


City of New York  
Administration for Children's Services

Policy and Procedure  
#2017/xx

**Child Welfare Programs' Integrated Family Team Conference Policy**

<b>Approved By:</b>  Eric Brettschneider Commissioner	<b>Date Issued:</b> 2/21/17	<b>Number of Pages:</b> 48	<b>Number of Attachments:</b> 9
<b>Related Laws:</b> Family Court Act (FCA) Articles 7, 10, 10-A, 10-B, 10-C, Soc. Serv. Law §§ 358-a, 409	<b>ACS Divisions/Provider Agencies:</b> Child Welfare Programs (CWP), Child Protection (DCP), Family Assessment Program (FAP), Family Permanency Services (FPS), Family Court Legal Services (FCLS), Preventive Services (DPS), foster care and preventive service provider agencies	<b>Contact Office /Unit:</b> Beverly Ali, Assistant Commissioner Child Welfare Conferencing <a href="mailto:Beverly.Ali@acs.nyc.gov">Beverly.Ali@acs.nyc.gov</a>	
<b>Supporting Regulations:</b> 18 NYCRR §§§§ 428.6, 428.9, 430.9, 430.12	<b>Supporting Case Law:</b> <ul style="list-style-type: none"> <li>• <i>Matter of Brooke S.B. v Elizabeth A.C.C. and In the Matter of Estrellita A. v Jennifer L.D.</i>, 2016 NY Slip.Op. 05903 (N.Y. Aug.30, 2016)</li> </ul>	<b>Bulletins &amp; Directives:</b> <ul style="list-style-type: none"> <li>• <i>Children's Services Office of Family Permanency Team Conferencing Protocol Phase II</i>, April 1, 2009</li> <li>• <i>Children's Services Delegation and Centralization of Case Management Casework Requirements (Schedule B) Improved Outcomes for Children (IOC) Initiative Phase II Implementation</i>, June 2010</li> <li>• <i>Child Safety Alert #14 (Revision), Safety Planning for Newborns or Newly Discovered Children Whose Siblings are in Foster Care</i>, June 5, 2008</li> <li>• <i>Child Safety Alert #32, Responding to Heightened Safety Concerns in Preventive Service Cases</i>, March 30, 2011</li> <li>• <i>ACS Foster Care Quality Assurance Standards</i>, January 2011</li> <li>• <i>ACS Preventive Services Quality Assurance Standards and Indicators</i>, April 2011</li> <li>• <i>ACS Division of Child Protection, Initial Child Safety Conference Policy, 3<sup>rd</sup> Rev.</i>, October 2012</li> <li>• <i>Guidelines for Working with Attorneys representing parents and children</i>, Issued 10/24/12</li> <li>• <i>ACS Division of Family Support Services</i></li> </ul>	

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		<p><i>Office of Preventive Family Team Conferencing Protocol, January 2013</i></p> <ul style="list-style-type: none"> <li>• <i>A Guide to Scheduling Family Team Conferences, ACS Family Support Services (FSS) Office of Preventive Family Team Conferencing Guide</i></li> <li>• 15-OCFS-ADM-16: <i>Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims, Revised March 30, 2016</i></li> <li>• 15-OCFS-ADM-19: <i>Planning for a Successful Adulthood: Another Planned Permanent Living Arrangement with a Permanent Resource (APPLA) for Youth 16 Years of Age and Older, September 11, 2015</i></li> <li>• 15-OCFS-ADM-22: <i>Case Planning for Youth in Foster Care 14 Years of Age or Older, September 28, 2015</i></li> <li>• 16-OCFS-ADM-08: <i>Permanency Hearing Notification and Participation Requirements, April 28, 2016</i></li> </ul>
<b>Supersedes:</b>	<p><b>Related Policies:</b></p> <ul style="list-style-type: none"> <li>• ACS Policy, <i>Intake Procedures for Referrals to Preventive Services by the Division of Child Protection, April 8, 2014</i></li> <li>• ACS Procedure #2010/02: <i>Transition to Foster Care Services, January 3, 2011 (revised)</i></li> <li>• ACS Procedure #2011/08: <i>The Americans with Disabilities Act (ADA) Procedure, October 28, 2011</i></li> <li>• ACS Policy, <i>Working with Limited English Proficient (LEP) Clients, April 25, 2011</i></li> <li>• ACS Memorandum, <i>Face-To-Face Interpretation, Telephonic and Translation Services, October 22, 2007</i></li> </ul>	<p><b>Key Words:</b></p> <p>conference, conferencing, family team conference, child safety conference, child advocacy center, permanency conference, permanency plan, permanency planning, placement preservation, placement disruption, family support conference, goal change, another planned permanent living arrangement, trial discharge conference, final discharge conference, service termination conference, evidence-based model, evidence based model, facilitator, scheduler, integration, integrated, management review, Improved Outcomes for Children, continuum, trigger, triggers, touch point, touch points, step-up, higher level of preventive service, family assessment program, clinical consultation program, investigative consultant, bridges to health, mental health coordination unit, developmental disability unit</p>
<p><b>SUMMARY:</b></p> <p>This policy provides guidance and procedures for ACS staff and provider agency staff regarding ACS' integration (the centralization and standardizing) of family team conferencing, which includes, but is not limited to, initiating a conference, requesting a conference, facilitating a conference, and the</p>		

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management review process. This policy will also delineate which family team conferences ACS and the provider agency will facilitate.

### **SCOPE:**

This policy applies to ACS' Divisions of Child Protection, Family Court Legal Services, Family Permanency Services, Preventive Services, Office of the Commissioner, Youth and Family Justice, and Child Welfare Programs, as well as to foster care and preventive service provider agency staff.

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## **I. Introduction and Purpose**

### **A. Improved Outcomes for Children (IOC)**

1. ACS first piloted the Improved Outcomes for Children (IOC) initiative in October 2007. The theory of change underlying IOC posits that the principles of family engagement, efficient decision-making, and accountability, when practiced effectively, will yield positive safety and permanency outcomes for children and families. To this end, the implementation of IOC included three (3) main components:
  - a. The adoption of a *family engagement practice model* that is based on a continuum of Family Team Conferences (FTCs) to keep children safe, make key case decisions, and promote permanency and well-being;
  - b. The *delegation of case management*<sup>1</sup> functions to the provider agencies who work directly with children and families to make sure that decision-making is timely and well-informed; and
  - c. A sophisticated *performance measurement and monitoring system* that allows ACS to continuously evaluate the quality of services being delivered to children and families and to hold provider agencies accountable for their performance.
2. IOC gives contracted provider agencies responsibility for case management so that they can respond more quickly and effectively to the needs of the children and families they serve and expedite permanency. This model brings substantial benefits by making certain that the provider agency understands its responsibility as primary case manager.<sup>2</sup>
3. ACS maintains an oversight role in these cases through two (2) key functions:
  - a. Monitoring cases in Connections (CNNX) via the Provider Agency Measurement System (PAMS) review process; and
  - b. Family Team Conferencing.

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<sup>1</sup> The ability for ACS to delegate the responsibility of case management does not apply in all cases. Specifically, if a case is not assigned to the managed care system (IOC), ACS cannot delegate the responsibility of case management. 18 NYCRR 403.4; 18 NYCRR 423.4(c)(i); It should be further noted that ACS cannot delegate the responsibility of child protective services investigations in a managed care system. NY Social Services Law §153-k(4).

<sup>2</sup> The provider agency will function as the programmatic case manager, but the ACS caseworker shall be assigned the “case manager” role in Connections (CNNX).

**B. Family Team Conferencing Integration**

1. A Family Team Conference (FTC) is a decision-making meeting that takes place when a child's safety and well-being have been preliminarily assessed to require removal, legal intervention, preventive services, or later in a case when permanency and other planning decisions must be made.
2. Families in the New York City child welfare system experience many different types of conferences across the ACS Child Welfare Programs (CWP) continuum, including the Division of Child Protection (DCP), Family Permanency Services (FPS), and the Division of Preventive Services (DPS), in partnership with provider agencies.
3. Family team conferencing, now centralized in CWP, streamlines ACS and the provider agencies' ability to best assess safety and risk at critical junctures throughout a family's experience with ACS and, when appropriate, to plan, expedite, and support safety, well-being, and permanency.
4. By integrating ACS' conferences, ACS aims to further reduce repeat involvement of families in its child welfare system by prioritizing safety, bolstering continuous quality assurance by conducting debriefings, and supporting and coaching conference facilitators.
5. Conference integration is focused on how ACS interacts with and works with a family, using the conference process to move the case along ACS' continuum – making transitions more seamless between the child welfare divisions and provider agency partners – while improving outcomes for those families.
6. As such, ACS' practice changes are designed to create a more centralized and standardized continuum of conferencing using a clinical framework that seeks to achieve safety, permanency, and well-being for our families and children.
7. The role of the ACS facilitator is to guarantee that all plans developed and discussed during a conference uphold standards of safety and are consistent with ACS and legislative regulation. The ACS facilitator is not a decision-maker. The ACS facilitator makes every effort to guide the FTC participants to consensus around decisions during a conference.

**II. Policy**

- A. ACS must facilitate the following FTCs for all children and families, including Advocate cases, families in Evidence-Based Models (EBMs) (see Sections III-V), and, in limited cases, the Family Assessment Program (FAP): Initial Child Safety Conference, Follow-

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Up Child Safety Conference, Permanency Planning (12-month), Trial Discharge Conference, Final Discharge Conference, Placement Preservation (placement disruptions), Preventive Service (30 – 45 day), Service Termination [for high-risk cases defined or identified by ACS, see Section III.C.4.b.ii], and Elevated Risk Conference (see Attachment A).

- B. The provider agency must facilitate all other FTCs that are not facilitated by ACS, including Goal Change Conference (other than to Another Planned Permanent Living Arrangement (APPLA)), Placement Preservation Conference (sibling reunification and kinship moves), Permanency Planning Conference (90-day, 6-month, and every 6 months after the 1<sup>st</sup> year), Preventive Service Planning (every 6 months), and Service Termination (see Section III.C.4.b.ii)[see Attachment B].
- C. ACS staff and provider agency staff must coordinate with the ACS CWP Office of Integration of Conferencing regarding FTCs. This includes, but is not limited to oversight by ACS CWP, initiation of conferences by specific triggers, requests for ACS-facilitated FTCs to ACS CWP, and more frequent conference facilitation by ACS.
- D. In lieu of ACS CWP, ACS staff and provider agency staff must request and coordinate with ACS FPS' Office of Older Youth Services (OYS) for the following FTCs: Goal Change to APPLA, Placement Preservation Conference for all youth with a goal of APPLA and all active dually-involved youth in care<sup>3</sup>, Trial and Final Discharge Conference for all youth with a goal of APPLA, all active dually-involved youth in care, and all youth in Residential Treatment Centers (RTCs) with a goal of reunification (See Section VI).
- E. Initiating an FTC
  - 1. **For ACS-facilitated FTCs**, ACS staff and provider agency staff must complete and submit the universal conference request form, titled *Child Welfare Programs Family Team Conference Universal Request Form* (see Attachment C<sup>4</sup>), to the designated Child and Family Specialist (CFS) Manager or Scheduler in the borough office (see Attachment D, FTC Borough Roster) to initiate any FTC in accordance with this policy (see Section III).
  - 2. **For provider agency-facilitated FTCs**, provider agency staff must submit FTC requests in accordance with internal protocol to initiate an FTC.
- F. ACS staff and provider agency staff must notify the family and the ACS Family Court Legal Services (FCLS) attorney, if assigned, of the scheduled FTC as soon as it is scheduled (see Section III for more information). The FCLS attorney must immediately

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<sup>3</sup> Dually-involved youth have cases in or are known to both the foster care and juvenile justice systems.

