provider shall provide skill building for academic and social activities. Additional program activities will vary depending on the age of the youth. A positive and predictable environment will be established for youth via a structured behavior management system with consistent follow-through on consequences; thus, providing the youth with boundaries, consistency, expectations regarding their behavior, improvement in their self-esteem, and safety for youth and staff. The provider will thoroughly train all staff and discharge resources about the system and about each youth's safety and behavior management plan.
- vii. The NSP provider shall make at minimum two (2) contacts each week with the youth's school in order to monitor the youth's academic progress, behavior and socialization. More frequent contacts will be made based on how the youth is functioning. Staff should also provide school-based behavioral interventions and academic support as needed.
- viii. A safety plan for each youth will be created to establish guidelines for interacting with peers in school, around other youth in the community or facility and interacting with staff and family members.
- ix. The NSP provider shall provide individual, group, and family therapy/counseling to address the underlying causes of youth's harmful acts and move toward changing their behaviors.

e) Discharge Planning and Transitional Services

- a. Parent/caretaker acknowledgement of the problem, buy-in, support, and active participation is paramount for the family's successful completion of the program and re-integration of youth in a stable supportive environment. Parent[s], family, extended family or other discharge resources will also address the impact of their child/youth's behavior on their family (particularly if the child was sexually abusive toward a sibling or other family member), and ensure that the caretaker fully understands how past abuse (if any) may have impacted his/her inappropriate/offending behavior.
- b. Special planning regarding interaction with victims, particularly if they are within the household to which the youth will be discharged after the NSP placement, must occur. If victims are in the household to which the youth will be discharged, a thorough, comprehensive safety plan must be crafted prior to discharge, and any and all treatment and supports needed by the victim must be provided or arranged by the NSP provider. ACS must provide written approval of discharge to a setting in which a victim of the youth is residing.

f) In addition to the training requirements outlined in these *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, all NSP provider staff shall receive training on the overview and treatment of sexual behavior problems, sexual abuse, sexual exploitation, family systems counseling, family therapy/counseling play therapy, group therapy and trauma resolution/treatment. Staff shall also be trained in non-violent crisis intervention techniques, the use of de-escalation, mediation and CPR/First Aid, the overview of youth substance abuse and treatment, and treating youth with dual diagnoses.

7. **Youth Who Have Been Commercially Sexually Exploited**: *This section contains those standards that are specific to residential care for youth who have been commercially sexually exploited. These standards apply in addition to those in previous sections of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. In some areas, standards in this section are somewhat different from, and may be more stringent than those in the main text of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. Where this is the case, the Residential Care for Youth who have been Commercially Sexually Exploited standards takes precedence.*

a) Children's Services' definition of commercially sexually exploited youth includes but is not limited to:

- i. Youth who have been victimized for the advancement of sexual gratification or profit;
- ii. Youth who have been prostituted;
- iii. Youth who have been trafficked or otherwise involved in the trafficking of youth;
- iv. Youth who have been victimized related to pornography;
- v. Youth who have been presented with or involved in the commercial exchange of unsolicited obscene material;
- vi. Youth have been enticed online to promote sexual acts; and
- vii. Youth who are victims of sexual grooming.

b) Youth who have been commercially sexually exploited and are served in specialized non-secure juvenile justice 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 provides them with the skills necessary to live healthy, productive, and self-sufficient adult lives. The NSP provider shall meet the full range of physical, emotional, chemical dependency/use and psychological needs of the youth and describe the resources available to serve them.

c) NSP Facility Care, Treatment, and Social Work Services

- i. NSP providers must provide a comprehensive, culturally sensitive program that includes assessment of risk factors and safety issues related to sexual exploitation. NSP providers shall work with youth and their families (when appropriate) to provide therapy, life-skills coaching and assess to community resources that will help them through this difficult time.
  - ii. Specialized assessment services, followed by individual, group, and family counseling that focus on trauma, shall be provided to address the underlying causes of the youth's acts and move toward changing their behaviors. NSP providers shall address specific issues encountered by the youth using creative and effective ways to assess risk factors and problems areas, encourage dialogue, and promote healing and positive progress.
  - iii. The NSP provider shall integrate structured educational programs and structured, closely supervised recreational events into their residential programs. Emphasis will be placed on promoting healthy, age-appropriate activities and interaction, while still providing a therapeutic milieu, including counseling, support and psychiatric consultation.
  - iv. The NSP provider must provide positive care and support for the youth while advising against and informing him/her of the dangers of their behavior. Youth will be empowered to thrive on their own, armed with the knowledge and technical skills to live independently.
- d) Discharge Planning and Transitional Services
- i. Prior to discharge it must be assessed if the abuser continues to pose a risk to the minor youth in the home or community to which the youth is to be discharged. If a significant threat exists, the ACS Placement and Permanency Specialist must be consulted concerning the discharge plan.
  - ii. The NSP provider shall ensure that the post-discharge parent[s], family, extended family or other discharge resource is fully trained in the care of commercially sexually exploited youth. The training curriculum for a parent[s], family, extended family or other discharge resource shall be the same as that provided for a foster parent. Discharge planning shall be done in conjunction with the youth's mental health providers. Whenever possible, the youth shall maintain the same mental health and/or chemical dependency treatment providers upon discharge in as much as it is possible. Services to youth should be based in the community where they are being returned.
- e) Specialized staff training shall consist of the following:
- i. Modality of treatment to be utilized;



- ii. The treatment of child sexual abuse and exploitation
- iii. Sexual trauma and recovery;
- iv. Exiting street life, barriers to leaving and detecting ongoing abuse;
- v. Addressing cultural context of prostitution and pimp culture;
- vi. Gang awareness and involvement; and
- vii. Working with and preventing running away.

8. **Youth Who Have Engaged in Fire-Setting Behaviors:** *This section contains those standards that are specific to residential care for youth who exhibit pervasive fire-setting behaviors and who cannot be maintained safely in a non-specialized NSP residential program. These standards apply in addition to those in previous sections of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. In some areas, standards in this section are somewhat different from, and may be more stringent than those in the main text of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. Where this is the case, the residential care for children/youth who exhibit pervasive fire-setting behaviors take precedence.*

- a) ACS will engage in a fire setting risk assessment of youth exhibiting such behaviors to ensure a specialized placement is necessary for the youth. The assessment will be evidence-informed; measures whether the behavior is acute or chronic; assesses the outcome of previous treatment; involves parent and other collateral interviews to fully understand history, triggers, and consequences of past behavior; measures past and presenting trauma symptoms; and assesses comorbidity.
- b) NSP Facility Care, Treatment and Social Work Services
  - i. The provider is required to collaborate with a local fire department to ensure all appropriate fire safety and prevention measures have been undertaken in the facility.
  - ii. The contractor is required to provide an intensive level of services and structure, including but not limited to:
    - (a) A closely-supervised therapeutic environment;
    - (b) A multidisciplinary clinical team that includes psychologists, psychiatrists, and occupational therapists;
    - (c) Fire safety instruction for youth;
    - (d) Clinical services focusing on relapse prevention;
    - (e) A model of behavior change that has been shown to be effective with youth who set fires; and
    - (f) Counseling focusing on re-establishing physical and emotional safety.
- c) In addition to the staff required in the general NSP guidelines, the following staff are required to provide services at this specialized placement:

- i. Occupational Therapist: Must have NYS License to practice Occupational Therapy, with experience working with adolescents who exhibit pervasive fire-setting behaviors.
  - ii. Fire Safety Trainer: BA preferred in a related field, with demonstrated experience working with adolescents who exhibit pervasive fire-setting behaviors.
- d) Prior to discharge the likelihood of continued fire setting behaviors must be assessed.
- e) In addition to the general discharge planning requirements, discharge planning for youth in these placements must focus on safety planning with the youth and all discharge resources, as well as on relapse prevention.
- f) The NSP provider will be required to work with the aftercare provider to ensure youth and families or discharge resources are prepared for release into aftercare.
- g) In addition to the standards and expectation set forth in the *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, all provider staff both direct/indirect care shall to help them understand the needs and characteristics of the population in care, provide emotional support and care needed by the youth, and appropriately manage and stabilize crisis. The training should include but not be limited to:
- i. Modality of treatment related to fire setting to be utilized;
  - ii. Trauma-informed approaches to addressing challenging behaviors;
  - iii. Relapse and relapse prevention;
  - iv. Fire safety; and
  - v. Effective safety planning and the ability to work with parents or other discharge resources to effectuate safety plans;

9. **Youth With Serious Emotional Disturbance**: *This section contains those standards that are specific to residential care for children/youth with serious emotional disturbance. These standards apply in addition to those in previous sections of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. In some areas, standards in this section are somewhat different from, and may be more stringent than those in the main text of the Juvenile Justice Non-Secure Placements Quality Assurance Standards. Where this is the case, the Residential Care for Youth with Serious Emotional Disturbance standards takes precedence.*

- a) The NSP provider shall accept youth considered seriously emotionally disturbed, as that term is defined by the New York State Office of Mental Health.

- b) Youth with serious emotional disturbance served in specialized non-secure juvenile justice 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 to live healthy, productive, and self-sufficient adult lives. The NSP provider shall meet the full range of physical, emotional, chemical dependency/use and psychological needs of the youth and describe the resources available to serve them.
- c) Youth with serious emotional disturbance have treatment or safety-related needs that require the specialized treatment opportunities provided by residential care facilities shall be provided such care.
- d) The treatment plan for each youth must include all components of care, including psychiatric, behavioral, educational, health, family, and psychosocial needs. Discharge planning begins on intake, and discharge objectives are reflected in all treatment plan write ups. The family and the youth shall be considered to be members of the treatment team, as well as the OCFS Community Partnership staff, if appropriate, and other designated community providers.
- e) Medication management, if warranted, is an integral support for youth with serious emotional disturbance. Providers must have psychiatric and nursing professionals to assist the youth and the family in ensuring medication is taken as prescribed, and in gaining an understanding of the prescribed medication regimen, including the benefits and side effects of the medication, and how the youth can learn to manage the medication regimen independently.
- f) NSP Facility Care, Treatment and Social Work Services
  - i. NSP providers must provide a comprehensive, culturally sensitive program that includes assessment of risk factors and safety issues related to serious emotional disturbance. Providers shall work with youth and their families (when appropriate) to provide therapy, life-skills coaching and access to community resources.
  - ii. Specialized assessment services, followed by individual, group, and family counseling; shall be provided to address the underlying causes of trauma. Providers will address specific issues encountered by the youth using creative and effective ways to assess risk factors and problems areas, encourage dialogue, and promote healing and positive progress.
  - iii. The NSP provider shall integrate structured educational programs and structured, closely supervised therapeutic recreational events into their residential programs. Emphasis shall be placed on promoting healthy, age-appropriate activities and interaction, while still providing a therapeutic milieu,

- iv. including counseling, support and psychiatric consultation.
- g) Youth shall be assessed and linked with aftercare services prior to discharge from placement. This assessment shall begin upon admission to the NSP facility, and be revisited regularly thereafter to ensure a continuum of service that the family/youth can rely on after discharge. Referrals to an aftercare rehabilitative program, including psychiatric and/or psychological treatment as needed, shall be made as soon as a need is identified. Such referrals shall be made based on the youth's clinical needs, not simply the permanency plan.
- h) Special staff training for this specialized placement shall include, but not be limited to:
  - i. Modality of treatment to be utilized;
  - ii. Understanding and treating trauma and its manifestations;
  - iii. Effective safety planning;
  - iv. Appropriate expectations of behavior for psychiatric diagnoses common to this population and strategies for behavior change of youth with these diagnoses; and
  - v. Psychotropic medication administration, management, and recognition of side effects.