<sup>4</sup> The CWP FTC Universal Request Form can be retrieved from the borough conferencing team.

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notify the attorneys for the child(ren) and parent, if any are assigned, of all scheduled FTCs upon receipt of the notice.

- G. ACS staff and provider preventive service agency staff may request a higher level of preventive service for a family during an ACS-facilitated FTC. This request is also known as a “Step-Up” request. If a provider preventive service agency determines that a Step-Up or a higher level of preventive services is needed at any time other than during an FTC, the provider preventive service agency may request a Step-Up directly from ACS DPS’ Office of Preventive Technical Assistance (OPTA) [see Section III.B ]
- H. All facilitators must complete the *Family Team Conference Universal Action Plan* (see Attachment E) during the course of or immediately after any FTC.
- I. All families receiving EBM preventive services and all Advocate cases must be aligned with ACS CWP’s integrated conferencing.
- J. ACS staff and provider agency staff must participate in a debriefing immediately following an FTC, which shall serve as a brief check-in regarding the FTC in general (see Section III for more information).
- K. ACS staff and provider agency staff must follow the management review process in accordance with this policy (see Section VII).

### **III. ACS Child Welfare Programs (CWP)–Facilitated Family Team Conferences**

#### **A. General Information**

##### **1. Facilitators**

The attached charts (see Attachments A and B) show which conferences will be facilitated by ACS or the provider agency and the purpose code to be used in Connections (CNNX) for each conference.

##### **2. Requesting a CWP FTC (ACS-facilitated FTCs only)<sup>5</sup>**

- a. For ACS-facilitated conferences only,<sup>6</sup> ACS and provider agency staff must email, or fax if unable to email, the completed *Child Welfare Programs Family Team Conference Universal Request Form* (see Attachment

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<sup>5</sup> For provider agency-facilitated FTCs, provider agency staff must submit requests for FTCs in accordance with internal directives.

<sup>6</sup> See Attachment A, which lists all ACS-facilitated conferences

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C<sup>7</sup>)(hereinafter “CWP FTC Request Form”) as a password-protected document to the designated CFS Manager or Scheduler in accordance with the attached borough-based FTC roster (see Attachment D) by the specified timeframes delineated below:

- i. For Child Safety Conferences, ACS must email the completed CWP FTC Request Form to the designated borough CFS Manager.
  - ii. For all other ACS-facilitated FTCs (discharge conferences, family support conferences, or permanency conferences [see Section III. C] below for conference types)), provider agency staff must email the completed CWP FTC Request Form as a password-protected document to the designated borough FTC Scheduler.
- b. ACS and provider agency staff must complete the CWP FTC Request Form and submit the completed form to the designated CFS Manager or Scheduler within the following timeframes:
- i. Initial Child Safety Conferences (ICSC) – immediately if any of the triggers apply (see Section III. C. 1. b.);
    - a) The CFS Manager must immediately respond to the request and schedule the ICSC; and
    - b) The conference must be held immediately.
  - ii. Follow-up Child Safety Conferences (FCSC) – ACS staff and ICSC participants must select a date for the FCSC during the ICSC, and ACS staff must immediately request the FCSC after confirming with conference participants;
    - a) The CFS Manager must immediately respond to the request and schedule the FCSC; and
    - b) The conference must be held 30 – 45 days after the ICSC.
  - iii. Elevated Risk Conference (ERC) – immediately if any of the triggers apply (see Section III. C. 2. b. ii.);
    - a) FTC Scheduler must immediately respond to the request and schedule the ERC; and

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<sup>7</sup> The CWP FTC Universal Request Form can be retrieved from the borough conferencing team.



- b) The conference must be held immediately.
- iv. Preventive Service Planning Conference (PSPC)(30-45 day) –immediately following the Case Responsibility Date (CRD)<sup>8</sup>. Note: the 30-45 day PSPC is not required for preventive service cases referred by ACS<sup>9</sup>.
  - a) The FTC Scheduler must respond to the request and schedule the conference within five (5) days; and
  - b) The conference must be held 30 – 45 days after the CRD.
- v. Permanency Planning Conference (PPC)(12<sup>th</sup> month) – 60 days before the 12<sup>th</sup> month of the case<sup>10</sup>;
  - a) The FTC Scheduler must respond to the request and schedule the conference within 10 days; and
  - b) The conference must be held no later than 30 days prior to the 14-month permanency hearing.
- vi. Placement Preservation Conference (Placement Disruptions)[PPC-PD] – immediately and prior to any placement change unless there is a safety and risk issue (see Section III. C. 3. b. ii.);
  - a) The FTC Scheduler must immediately respond to the request and schedule the conference; and
  - b) The conference must be held immediately.
- vii. Trial Discharge Conference (TDC) – 60 days prior to the anticipated trial discharge, and immediately if a trial discharge is court-ordered;
  - a) If court-ordered, the FTC Scheduler must respond immediately to the request and schedule the conference. A court-ordered discharge must not be delayed for the purpose of having a conference first. The TDC must be held within 24 hours of the court order.

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<sup>8</sup> The Case Responsibility Date is defined as the date the family agrees to and signs for preventive services.

<sup>9</sup> Preventive service cases referred by ACS will have an FCSC 30-45 days after the Initial Child Safety Conference.

<sup>10</sup> The 12<sup>th</sup> month PPC aligns with the Family Assessment Service Plan (FASP) due date.

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- b) If non-court-ordered, the FTC Scheduler must respond within five (5) days of the request and schedule the conference. The TDC must be held within 60 days of the request.
- viii. Final Discharge Conference (FDC) – 30 days prior to the anticipated or planned final discharge; and immediately if a discharge is court-ordered;
  - a) If court-ordered, the FTC Scheduler must respond to the request immediately and schedule the conference. A court-ordered discharge must not be delayed for the purpose of having a conference first. The FDC must be held within 24 hours of the court order.
  - b) If non-court-ordered, the FTC Scheduler must respond to the request within five (5) days and schedule the conference. The FDC must be held within 30 days of the request.
- ix. Service Termination Conference (STC)<sup>11</sup> – 30 days prior to an anticipated or planned service termination;
  - a) The FTC Scheduler must respond to the request within 10 days and schedule the conference; and
  - b) The STC must be held within 30 days of the request.
- c. For all FTCs, ACS and provider agency staff must take particular actions for the following family concerns or requests:
  - i. Language Interpretation Services- ACS and provider agency staff must identify whether the family has limited proficiency in English, whether the family needs an interpreter, and if so, the family's preferred language.
    - a) When requested in advance, the CFS Manager or Scheduler must collaborate with ACS and provider agency staff to obtain an interpreter for the conference. In addressing the family's need for an interpreter, ACS and provider agency staff must follow the current policy,<sup>12</sup> including, but not limited to consultation with the

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<sup>11</sup> This section applies to ACS-facilitated conferences only. For provider-facilitated STCs, provider agency staff must submit requests in accordance with internal directives (see Section III. C. 4. b. ii. for more information).

<sup>12</sup> At the time of this writing, ACS is developing a Language Access Policy to provide guidance to staff. However, staff can refer to the following memorandum and policy until a Language Access Policy is issued: ACS Memorandum, *Face-To-Face Interpretation, Telephonic and Translation Services* dated October 22, 2007; ACS Policy, *Working with Limited English Proficient (LEP) Clients*, dated April 25, 2011.

ACS Director of Immigrant Services and Language Affairs in the First Deputy Commissioner's Division of Coordination and Integration Services, as needed.

- b) Only professionally trained interpreters may interpret during an ACS-facilitated conference. ACS and provider agency staff must re-schedule the FTC if a professional interpreter is not present face-to-face or telephonically at the scheduled FTC.
  - c) ACS and provider agency staff must document all efforts to obtain a professional interpreter for the family's preferred language in accordance with policy.
- ii. Domestic Violence Services – ACS and provider agency staff must identify whether there is a domestic violence history or concern with the family, what the domestic violence history or concern consists of, and whether there are any known Orders of Protection in effect.
- a) For ICSC and FCSC only, the CFS Manager or Scheduler, in collaboration with ACS staff, must contact the designated Domestic Violence Consultant in the borough office for guidance prior to the FTC.
  - b) For all requested FTCs, the CFS Manager or Scheduler must schedule separate conferences in separate rooms or locations or at different times for the suspected batterer and victim so that the suspected batterer and victim will not cross paths. If domestic violence concerns become apparent for the first time to ACS staff or provider agency staff during a scheduled FTC, the facilitator must immediately stop the FTC and hold separate FTCs for the suspected batterer and victim as soon as possible.
- iii. Reasonable Accommodations – ACS and provider agency staff must identify whether the family has physical and/or mental impairments and/or conditions that require a reasonable accommodation request. A family may also make a request for reasonable accommodations. If the family makes the request, ACS and provider agency staff must review what the family's request consists of and whether the reasonable accommodations request is informal or formal. ACS and provider agency staff must also review the case record to confirm whether there is documentation regarding any physical and/or mental impairments

and/or conditions for the family that would require a reasonable accommodation.

- a) The CFS Manager or Scheduler must immediately collaborate with ACS and provider agency staff in addressing the family's needs by following the Americans with Disabilities Act (ADA) Procedure.<sup>13</sup> The ADA procedure includes, but is not limited to informing the ADA Coordinator, the ACS Office of Equal Employment Opportunity (EEO), of the family's request and consulting with the ADA Coordinator as needed.
- b) ACS and provider agency staff must refer to the ADA procedure for guidance and consult with ACS' ADA Coordinator if the family's reasonable accommodation request cannot be made.
- c) ACS and provider agency staff must document all efforts to obtain reasonable accommodation requests in accordance with the ADA Procedure.
- d. For all FTCs, ACS and provider agency staff must notify CWP of any reasonable accommodation requests from any other necessary FTC participant.
- e. For ACS-facilitated conferences only, ACS and provider agency staff must avoid submitting incomplete or inaccurate CWP FTC Request Forms in order to avoid delay in the scheduling process.
- f. Upon receipt of the completed CWP FTC Request Form, the Manager or Scheduler must:
  - i. Verify that the CWP FTC Request Form is correctly and thoroughly completed;
  - ii. Discuss potential dates and times for the FTC with the ACS or provider agency staff member requesting the FTC;
  - iii. Assign an ACS facilitator for the requested FTC;

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<sup>13</sup> See Procedure #2011/08: *The Americans with Disabilities Act (ADA) Procedure*, issued on October 28, 2011, and any amended or successor policy.

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- iv. Confirm that the assigned ACS facilitator is aware of the accommodation request and other considerations for the family or other necessary FTC participant, if any, from the CWP FTC Request Form;
  - v. Where appropriate, schedule the FTC during a time when the parent or caretaker is available by phone if he or she is not available to attend in person;
  - vi. Where appropriate, schedule the FTC in the evenings and on weekends;
  - vii. Where appropriate, schedule the FTC in the family's home or identify a convenient and/or neutral location in the community as an alternative;
  - viii. Invite a domestic violence consultant to attend and participate in the FTC if there is a history or concern of domestic violence for the family (only applicable to Child Safety Conferences).
  - ix. Schedule and confirm the date, time, and location for the FTC by email and/or phone with the ACS or provider agency staff requesting the FTC;
  - x. Confirm that the requested accommodation(s), including an interpreter, is (are) reasonable and available for the scheduled FTC; and
  - xi. Remind the ACS or provider agency staff member requesting the FTC to notify the family, identified family supports, the assigned provider agency, and the assigned FCLS attorney<sup>14</sup>, if there is court involvement, of the scheduled FTC as soon as the FTC is scheduled.
- g. Upon assignment, the ACS facilitator must:
- i. Thoroughly review the family's history in CNNX, Preventive Organization Management Information System (PROMIS), and/or other accessible databases relevant to the case history; and
  - ii. Contact ACS or provider agency staff by phone to discuss pertinent case-related information to prepare for the requested FTC, including, but not limited to:
    - a) Any unresolved questions or concerns regarding the service and/or permanency plan;

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<sup>14</sup> Once notified, the FCLS attorney will notify counsel for parent(s) and child(ren). Counsel for parent(s) and child(ren) are responsible for notifying their affiliated social workers.

- b) If the family is receiving services, an understanding of the service model's approach, activities, and goals;
- c) If the family is receiving services, an understanding of the provider agency's treatment plan, so that potential action steps identified during the FTC are informed by the clinical work already underway;
- d) Request model specific materials that are not available through the FASP or case notes (e.g., assessments, work sheets, action plans)

**3. Notification to Attorneys and Social Workers Affiliated with Counsel**

- a. ACS staff and provider agency staff must notify ACS FCLS, if an attorney is assigned, of the scheduled FTC as soon as it is scheduled except for FTCs involving placement change (see below for more information)
  - i. For ACS-initiated conferences, ACS DCP staff is responsible for notifying FCLS.
  - ii. For agency-initiated and agency-facilitated conferences, the provider agency staff is responsible for notifying FCLS.
- b. ACS staff and provider agency staff must provide notification of the FTC by taking the steps below:
  - i. Email password-protected notification to the assigned FCLS attorney with the subject line stating: "Family Team Conference Notification"; and
  - ii. The body of the message must include:
    - a) The first name, first initial of the last name of the child(ren);
    - b) The first name and first initial of the last name of the respondent/case name;
    - c) The docket number;
    - d) The date, time, and location address for the conference;
    - e) The agency assigned to the case; and
    - f) The name and phone number of the assigned facilitator.

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- iii. For FTCs involving placement change where the placement change has already occurred or may occur, the provider agency must email password-protected notification to [notify@acs.nyc.gov](mailto:notify@acs.nyc.gov), and include:
    - a) “Placement Change Conference” in the email subject line;
    - b) The effective date of the placement change, if known; and
    - c) The new provider agency and/or foster parent, if known.
  - c. Upon receipt of FTC notification, the FCLS attorney must immediately notify, by email, the attorneys for the child(ren) and parent, if any are assigned, of the scheduled conference. The body of the email must include the same information detailed above.
  - d. Once notified, attorneys for parent(s) and child(ren) are responsible for notifying social workers affiliated with the case.
  - e. For all other FTCs, ACS staff and provider agency staff must email password-protected notification of the FTC, including the date, time, and location, to the FCLS attorney, if the case has court-involvement. The FCLS attorney must immediately notify the attorneys for the child(ren) and parent(s), if assigned, of all scheduled FTCs upon receipt of the FTC notification.
4. Proceeding with an FTC
- a. The FTC must proceed as scheduled unless the necessary participants are unavailable. The necessary participants generally consist of:
    - i. The facilitator;
    - ii. The parent(s), child/youth;<sup>15</sup>
    - iii. The interpreter (if needed);
    - iv. The assigned caseworker or case planner;
    - v. The supervisor for the assigned caseworker or case planner;

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<sup>15</sup> In the case of an ICSC or ERC, the parent(s) and child/youth are not necessarily required to appear in order for the conference to proceed.

- vi. The provider agency or child welfare professional, if assigned;
  - vii. Social workers/parent advocates affiliated with the attorney for the child(ren) and parent(s),<sup>16</sup> if there is court involvement; and
  - viii. Any other participant required for an FTC (e.g. Child Protective Manager for a fatality-related FTC).
- b. The assigned FCLS attorney, if any, becomes a necessary participant for an FTC if the attorneys representing the child(ren) and/or parent(s)<sup>17</sup> are present at an FTC.
  - c. During an ACS CWP-facilitated FTC, the participants may recommend and request a higher level of preventive services (also known as “Step-Up”) for the family (if the family is receiving preventive services at the time) without holding a separate conference. See Section III. B. for more information regarding the Step-Up protocol.
5. Rescheduling an FTC
- a. Generally, an FTC must be rescheduled under the following circumstances:
    - i. The parent(s) and/or necessary participant(s) notify ACS and/or the provider agency by the morning of the scheduled FTC that he or she cannot attend the FTC. If the FTC is an Initial Child Safety Conference or an Elevated Risk Conference, the conference cannot be rescheduled due to potential safety or risk issues that may require immediate review/action;
    - ii. Any necessary participant is unavailable for the FTC at the time of the scheduled conference (see Section III for necessary participants by conference type); and/or
    - iii. An attorney for the child(ren) or parent(s) appears at the FTC without an FCLS attorney present and an FCLS attorney is unavailable to participate in-person or telephonically.
  - b. ACS and provider agency staff must contact their FTC Manager or Scheduler to reschedule an FTC immediately following the cancelled FTC.

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<sup>16</sup> See 18 NYCRR § 430.12 and *ACS Policy Guidelines for Working with Attorneys representing parents and children*, Issued 10/24/12.

<sup>17</sup> See 18 NYCRR § 430.12 and *ACS Policy Guidelines for Working with Attorneys representing parents and children*, Issued 10/24/12.



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- i. For ICSCs, ERCs, and PPC-PD, ACS or provider agency staff must resubmit a CWP FTC Request Form only if there are new concerns identified or if the initial request was submitted more than a week prior to the second request.
    - ii. For all other ACS-facilitated conferences, ACS or provider agency staff must resubmit the CWP FTC Request Form to reschedule a conference.
  - c. ACS CWP must respond to the rescheduling request within 72 hours and reschedule the FTC to another date at the earliest convenience of the family and involved staff.
  - d. ACS and provider agency staff must conduct due diligence in notifying and encouraging families to attend and participate in the rescheduled FTC (see Section III.C. for due diligence expectations by conference type).
6. Documenting the FTC Plan
- a. The facilitator must complete the *Family Team Conference Universal Action Plan* (see Attachment E)(hereinafter “FTC Action Plan”) during the course of or immediately after any FTC.
  - b. The facilitator must document the contents of the completed FTC Action Plan in CNNX within 72 business hours.
  - c. ACS facilitators must also enter the required information in the FTC database, as prompted by the FTC database, within 48 hours.
7. Post-FTC Process
- a. The facilitator must provide a copy of the completed FTC Action Plan, which will include a summary of all decisions and action plans made during the FTC, the names of all participants who attended the conference, and signatures of all participants, by the conclusion of the FTC, to all participants.
  - b. ACS staff must request an FCSC, if applicable.
  - c. The facilitator must conduct an informal debriefing with ACS staff and provider agency staff, if present, immediately after the FTC. This debriefing shall serve as a check-in with ACS staff and provider agency staff regarding the FTC, practice issues, and logistics related to the case – lasting no more than 10 minutes. This informal debriefing shall not include a discussion about safety concerns or information relevant to the parent(s). If ACS’ DCP is involved in the case, the ACS caseworker is not required to attend this debriefing and must

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not delay in seeking an application for court intervention, if necessary. However, a designee from the CPS team must be present, such as a supervisor or manager.

- d. The facilitator must remind ACS staff and provider agency staff of the monthly formal debriefing, which the FTC Borough Director is responsible for planning and scheduling with ACS staff and provider agency staff (see Section IX for more information).
- e. If a decision is made from the FTC for a higher level of preventive services for the family (also known as “Step-Up”), the facilitator must email a referral packet to ACS DPS’ Office of Preventive Technical Assistance (OPTA) at [PPRS\\_stepups\\_transfers@acs.nyc.gov](mailto:PPRS_stepups_transfers@acs.nyc.gov) and CC: the provider preventive service agency. The referral packet includes: (i) Service Connect Instrument (SCI) Tool; and (ii) Face Sheet.

### **B. Request for Step-Up to a Higher Level of Preventive Services**

- 1. If, during any type of ACS-facilitated FTC, a decision is made that a higher level of preventive services is needed, then a request for a Step-Up can be made through the following process:
  - a. Within 24 hours of the ACS-facilitated FTC, the provider preventive service agency must email [PPRS\\_stepups\\_transfers@acs.nyc.gov](mailto:PPRS_stepups_transfers@acs.nyc.gov) with the following information:
    - i. The date the conference occurred;
    - ii. Confirmation that a Step-Up is required; and
    - iii. A referral packet will be submitted from the ACS facilitator
  - b. The ACS facilitator must email a referral packet to ACS DPS’ OPTA at [PPRS\\_stepups\\_transfers@acs.nyc.gov](mailto:PPRS_stepups_transfers@acs.nyc.gov) and CC: the provider preventive service agency. The referral packet includes: (i) SCI Tool; and (ii) Face Sheet.
  - c. Within 48 hours, ACS DPS’ OPTA must review the request, assign OPTA staff, and notify the provider preventive service agency that the request has been assigned;
  - d. Within 48 hours following the case assignment, the assigned OPTA staff must review the Step-Up referral packet and determine a program match;

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- e. Within 48 hours following the review of the referral, ACS DPS' OPTA will contact the provider preventive service agencies to locate open slots;
  - f. Once a provider preventive service agency is identified, OPTA must enter the referral into PROMIS:
    - i. If the provider preventive service agency accepts the referral:
      - a) The provider preventive service agency must schedule a transition meeting;
      - b) Both the referring and receiving provider preventive service agency must document the transition in CNNX;
      - c) The receiving provider preventive service agency must accept the case in PROMIS and document the date the family signs the DSS 2921 form; and
      - d) The referring provider preventive service agency requests a case closing from ACS DPS' OPTA [see Section III. C. 4. b. ii. c.] for additional details.
    - ii. If the provider preventive service agency rejects the referral, steps (1)(e) – (f) are repeated.
2. If, at any time other than during an ACS-facilitated FTC, a provider preventive service agency determines that a higher level of preventive services is needed, then the provider preventive service agency may request a Step-Up directly from ACS DPS' OPTA:
- a. The provider preventive service agency must provide the following information via email to [PPRS\\_stepups\\_transfers@acs.nyc.gov](mailto:PPRS_stepups_transfers@acs.nyc.gov):
    - i. Case number;
    - ii. Reason for request; and
    - iii. Case circumstances supporting the need for higher level of support.
  - b. Within 72 hours, ACS DPS' OPTA must review the request and coordinate a consultation with the provider preventive service agency to determine whether Step-Up is appropriate;

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- c. If the Step-Up request is determined to be appropriate, ACS DPS' OPTA must contact the provider preventive service agencies within 48 hours to locate open slots;
- d. If the Step-Up request is determined to be appropriate and ACS DCP's Family Services Unit (FSU) or Protective Diagnostic (PD) Unit is involved in the case, ACS DPS' OPTA must solicit agreement from FSU or PD on the Step-Up request;
- e. Once a provider preventive service agency is identified, ACS DPS' OPTA must enter the referral into PROMIS.
- f. If the provider preventive service agency accepts the referral:
  - i. The provider preventive service agency must schedule a transition meeting;
  - ii. Both the referring and receiving provider preventive service agency must document the transition meeting in CNNX;
  - iii. The receiving provider preventive service agency must accept the case in PROMIS and document the date the family signs the DSS 2921 form; and
  - iv. The referring provider preventive service agency requests a case closing from ACS DPS' OPTA [see Section III. C. 4. b. ii. c. for additional details].
- g. If the provider preventive service agency rejects the referral, steps (2)(c)–(e) are repeated.

### **C. Family Team Conference Types**

#### **1. Child Safety Conference (CSC)**

##### **a. Purpose<sup>18</sup>**

CSCs bring together all of the parties who have a responsibility and an interest in protecting the child in order to make a decision that will keep the child safe. The objective of a CSC is to produce the best decision concerning a child's safety and placement when necessary. All participants work together in the CSC to create a plan for safety that is tailored to the individual needs of the child and resources of the family.

##### **b. Types of CSC:<sup>19</sup>**

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<sup>18</sup> See *Initial Child Safety Conference Policy*; 3<sup>rd</sup> Rev, issued October 2012, and any successor guidance.

<sup>19</sup> See *Preventive Family Team Conferencing (PFTC) Protocol*, issued on January 2013, and any successor guidance.

- i. Initial Child Safety Conference (ICSC) – the ICSC is facilitated by ACS and is held at ACS DCP's request when the Child Protective Specialist's (CPS) supervisor and manager have preliminarily assessed that either removal from the family, court intervention, or another type of emergency response is needed to keep the child safe. The objective of the ICSC is to determine the most appropriate intervention that will keep a child safe, while involving and empowering the parents or caretakers in the decision-making process. Triggers<sup>20</sup> for an ICSC include:
  - a) All ACS cases referred to the Child Advocacy Center (CAC). CAC cases must be screened by a Child and Family Specialist (CFS) Manager for safety and risk. The CFS must assess presenting concerns, including the family's prior child welfare history, if any;
  - b) Instant Response Team (IRT) cases involving allegations of serious injury, excessive corporal punishment, sexual abuse, repeat maltreatment, chronic neglect, or any allegation requiring a safety plan for a child(ren);
  - c) The CPS team assesses that safety concerns are serious enough that legal intervention may be necessary to keep a child safe;
  - d) A child was deemed unsafe and immediately removed by the police or the CPS team.<sup>21</sup> If there has been a removal, the CSC cannot delay the CPS team from contacting FCLS and following the necessary steps for potential court involvement;
  - e) When a parent has a child who is currently in the care and custody of ACS, or is placed with ACS, or is released to the care of a parent, caretaker, or a non-respondent parent, and the mother has given birth to another child or ACS discovers the existence of another child;<sup>22</sup>
  - f) If the parent tests positive for an illegal substance during the 3<sup>rd</sup> trimester of pregnancy or at the time of the child's birth and has an open child welfare case with ACS;
  - g) When there are other indicators at the child's birth that a parent may not be able to care for the child;

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<sup>20</sup> See *Initial Child Safety Conference (ICSC) Policy*, 3<sup>rd</sup> Rev., issued on October 2012, and any successor guidance.

<sup>21</sup> DCP must have a legal cause of action, which shall be determined at intake by FCLS, to file an Article 10 petition.

<sup>22</sup> See *Child Safety Alert #14 (Revision): Safety Planning for Newborns or Newly Discovered Children Whose Siblings are in Foster Care* (June 5, 2008).

- h) When a fatality of a child has occurred, and there is a surviving sibling who is a child;
  - i) When a parent or caretaker expresses an interest in voluntarily placing a child; or
  - j) When a trial discharge fails because of a new safety concern and a new report is called into the State Central Register (SCR).<sup>23</sup>
- ii. Follow-up Child Safety Conference (FCSC) – the FCSC is facilitated by ACS and is held at ACS DCP's request within 30-45 days after the ICSC regardless of the outcome of the ICSC. The objective is to review the service plan or permanency plan, the status of implementation for services for the child, family, and foster parent, if applicable, as well as the family's level of engagement with the service plan or permanency plan. Note, the borough CFS, ACS staff, and provider agency staff need not discuss the original allegations of neglect or abuse in the FCSC. The following are triggers for an FCSC:
  - a) Within 30-45 days after the ICSC
- c. Participants
  - i. Child,<sup>24</sup> youth, and parent(s);<sup>25</sup>
  - ii. Extended family and non-relative supports: includes clergy, imam, rabbi, and other religious leaders the family turns to for support, family friends, neighbors, school staff, service providers, and anyone else the family considers an important resource;
  - iii. CPS;
  - iv. CPS Supervisor II;

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<sup>23</sup> This trigger only applies when new safety concerns arise during the trial discharge (different from the safety concerns that prompted the child or children to be placed in foster care) and a report is called into the State Central Register against the parent or trial discharge resource resulting in the failed trial discharge.

<sup>24</sup> All children who are part of the household and 10 years and older should attend and participate at the CSC.

<sup>25</sup> ACS must make efforts to contact, encourage, and facilitate the participation of non-household parents/caretakers to the CSC. If this is not possible, the CSC shall go forward without the parent(s). Also, if a specific determination is made that a parent or guardian's participation in the family service plan meeting would be detrimental to the child's well-being or an Order of Protection exists between the child and another parent or guardian, the parent or guardian must be excluded from the conference and must be consulted separately with respect to the matters discussed at the conference. The excluded parent or guardian's position is to be considered when formulating a plan as a result of the conference; SSL § 409-e.

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- v. Child Protective Manager (CPM);<sup>26</sup>
  - vi. ACS Facilitator;
  - vii. Interpreter (if needed);
  - viii. Provider Service Agency,<sup>27</sup> if assigned;
  - ix. Social workers/parent advocates affiliated with counsel for the children or parents;<sup>28</sup>
  - x. A parent advocate employed by the provider agency under contract with ACS,<sup>29</sup> if the parent voluntarily accepts a parent advocate;
  - xi. A community representative; and
  - xii. Clinical Consultation Program<sup>30</sup>, as needed
- d. Role of Attorneys
- i. Attorneys do not attend the CSC since its purpose is solely to make a social work assessment based on the child's safety. However, if there is current court involvement, the CPS must immediately provide notice of a CSC, by email, to the assigned FCLS attorney as soon as the CSC is

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<sup>26</sup> The CPM attends the CSC at his/her discretion for high profile cases (e.g. media involvement, stakeholder interest, complex cases, etc.) and for cases where additional support for the CPS team is needed. The CPM is required to attend the CSC on all child fatality cases.

<sup>27</sup> If a provider agency is assigned to the family, ACS must extend an invitation to the provider agency to participate in the ICSC and FCSC. If the provider agency is unable to attend the FTC, it is best practice for the ACS case manager to discuss all aspects of the family's service provision with the service provider, which includes, but is not limited to the appropriateness of services, progress, barriers to treatment, elevated risk/safety concerns, and pending goals, if any.

<sup>28</sup> A social worker/parent advocate affiliated with counsel for the child or the parent may attend the CSC (regardless of whether any child or parent is present at the CSC). These advocates provide a voice for the child or parent and often have critical information that can inform the recommendation and service plan reached during the CSC. The CPS must confirm with the assigned FCLS attorney whether the social worker/parent advocate represents the parent or child.

<sup>29</sup> Due to limited resources, parent advocates working for a provider agency under contract with ACS are offered on a voluntary basis for Initial Child Safety Conferences (ICSC) only. These parent advocates are individuals who have had both life experience with the public child welfare system and specialized training in child welfare policies, procedures, and protocols. The role of these parent advocates in the ICSC is to help and support families.

<sup>30</sup> The Clinical Consultation Program (CCP) was designed to support decision-making and case outcomes through the use of consultation teams with specialized knowledge and skills in mental health, early childhood development, domestic violence, and substance use disorder (see Section VIII for more information about CCP).

scheduled, so that the FCLS attorney can notify all currently assigned attorneys for the child(ren) or parent(s). The CPS should document this notice to the FCLS attorney in CNNX and/or on the CSC referral form.

e. Diligent Efforts: Rescheduling a Child Safety Conference

i. For ICSCs:

- a) A parent's or caretaker's absence or non-participation must not cancel or postpone a scheduled ICSC because the child's safety may be at risk and requires an immediate decision.

ii. For FCSCs:

a) For cases that do not have any provider agency involvement

- 1) If there is no communication from a parent prior to the scheduled FCSC, then the scheduled FCSC must be held without the parent.
- 2) The FCSC may proceed without the required participants and focus on safety and risk concerns, including, but not limited to the lack of the parent's engagement.

b) For cases with an assigned provider agency, ACS and/or provider agency staff must make the following diligent efforts to reschedule the FCSC within the 60-day child protective investigation time period:

- 1) ACS staff and/or provider agency staff must make two (2) or more attempts to contact the parent via face-to-face contact, telephone contact, and/or through written correspondence, with at least one (1) attempted face-to-face contact at the parent's home.
- 2) If there is no communication from the parent at the rescheduled FCSC date, the FCSC may proceed without the required participants and focus on safety and risk concerns, including, but not limited to the lack of the parent's engagement.

2. Family Support Conference (FSC)



a. Purpose<sup>7</sup>

FSCs engage families, community members, and service providers in critical decisions related to safety, risk, well-being, and service planning. The objective of an FSC is to enable all parties to have an honest and open discussion about the safety and well-being of the children and their families; to plan and coordinate service delivery by evaluating the need for ongoing services; to enable the family's progress toward stability and achievement of goals; and to provide a forum where decisions are being made by a team rather than individually. The ultimate goal is to weave together the family's expertise with the knowledge of professionals to produce a partnership that results in effective services and a strong network of support.

b. Types of FSCs<sup>8</sup>

i. Preventive Service Planning Conferences (PSPC)

- a) 30-45 days – a PSPC facilitated by ACS and held at the provider preventive service agency's<sup>9</sup> request no later than the 45<sup>th</sup> day of the case from the CRD. 30-45 day PSPCs are held for preventive cases, including Advocate cases and EBMs, that did not receive a Child Safety Conference (CSC) and meet the following criteria:<sup>34</sup> families with children ages zero (0) to five (5) years old; frequently encountered families;<sup>35</sup> families with special medical needs; families with developmental delays; and families with EBM preventive services. See Section IV for more information on EBM preventive services. The objective of the PSPC is to develop and refine the service plan with the family, address any concerns regarding safety or risk, reach agreement on strategies to reduce risk, assess progress toward achieving service

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<sup>7</sup> See *Preventive Family Team Conferencing (PFTC) Protocol*, issued on January 2013, and any successor guidance.

<sup>8</sup> See *Preventive Family Team Conferencing (PFTC) Protocol*, issued on January 2013, and any successor guidance.

<sup>9</sup> Preventive provider agencies are responsible for identifying cases that meet the criteria listed above and requesting the 30-45 day Preventive Service Planning Conference for those cases.

<sup>34</sup> This list of high-risk cases was determined by the IOC Critical Junctures Committee. ACS may adapt or change these categories at their discretion in the future.

<sup>35</sup> "Frequently Encountered Families" (FEF) refer to families appearing to have chronic neglect. FEF are the children, parents, and caregivers who we repeatedly serve throughout the service continuum. FEF are the families that are the subject of two (2) or more indicated or unfounded reports within the prior six (6) months or with four (4) or more indicated or unfounded reports within the prior two (2) years. Despite several child protective investigations, safety and risk remain a concern for FEF. FEF are also families that have been receiving lengthy preventive services, such as up to 18 months, and/or multiple preventive services. In either scenario, such families have elevated risk factors present and will receive preventive services for years without achieving their goals. Lastly, FEF are the families that are in and out of foster care or become involved in foster care as a child and later as parents with children in foster care.

plan goals, examine the need for ongoing preventive services and determine what needs to happen to close the case. The trigger<sup>36</sup> for a PSPC (30-45 days) is:

- 1) The 30<sup>th</sup> – 45<sup>th</sup> day in the life of a high-risk preventive service case from the CRD
- b) 6-month and 12-month – a PSPC facilitated by the preventive service provider agency and held every 6<sup>th</sup> month and 12<sup>th</sup> month of the case, and prior to the due date of the Family Assessment Service Plan (FASP). The objective of the 6-month and 12-month PSPCs is to refine the service plan with the family, address any concerns regarding safety or risk, reach agreement on strategies to reduce risk, assess progress toward achieving service plan goals, examine the need for ongoing preventive services and determine what needs to happen to close the case. The facilitator and provider preventive service agency need not discuss the original allegations of neglect or abuse in the FTC. The triggers<sup>37</sup> for a PSPC (6-month, 12-month) are:
  - a) Every 6 months in the life of a preventive service case (from the date of the initial FASP); and
  - b) Every 12<sup>th</sup> month in the life of a preventive service case (from the date of the most recent FASP).
- ii. Elevated Risk Conference (ERC) – a FSC facilitated by ACS and held at the provider agency's request when there is the potential for increased risk to the child(ren) or youth. ERCs are available for all preventive case types, including Advocate cases and EBMs, as well as for Family Assessment Program (FAP) providers<sup>38</sup>. The objective of the ERC is to bring together the provider agency, service providers, and others who are involved with the family to prevent potential harm to the child(ren) or youth. Participants at the ERC work together to develop interventions needed to stabilize the child, youth, or family, develop specific tasks, timeframes, and accountability measures to address the heightened risk, and facilitate safety planning decisions at a critical point in the life of a case. An ERC should not be requested when a provider has reasonable cause to suspect that the child(ren) or youth is being abused or maltreated, or when there is reason to believe that the child or youth is in immediate or impending

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<sup>36</sup> See *Preventive Family Team Conferencing (PFTC) Protocol*, issued on January 2013, and any successor guidance.

<sup>37</sup> See *Preventive Family Team Conferencing (PFTC) Protocol*, issued on January 2013, and any successor guidance.

<sup>38</sup> Note: provider FAP agencies must contact their FAP Borough Director or FAP Program Director to request conferences other than ERCs.

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danger of serious harm. In those instances, ACS and provider staff must call the SCR for a child protective response. The triggers<sup>10</sup> for an ERC include:

- a) The family disengaged from preventive services without sufficiently addressing the issues placing the child(ren) at risk of maltreatment or;
  - b) Child(ren) have not been seen or preventive workers are not given access to observe and interview the child(ren)/youth;
  - c) A family consistently misses appointments, refuses to come to the office, or is not available for home visits;
  - d) Family members are not willing to share information that will help the provider preventive service agency understand what is going on in the family;
  - e) The provider preventive service agency case planner is unsure if the family can protect the child(ren) and wants to consult with ACS about the facts and situation that lead them to that conclusion;
  - f) When there is an increased risk factor during the course of FAP intervention and there may need to be a higher level of intervention for the youth and family; or
  - g) Additional issues or conditions have surfaced that create an increased risk of maltreatment to the child(ren) and the family is not working with the provider preventive service agency to address them. For example: not following through on services (i.e. drug treatment when in a program, mental health services when there are young or multiple children in the home), a parent or child tests positive for drugs, the child or youth is not attending school, and a child or youth has an untreated or under-treated medical condition.
- c. Participants
- i. ACS or Provider Agency Facilitator;
  - ii. Child,<sup>11</sup> youth, and parent(s);<sup>41</sup>

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<sup>10</sup> See *Preventive Family Team Conferencing (PFTC) Protocol*, issued on January 2013, and any successor guidance; *Child Safety Alert #32 Responding to Heightened Safety Concerns in Preventive Services Cases*, Issued March 30, 2011.

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- iii. Extended family and non-relative supports: includes clergy, imam, rabbi, and other religious leaders the family turns to for support, family friends, neighbors, school staff, service providers, and anyone else the family considers an important resource;
  - iv. Community Partners;
  - v. An FCLS attorney, if there's court involvement and the attorney for the child(ren) and/or parent, if any, plans to appear at the FTC;
  - vi. Social workers/parent advocates affiliated with counsel for children or parents, if there is court involvement;
  - vii. Interpreter (if needed);
  - viii. Clinical Consultation Program<sup>42</sup>, as needed; and
  - ix. Provider Service Agency or other Child Welfare Professional, if assigned.
- d. Diligent Efforts: Rescheduling a Family Support Conference<sup>12</sup>
- i. PSPCs:
    - a) Diligent efforts is defined as two (2) or more attempts to contact the parent(s) via face-to-face contact, telephone contact, and/or through written correspondence, and at least one (1) attempt to make contact at the parent's home. The provider preventive service agency must consider the family's schedule/needs during the attempted contact at the parent's home.
    - b) If there is no communication from the parent(s) at the rescheduled FTC date, the FTC may move forward without required participants

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<sup>11</sup> All children who are part of the household and 10 years and older should attend and participate at the conference. If a specific determination is made that a parent or guardian's participation would be detrimental to the child's well-being or an Order of Protection exist between the child and one of the participants, the parent or guardian must be excluded from the conference and must be consulted separately with respect to the matters discussed at the conference. The excluded parent or guardian's position is to be considered when formulating a plan as a result of the conference; SSL § 409-e.

<sup>41</sup> All efforts must be made to contact, encourage, and facilitate non-household parent/caretaker's participation. The provider service agency must seek information about and engage fathers and extended family.

<sup>42</sup> See Section VIII for more info about CCP.

<sup>12</sup> The processes outlined for rescheduling FSCs are for ACS-facilitated conferences only. For all other conferences, agencies should follow procedures in accordance with internal directives.

and must be treated as an ERC and documented in CNNX accordingly.

### 3. Permanency Conference (PC)

#### a. Purpose<sup>44</sup>

PCs are conferences focusing on children in foster care. It is the process in which family, community members, foster parents, and relative caregivers are engaged in reaching critical decisions related to safety, placement, child well-being and permanency. The facilitator, ACS staff, and provider foster care agency staff need not continually discuss the original allegations of neglect or abuse in every permanency conference.

#### b. Types of Permanency Conferences<sup>45</sup>

- i. Goal Change Conference (GCC) – a GCC requested by the provider foster care agency and held when the case planner, in conjunction with his or her supervisor, is considering a change in a foster child’s permanency goal. The objective of the GCC is to bring together the provider agency, service providers, and others who are involved with the family or youth to determine if the proposed goal change is a viable permanency goal for the child(ren) or youth. The GCC is facilitated by:

- a) ACS FPS’ OYS when a goal change to APPLA is being considered (see Section VI for more information); and
- b) The provider foster care agency for all other proposed goal changes.

The trigger for a GCC is the provider foster care agency’s consideration or plan to change the child or youth’s permanency goal or a court order to change the child or youth’s permanency goal.

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<sup>44</sup> See *Children’s Services Office of Family Permanency Team Conferencing Protocol Phase II*, issued on April 1, 2009, and any successor guidance.

<sup>45</sup> See *Children’s Services Office of Family Permanency Team Conferencing Protocol Phase II*, issued on April 1, 2009, and any successor guidance.

- ii. Placement Preservation Conference (Preservation Conference) – the Placement Preservation Conference is requested by the provider foster care agency and held when the child or youth’s placement is at risk of disruption or when the provider foster care agency is considering a placement change for a child(ren) or youth.<sup>46</sup> The objective of the Preservation Conference is to bring together the provider agency and others who are involved with the family or youth to discuss the reason for the replacement, discuss any barriers to reunification, and determine whether a temporary release with ACS supervision (pre-disposition) or trial discharge (post-disposition) is a viable option for the child(ren) in lieu of a placement change. The Preservation Conference must be facilitated by:
  - a) ACS CWP for Preservation Conferences regarding placement disruptions;
  - b) ACS FPS’ OYS for Preservation Conferences regarding placement disruptions with youth, who have a goal of APPLA (see Section VI for more information); and
  - c) The provider foster care agency for Preservation Conferences regarding sibling reunification<sup>47</sup> and kinship moves.
- iii. In general, the triggers for Preservation Conferences regarding placement disruption include (ACS to facilitate):
  - a) When the child’s placement raises concerns regarding care and safety;
  - b) Prior to any change of placement for a child already in care;
  - c) Within two (2) working days after an agency receives a request by a foster parent to have the child removed from the foster home;
  - d) For any child returning from a hospitalization or from AWOL who is not returning to his or her last placement; and/or
  - e) Within 24 hours after an emergency removal of a child from foster care (Note: if there is suspicion of child abuse/neglect in the foster home, the provider agency must immediately contact the SCR).

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<sup>46</sup> An exception may be made where safety and risk exist and an emergency removal may be conducted prior to holding a Placement Preservation Conference. Respite moves do not trigger a Placement Preservation Conference.

<sup>47</sup> Family Court Act §1027-a. Placement of Siblings

- iv. In general, the triggers<sup>48</sup> for Preservation Conferences regarding sibling reunification and kinship moves include<sup>49</sup> (provider foster care agency to facilitate):
  - a) Prior to a change of placement for a child already in care; or
  - b) Prior to any kinship move.
- v. Permanency Planning Conference (PPC) – the PPC is requested by the provider foster care agency and is held in alignment with the FASP due date. The objective of a PPC is to bring together the provider agency and others who are involved with the family or youth to determine what needs to happen for the child(ren) or youth to achieve permanency.<sup>50</sup> Participants at the PPC work together to assess the progress of the parent or discharge resource’s service plan goals and the child’s permanency plan, assess the child’s service needs while in foster care, and/or refine the service plan goals or permanency plan with the parent or discharge resource if necessary, to address any concerns regarding safety or risk. The PPC must be facilitated by:
  - a) The provider foster care agency at the 90<sup>th</sup> day of the permanency case;
  - b) The provider foster care agency at the 6<sup>th</sup> month of the permanency case;
  - c) ACS CWP at the 12<sup>th</sup> month of the permanency case; and
  - d) The provider foster care agency every 6 months thereafter.

The triggers for PPCs include:

- a) Prior to the 90<sup>th</sup> day in the life of a permanency case prior to the due date of the FASP (including youth with a goal of APPLA);
- b) Every 6 months in the life of a permanency case prior to the due date of the FASP (including youth with a goal of APPLA); or

c. Participants

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<sup>48</sup> ACS may include priority categories at their discretion in the future.

<sup>49</sup> Similarly, an exception may be made where safety and risk exist and an emergency removal may be conducted prior to holding a Placement Preservation Conference.

<sup>50</sup> See Adoption and Safe Families Act (ASFA) of 1997, 2 U.S.C. 901; 18 U.S.C. 111 and 112.

- i. ACS or Provider Foster Care Agency Facilitator;
- ii. Parent(s);<sup>51</sup> (Permanency Planning Conferences Only)
- iii. Adoptive resource (Adoption Goal Change Only)
- iv. Foster parent(s)<sup>52</sup>; (Placement Preservation-Placement Disruption Only)
- v. Children<sup>53</sup> and youth;
- vi. Youth advisor<sup>54</sup> (at the youth's request)
- vii. Extended family/non-relative supports: includes clergy, imam, rabbi, and other religious leaders the family turns to for support, family friends, neighbors, school staff, service providers, and anyone else the family considers an important resource;
- viii. Provider foster care agency case planner;
- ix. Provider foster care agency case planner supervisor;
- x. Staff from ACS' Child Welfare Support Services, Bridges to Health (B2H) unit, Clinical Consultation Program (CCP), Mental Health Coordination Unit (MHCU), and Developmental Disability Unit (DDU) as needed;
- xi. Service provider(s);
- xii. Community partner(s); and
- xiii. An FCLS attorney, if the attorney representing the children and/or parents plan to appear at the FTC;<sup>55</sup> and

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<sup>51</sup> If a parent or caregiver wants to attend the PPC, but is not able to physically attend, all efforts must be made to include the parent or caregiver via video conference, written correspondence, or telephone contact whenever possible.

<sup>52</sup> If the foster parent wants to attend the FTC, but is not able to physically attend, all efforts must be made to include the foster parent via video conference, written correspondence, or telephone contact whenever possible.

<sup>53</sup> Children age 10 years and older are able to attend and participate in permanency conferences.

<sup>54</sup> Youth who are 14 years of age or older may select two (2) individuals to serve as members of the case planning team. The youth advisor cannot be the case planner, case worker, case manager, or foster parent. See 18 NYCRR § 428.3; 15-OCFS-ADM-22: *Case Planning for Youth in Foster Care 14 Years of Age or Older*, September 28, 2015.

<sup>55</sup> See 18 NYCRR § 430.12. Should counsel for the child(ren) and parent(s) request to attend a permanency conference, the FCLS attorney must also attend in person or by phone to participate in the conference. In the event of a scheduling conflict, the FCLS attorney must arrange for appropriate coverage for any conference and/or



- xiv. Social workers/parent advocates affiliated with the attorney for the children and parents.

d. Diligent Efforts: Rescheduling a Permanency Conference<sup>56</sup>

i. Goal Change Conference

a) Adoption

- 1) If a parent is involved, specifically in those instances where a conditional surrender might be likely, all efforts must be made for the parent to attend the FTC. Unless otherwise determined that a parent is required to attend, the FTC can move forward in the absence of the parent.

b) APPLA (see Section VI)

ii. Placement Preservation/Placement Disruption Conference

- a) While a parent's attendance may add value to the process and help in supporting the child(ren) and foster parent(s), the conference can proceed without the parent.
- b) In order to minimize the number of moves in care that children experience, foster parent(s) must participate in all conferences. A Preservation Conference should only occur when the foster parent(s) is present. If the foster parent(s) cannot attend, the provider agency must document their diligent efforts to attempt to have the foster parent(s) attend.
  - 1) Diligent efforts is defined as two (2) or more attempts to contact the foster parent(s) via face-to-face contact, telephone contact, and/or through written correspondence. If attempted contact is

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court appearance. If an attorney is present at the scheduled permanency conference, without an FCLS attorney, the conference must be rescheduled.

<sup>56</sup> The processes outlined for rescheduling FSCs are for ACS-facilitated conferences only. For all other conferences, agencies should follow procedures in accordance with internal directives.

made at the home of the foster family, the provider foster care agency must consider the family's schedule/needs.

- 2) If there is no communication from the foster parent(s) at the rescheduled date, the conference may move forward without the foster parent(s) and must be documented accordingly.

iii. Permanency Planning Conference<sup>57</sup>

- a) If required participants are unavailable for the conference, the conference should be rescheduled. The Service Plan Review must still be held according to state regulations and within prescribed timeframes, and should therefore be adhered to if there needs to be a reschedule conference.
- b) In the event of a rescheduled conference, the provider agency must document their diligent efforts to attempt to have the parent(s) attend, including:
  - 1) The provider foster care agency must follow up with the parent(s) to determine the reason for his/her absence, and determine a date and time he/she will be able to attend the FTC.
  - 2) Diligent efforts is defined as two (2) or more attempts to contact the parent(s) via face-to-face contact, telephone contact, and/or through written correspondence, and at least one (1) attempt to make contact at the parent(s) and/or foster parent(s) home. The provider foster care agency must consider the family's schedule/needs during the attempted contact at the parent(s) home.
  - 3) If there is no communication from the parent(s) at the rescheduled FTC, the FTC may move forward without the parent(s) and/or foster parent(s) and must be documented in CNNX accordingly.

4. Discharge Conference (DC)

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<sup>57</sup> The service plan review must still be held within the prescribed timeframes in state regulations, and should therefore be adhered to if there needs to be a rescheduled FTC.

a. Purpose<sup>58</sup>

DCs are conferences to assess whether the goals of the service plan or permanency plan have been achieved, whether the child will be safe with his or her family without the provider agency's supervision, whether there is a need to connect the child or family with preventive services from a community-based organization or other entities to reduce risk and/or provide support, and the opportunity to refer the child or family for preventive services, if needed, prior to the child's discharge or termination of services. For ACS-facilitated discharge conferences, the case cannot close without a discharge conference.

b. Types<sup>59</sup>

- i. "Temporary release"<sup>60</sup> discharge conference (TRDC) – A TRDC is facilitated by ACS and must be held at the provider foster care agency's request. A TRDC must be held within 48 hours of the court order temporarily releasing a child from foster care directly to the parent(s) or temporarily placing the child with a relative or suitable person(s) prior to disposition during an open Article 10 case. The conference shall not delay a court-ordered temporary release/temporary placement of the child(ren), which must occur within 24 hours of the court order. In addition, a provider foster care agency case planner or CPS may request a TRDC prior to seeking a court order temporarily releasing a child from foster care directly to the parent(s) or temporarily placing the child with a relative or suitable person(s) during an open Article 10 case. If DCP's FSU CPS is assigned to the family at the time of the court's order for temporary release/temporary placement, the FSU CPS must attend the TRDC. If the FSU CPS is not assigned to the family at the time of the court's order for temporary release/temporary placement, DCP<sup>61</sup> (PD/FSU) must attend the TRDC and the provider foster care agency must continue to monitor the child(ren) until the FSU CPS is assigned. The trigger for a TRDC includes:

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<sup>58</sup> See *Children's Services Office of Family Permanency Team Conferencing Protocol Phase II*, issued on April 1, 2009, and any successor guidance.

<sup>59</sup> See *Children's Services Office of Family Permanency Team Conferencing Protocol Phase II*, issued on April 1, 2009, and any successor guidance.

<sup>60</sup> Also known as "temporary placement" prior to disposition on an Article 10 case. See Family Court Act §1017(2)(a)(ii) and §1027.

<sup>61</sup> ACS DCP may use its discretion in sending the appropriate staff member to attend the TRDC when FSU CPS is not yet assigned at the time of the court's order.

- a. A court order temporarily releasing/temporarily placing a child from foster care directly to the parent(s), relative, or other resource(s) prior to disposition on an open Article 10 court case.
- ii. Service Termination Conference (STC) – the STC held at the provider preventive service agency’s request when a case closure is being considered, including Advocate cases and EBM’s cases. The objective of the STC includes, but is not limited to, assessing whether the child(ren) is safe, whether service termination is consistent with the overall risk rating/profile of the family, whether the risk of future abuse or neglect decreased significantly, and whether there is a need to pursue Family Court intervention. This STC must occur prior to closing any preventive service case, including Advocate cases and EBM cases. Note: STCs must proceed even for court-ordered supervision (COS) cases when applicable, even if the ACS FSU worker remains involved. The trigger for an STC is when a provider preventive service agency is considering case closure. The STC is facilitated by:
  - a) ACS CWP for preventive cases across all programs that are in one of the following preventive programs:<sup>62</sup>
    - 1) Child-Parent Psychotherapy (CPP)
    - 2) Trauma Systems Therapy (TST)
    - 3) Multi Systemic Therapy-Child Abuse and Neglect (MST-CAN)
    - 4) Multi Systemic Therapy-Substance Abuse (MST-SA)
    - 5) Functional Family Therapy-Child Welfare [FFT-CW (high risk)]
    - 6) Functional Family Therapy and Family Treatment Rehabilitation (FFT and FTR)
  - b) The preventive provider agency for all other preventive cases that do not meet the criteria listed above.
  - c) For preventive cases across all programs that meet one or more of the criteria below, provider preventive service agencies do not need to request an STC, but must consult with ACS DPS’ OPTA prior to case closure:<sup>63</sup>
    - 1) Foster Care Placement
    - 2) Child Turns 18 years old
    - 3) Whereabouts Unknown

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<sup>62</sup> Note, ACS may adapt or change these categories at their discretion in the future.

<sup>63</sup> Note, ACS may adapt or change these categories at their discretion in the future.

- 4) Family Moves Out of Jurisdiction
- 5) Case Transfers

The provider preventive service agency must email OPTA at [STCOPTA@acs.nyc.gov](mailto:STCOPTA@acs.nyc.gov) with the following information: CNNX ID/WMS#, case initials, the category, and reason for closing. Upon receipt of the request, OPTA must review the request and make its recommendation within 72 hours of the request to support closing, deny closing, or determine whether an STC is needed (see Attachment "I" for more information).

- iii. Trial discharge conference (TDC) – the TDC is held at the provider foster care agency's request when a trial discharge of a child or youth placed in foster care at disposition is being considered or court-ordered. The objective of the TDC is to bring together the provider agency and others who are involved with the family to assess whether the child will be safe with his or her family and whether there is a need to connect the child or family with preventive services from a community-based organization or other entities to reduce risk and/or provide support. The TDC is requested 60 days prior to the anticipated trial discharge, except when the court has ordered a trial discharge forthwith. If there is a court order, the conference must be held within 24 hours of the court order. The conference cannot delay a court-ordered trial discharge. The TDC is facilitated by:
  - a. ACS FPS' OYS for all youth with a goal of APPLA and youth placed in RTCs with a goal of reunification; and
  - b. ACS CWP for all other cases.

The triggers for a TDC include:

- a. A court order for a trial discharge; or
  - b. When the provider foster care agency is considering a trial discharge for the child.
- iv. Final discharge conference (FDC) – the FDC is held at the provider foster care agency's request when a final discharge of a child or youth placed in foster care at disposition is being considered. The objective of the FDC is to assess whether the goals of the permanency plan have been achieved, whether the child will be safe with his or her family without the provider agency's supervision, whether there is a need to connect the child or family with preventive services from a community-based organization or other entities to reduce risk and/or provide support,

and the opportunity to refer the child or family for preventive services, if needed, prior to the child's discharge. The FDC must be requested 30 days prior to the anticipated final discharge of a child or youth from placement, except when the court has ordered a discharge forthwith.<sup>65</sup> If the court orders a discharge, the conference must be held within 24 hours of the court order. The conference cannot delay the court-ordered discharge. The FDC is facilitated by:

- a. ACS FPS' OYS for all youth with a goal of APPLA and youth placed in RTCs with a goal of reunification; and
- b. ACS CWP for all other cases.

The triggers for an FDC include:

- a. When the provider foster care agency is considering child or youth's discharge to a parent or legal guardian, KinGAP, APPLA, or a discharge of the child or youth to a relative (i.e., Final Order of Custody or Guardianship).
- c. Generally, if the court orders a discharge, ACS and the provider foster care agency must plan to immediately comply with the order. At the same time, ACS and provider foster care agency staff must promptly confer with FCLS, as appropriate, regarding the possibility of appeal. Under no circumstances may a court-ordered discharge be delayed for the purpose of having a conference first. As needed, the provider foster care agency must arrange that any conference be held promptly after discharge.
- d. Participants
  - i. ACS or Provider Agency Facilitator;
  - ii. Parent(s)/Discharge resource(s);
  - iii. Children<sup>66</sup> and youth;
  - iv. Interpreter, if requested;
  - v. Case Planner/ Worker;

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<sup>65</sup> The court lacks the authority to order us to hold particular conferences which are part of our own voluntary protocol. As such, FCLS should consider entering opposition papers to any such orders.

<sup>66</sup> Children age 10 years and older are able to attend and participate in permanency conferences.

- vi. Case Planner/ Worker Supervisor<sup>67</sup>;
  - vii. ACS DCP CPS, if assigned;
  - viii. ACS DCP CPS Supervisor, if assigned;
  - ix. FCLS attorney<sup>68</sup>, if counsel for parent(s) and/or child(ren) are present, attorneys and social workers/parent advocates affiliated with the attorneys for the child(ren) and parent(s) for court-involved case;
  - x. Extended family/non-relative supports: includes clergy, imam, rabbi, and other religious leaders the family turns to for support, family friends, neighbors, school staff, service providers, and anyone else the family considers an important resource;
  - xi. Provider agency case planner or caseworker;
  - xii. Provider agency case planner/caseworker supervisor;
  - xiii. Service provider(s)[trial discharge only];
  - xiv. Community partner(s); and
  - xv. Clinical Consultation Program, as needed.
- e. Diligent Efforts: Rescheduling a Discharge Conference<sup>69</sup>
- i. A Discharge Conference cannot proceed without the presence of the parent(s) or discharge resource. It is the provider agency's responsibility to make all diligent efforts to have the parent(s) or discharge resource present:
    - a) Diligent efforts is defined as three (3) or more attempts to contact the parent(s) or discharge resource via face-to-face contact, telephone

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<sup>67</sup> The provider may designate staff, as needed, based on capacity, but each conference must include a supervisor or higher.

<sup>68</sup> See 18 NYCRR § 430.12. Should counsel for the child and parent(s) request to attend a discharge conference, the FCLS attorney must also attend in person or by phone. In the event of a conflict, the FCLS attorney must arrange for appropriate coverage for all conferences and/or court appearances. If an attorney is present at the scheduled discharge conference, without an FCLS attorney, the conference must be rescheduled.

<sup>69</sup> The processes outlined for rescheduling FSCs are for ACS-facilitated conferences only. For all other conference, agencies should follow procedures in accordance with internal directives.

contact, and/or written correspondence. At least two (2) attempts out of the three (3) or more attempts must be face-to-face contact at the parent(s) or discharge resource's home. The provider agency must consider the family's schedule/needs during the attempted contact at the parent(s) or discharge resource's home.

- b) If there is no communication from the parent(s) or discharge resource at the rescheduled FTC, the FTC may move forward without the parent(s) or discharge resource and focus on discharge safety/risk concerns and concerns regarding the lack of parent(s) or discharge resource's engagement.

#### **IV. Conferences Involving Evidence-Based Model (EBM) Preventive Services**

- A. All families receiving EBM preventive services must be aligned with ACS CWP's integrated conferencing. As such, the term "Family Team Sessions" shall no longer be used.
- B. All families receiving EBM preventive services who are referred by DCP via an Initial Child Safety Conference (ICSC), must attend and participate in the Follow-Up Child Safety Conference (FCSC) at the 30<sup>th</sup> – 45<sup>th</sup> day from the CRD. ACS must schedule the FCSC during the ICSC. ACS must facilitate these conferences and the conferences must occur in the borough office.
- C. All families receiving EBM preventive services who are not referred by DCP must receive a Preventive Planning Conference (PPC) at the 30<sup>th</sup> - 45<sup>th</sup> day from the CRD. ACS must facilitate this PSPC (see Section III for ACS-facilitated FTCs). This conference may occur in the home, borough office, or other community setting.
- D. All families receiving EBM preventive services must receive a Service Termination Conference (STC). As outlined in Section III. C. 4. b. ii., ACS or the provider agency must facilitate the STC. This conference may occur in the home, borough office, or other community setting.

#### **V. Conferences Involving Preventive Service Advocate Cases**

- E. All Advocate cases must be aligned with ACS CWP's integrated conferencing.
- F. All Advocate cases must be screened based on the outlined criteria to determine if a Preventive Planning Conference (PPC) at the 30<sup>th</sup> - 45<sup>th</sup> day from the CRD is required. ACS must facilitate this PSPC (see Section III for ACS-facilitated FTCs). This conference may occur in the home, borough office, or other community setting.



## ***Interim Policy In Effect***

- G. All Advocate cases must receive a Service Termination Conference (STC). As outlined in Section III. C. 4. b. ii., ACS or the provider agency must facilitate the STC. This conference may occur in the home, borough office, or other community setting.

## **VI. Conferences Involving ACS Family Permanency Services' (FPS) Office of Older Youth Services (OYS)**

- A. ACS FPS' OYS must conduct and facilitate conferences in lieu of ACS' CWP under the following circumstances only:
  - 1. All cases in which the provider agency is requesting a goal change to APPLA for youth age 16 years and older. The provider agencies must follow these principles below:
    - a. No youth in foster care shall be given the goal of APPLA without an FTC; and
    - b. No youth in foster care shall be given the goal of APPLA without a plan for a youth's permanent resource upon discharge in the community.
  - 2. All placement preservation conferences (PPCs) where the youth has a goal of APPLA;
  - 3. All trial discharge conferences (TDCs) in which a youth is being discharged to self with a goal of APPLA;
  - 4. All final discharge conferences (FDCs) where the youth has a goal of APPLA;
    - a. If Family Court orders the termination of the youth's foster care status for a youth who has a goal of APPLA, the provider foster care agency must administratively close out these cases once they have conducted all diligent efforts<sup>70</sup> to locate the youth and hold a final discharge conference.
    - b. If a youth, who has a goal of APPLA and is between the ages of 18 and 20 years old, the youth's case is considered a "Supervision to 21 case." If that youth is AWOL **and** the Family Court has ordered the termination of the youth's foster care status, the provider foster care agency must submit a completed APPLA Summary form and document in CNX all diligent efforts made in locating the youth.
  - 5. All TDCs and FDCs for youth in Residential Treatment Centers (RTCs) with a goal of reunification;

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<sup>70</sup> Provider foster care agency may consult with ACS FPS' OYS by email at: [OYSSFTC@acs.nyc.gov](mailto:OYSSFTC@acs.nyc.gov) for guidance regarding diligent efforts in locating youth, who have a goal of APPLA.

## ***Interim Policy In Effect***

- a. Provider agencies must request all TDCs and FDCs from ACS FPS' OYS five (5) business days in advance of the anticipated or planned trial discharge or final discharge.
  - b. Provider agencies must invite staff from the Intensive Preventive Aftercare Services for Child Welfare (IPAS-CW unit) to these trial discharge and final discharge conferences immediately after FPS' OYS confirms the conference date, time, and location. Provider agency staff can invite IPAS-CW staff via email, as soon as the FTC is scheduled, by sending a password-protected email to: [IPASCW@acs.nyc.gov](mailto:IPASCW@acs.nyc.gov)
  - c. Provider agency staff must attach a copy of the completed FTC referral form and include the following information in the body of the message:
    - i. The youth's name;
    - ii. The case name; and
    - iii. The date, time, and location of the conference.
6. All PPCs, TDCs, and FDCs for youth with a goal of APPLA age 16 years and older **and** youth who are involved in the juvenile justice system with active "D" dockets only:
- a. Crossover Youth Practice Model (CYPM);
  - b. Youth arrested;
  - c. Person in Need of Supervision (PINS);
  - d. Youth in OCFS custody; and/or
  - e. Youth at Rikers Island.
- B. To schedule an FTC for any of the above conferences, ACS and provider agency staff must email: Marcia Smith, Scheduler, at [Marcia.Smith@acs.nyc.gov](mailto:Marcia.Smith@acs.nyc.gov), and copy: Patricia Bassy, Executive Director, at [Patricia.Bassy@acs.nyc.gov](mailto:Patricia.Bassy@acs.nyc.gov), and ACS FPS' OYS at [OYSSFTC@acs.nyc.gov](mailto:OYSSFTC@acs.nyc.gov)

## **VII. Management Review Process**

### **A. Generally**

### ***Interim Policy In Effect***

1. The Management Review Process is an opportunity for conference participants to get additional input from ACS and provider agency staff on critical decisions. The Management Review Process engages multiple levels within ACS and provider agencies. ACS will initiate a Management Review during an ACS-facilitated conference if consensus cannot be reached during an ACS-facilitated FTC for the following reasons:
  - a. The conference participants cannot reach consensus regarding the health, safety and/or risk to a child; and/or
  - b. The conference decision is perceived as violating New York State Social Services Law or is contrary to an OCFS policy or ACS policy.
2. Disagreements may include, but are not limited to:
  - a. Releasing the child(ren) back to the respondent parent(s);
  - b. Trial discharging the child(ren) back to his or her parent(s); and/or
  - c. Terminating preventive services.
3. The process is outlined in Section B below.<sup>71</sup>

#### **B. Process**

1. The ACS facilitator will make every effort to guide the FTC participants to consensus around critical decisions during a conference. The ACS facilitator must work with the provider agency case planner, supervisor, and program director during the conference to try to reach consensus.
2. If consensus cannot be reached at the conference, the ACS Facilitator may contact the CWP Conference Manager or Conferencing Director for consultation regarding the disagreement.
3. If resolution cannot be reached by the end of the conference, the parties shall develop a plan to address the specific issues that need follow-up. If necessary, a safety plan will be put in place and all parties will agree to abide by it until final resolution can be reached.

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<sup>71</sup> This applies to all conferences, except Initial Child Safety Conferences which already have a Management Review Process in place that will remain the same.

## ***Interim Policy In Effect***

4. The CWP Conference Manager or Director shall trigger a management review by contacting the DCP Deputy Director, Director of OPTA, and/or the Executive Director of Senior Practice Consultants (SPC), the Case Practice Consultation Unit (CPCU), or the Shared Response Team (SRT), as appropriate.
5. The DCP Deputy Director, Director of OPTA, and/or the Executive Director of SPC/CPCU/SRT shall contact the Provider Agency Program Director or one level above to discuss the disagreement.
6. If resolution cannot be reached, the DCP Deputy Director, Director of OPTA and/or the Executive Director of SPC/CPCU/SRT will contact the DCP Borough Commissioner, Assistant/Associate Commissioner DPS and/or Associate Commissioner of FPS for consultation regarding the disagreement.
7. The DCP Borough Commissioner, Assistant/Associate Commissioner of DPS and/or Associate Commissioner of FPS shall contact the provider agency leadership, up to the Executive Director, to discuss the disagreement;
8. If resolution cannot be reached, the final decision-maker shall be the DCP Borough Commissioner, Assistant/Associate Commissioner of DPS, and/or the Associate Commissioner of FPS.

## **VIII. Role of Investigative Consultants (ICs), Clinical Consultants (CCs), Office of Educational Support and Policy Planning (OESPP), Mental Health Coordination Unit (MHCU), Bridges to Health (B2H), and Developmental Disability Unit (DDU)**

### **A. Generally**

Investigative Consultants (ICs), Clinical Consultants (CCs), the Office of Educational Support and Policy Planning (OESPP), the Mental Health Coordination Unit (MHCU), the Developmental Disability Unit (DDU), and Bridges 2 Health (B2H) are resources with whom ACS and the provider agencies may consult to provide expertise and information to expedite permanency planning.

### **B. Investigative Consultants (ICs)**

1. The ICs are a team of former law enforcement investigators who have been assigned to each of the borough offices and at Emergency Children's Services (ECS) to work with CPS on their investigations. They provide consultation and investigative support on cases which involve allegations of child abuse or neglect and expert assistance on cases which have resulted in serious injury or death of a child. The IC conducts criminal and domestic violence background checks to help inform CPS' safety and risk assessment. CPS, after consulting with their supervisor, can request an IC to accompany them on a home/field visit when their

investigative expertise may benefit the investigation (i.e. Fatality, Missing Children, Unable to Locate the Family, Serious Injury, Commercial Sexual Exploitation of Child(ren) [CSEC]<sup>72</sup>). ICs can conduct interviews with children, family members, neighbors, school officials and other community members when necessary. Additionally, ICs conduct training for CPS staff related to the techniques and strategies necessary for performing sensitive investigations, as well as techniques to enhance worker safety.

2. ACS and the provider agencies are to consult with ICs for their expertise and guidance regarding cases where a trial discharge or final discharge is anticipated for a child in placement. ACS and the provider agencies are to work with ICs in conducting and reviewing clearances.<sup>73</sup>

C. Clinical Consultation Program (CCP)

1. The Clinical Consultation Program (CCP) was designed to support decision-making and case outcomes through the use of consultation teams with specialized knowledge and skills in mental health, early childhood development, domestic violence, and substance use disorder. The CCP aims to partner with the child welfare continuum to promote best practice, and enhance efforts to serve children and families through assessments, case consultation, office-based training, and appropriate interventions.

D. Office of Educational Support and Policy Planning (OESPP)

1. OESPP is responsible for providing all ACS and provider agency staff with consultations and trainings on education-related issues that affect children involved with the child welfare system, including youth in foster care, youth receiving preventive services and/or youth within the juvenile justice system.
2. ACS and provider agency staff are to consult with OESPP for their expertise and guidance regarding education-related issues, including education stability conferences and meetings for children in foster care by email at [education.unit@acs.nyc.gov](mailto:education.unit@acs.nyc.gov) or by phone at (212) 453-9918.

E. Mental Health Coordination Unit (MHCU)

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<sup>72</sup> CSEC is defined as any child under age 18 who is induced to perform a commercial sex act (an act where something of value is provided in exchange for a sex act) is considered a sex trafficking victim regardless of whether force, fraud, or coercion is present. See 15-OCFS-ADM-16: Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims, September 1, 2015 (Revised March 30, 2016).

<sup>73</sup> At the time of this writing, a policy regarding requests for IC consultations for proposed trial discharge and final discharge is in development.

### ***Interim Policy In Effect***

1. The Mental Health Coordination Unit (MHCU) is responsible for tracking psychiatrically hospitalized children in foster care and providing mental health technical assistance to case planners as requested. ACS and provider agency staff must notify MHCU of acute inpatient psychiatric admissions and discharges within 24 hours by email at [mentalhealth.ta@acs.nyc.gov](mailto:mentalhealth.ta@acs.nyc.gov) or by phone at (212) 374-MHTA (6482).
2. The three criteria for MHCU eligibility are: A child is in ACS Custody, under age 18, and is admitted to an acute psychiatric inpatient unit (not an Emergency Room, Children's Comprehensive Psychiatric Emergency Program, Extended Observation Bed, State Hospital, or 21-day Crisis Respite Program).
3. In addition to working with case planners, MHCU also works closely with acute hospitals that have inpatient child and adolescent psychiatric units and the New York City Department of Health and Mental Hygiene (DOHMH).

#### **F. Bridges to Health (B2H)**

1. The Bridges to Health (B2H) is a home and community-based Medicaid waiver program that provides opportunities for improving the health and well-being of children in foster care or community services supervision. The purpose of the B2H program is to avoid, delay, or prevent medical institutional care and provide enhanced services to children with disabilities. B2H services are provided to the child, family, and caregivers in the foster home or community setting. The services follow a child after discharge from foster care if otherwise eligible up to age 21.
2. ACS and provider agency staff may contact B2H by phone at (212) 676-7192 for further consultation or guidance.

#### **G. Developmental Disability Unit (DDU)**

1. The Developmental Disability Unit provides technical assistance to ACS and provider agency staff in overcoming challenges when working with children and families with issues relating to intellectual/developmental disability (I/DD). DDU provides case consultation, training on I/DD and state eligibility requirements, and referrals for free psychological testing. DDU also provides outreach to provider agencies regarding children placed in foster homes who need supports and early permanency planning. Children and families outside the foster care community are linked to local community offices, supports, and services.

## ***Interim Policy In Effect***

2. ACS and provider agency staff may contact DDU by phone at (212) 442-2081 for assistance.

### **IX. Monthly Debriefing**

- A. The FTC Borough Director and/or Deputy Director must lead a debriefing every month at designated dates and times with DCP, provider agencies, parent advocates, and community representatives.
- B. The purpose of the monthly debriefings is to provide an opportunity for all FTC Child Welfare Professionals to provide each other with useful feedback regarding the FTC process, this policy to evaluate for system and practice gaps, and to build relationships across program areas.
- C. The debriefings shall have a formal agenda and will be no more than two (2) hours in duration.
- D. All stakeholders are encouraged to participate in the debriefings.

### **X. Alternative to FTC**

#### **A. Family Team Meeting**<sup>74</sup>

1. Generally
  - a. A family team meeting (FTM) is a family-focused intervention convened in response to an identified risk concern to work in partnership with the family to develop a service plan that addresses the identified risk elements when they do not present immediate or impending danger of serious harm to the child(ren) and court intervention is not being considered.
  - b. The objective of an FTM is to address the identified risks while considering the safety and well-being of the child(ren).
  - c. The participants of an FTM include: family members, family's supports,<sup>75</sup> service providers, the assigned CPS or case planner, and/or the supervisor.
2. Distinctions between FTM and FTC

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<sup>74</sup> See *Initial Child Safety Conference Policy*; 3rd Rev, issued October 2012, page 5, and any successor guidance.

<sup>75</sup> If the family identifies a social worker and/or parent advocate as support, then the social worker and/or parent advocate may also attend the FTM.

### ***Interim Policy In Effect***

- a. An FTM is always an informal option for the ACS CPS team or provider foster care agency team to meet with the family when there is no imminent or immediate danger of serious harm to the child(ren) during the course of an investigation or placement, whereas an FTC is triggered when there is elevated risk, an imminent or immediate danger of serious harm to the child(ren), placement disruption, or an anticipated or court-ordered discharge.
  - b. An FTM is led by the ACS CPS team or provider foster care agency team, whereas an FTC is formally facilitated by an ACS facilitator or designated provider foster care agency facilitator and concludes with a formal debriefing process.
3. FTM being elevated to FTC

During an FTM, if an assessment of imminent danger is made and it appears that a removal may be necessary, the CPS team will ask for an immediate CSC (FTC). Ideally, efforts should be made to have the CSC convened immediately upon request while all the parties are present.



# ACS-Facilitated Conferences

Referral Source	ACS Facilitated	Connections Purpose Code
Child Protection	<ul style="list-style-type: none"> <li>➤ Initial Child Safety</li> <li>➤ Follow-up Child Safety</li> </ul>	<ul style="list-style-type: none"> <li>➤ Protective Placement Decision Making</li> <li>➤ Family Team Conference Follow-up</li> </ul>
Foster Care Agency	<ul style="list-style-type: none"> <li>➤ Permanency Planning- 12 month</li> <li>➤ Trial Discharge</li> <li>➤ Final Discharge</li> <li>➤ Placement Preservation- Placement Disruptions</li> </ul>	<ul style="list-style-type: none"> <li>➤ 6-month Service Plan Review</li> <li>➤ Plan Amendment Trial Discharge</li> <li>➤ Plan Amendment Final Discharge</li> <li>➤ Replacement</li> </ul>
Preventive Agency	<ul style="list-style-type: none"> <li>➤ Preventive Service Planning- 30-45 days</li> <li>➤ Service Termination</li> <li>➤ Elevated Risk</li> </ul>	<ul style="list-style-type: none"> <li>➤ Case Planning</li> <li>➤ Case Transfer Review</li> <li>➤ 72-hr Elevated Risk Child Safety Conference</li> </ul>

# Agency-Facilitated Conferences

Referral Source	Agency-Facilitated	Connections Purpose Code
Foster Care Agency	<ul style="list-style-type: none"> <li>➤ Permanency Planning- 90-day, 6-month, 1 year+</li> <li>➤ Placement Preservation- Sibling Reunification and Kinship Moves</li> <li>➤ Goal Change- ACS Office of Older Youth to attend Goal Change to APPLA</li> </ul>	<ul style="list-style-type: none"> <li>➤ 90-day Service Plan Review, 6-month Service Plan Review</li> <li>➤ Replacement</li> <li>➤ Change in PPG</li> </ul>
Foster/Care Preventive Agency	<ul style="list-style-type: none"> <li>➤ Prevention Service Planning- 6-month, 12-month</li> </ul>	<ul style="list-style-type: none"> <li>➤ Prevention Planning 6-month</li> </ul>

# Child Welfare Programs Family Team Conference

## Universal Request Form

Date of Conference Request:

Name of Requester:

Title:

Agency:

Telephone:

Case Name:

Case Number:

Case Address:

FSS ID#:

If children are in Foster Care list FP Name:

Agency:

Address:

FID:

Case Initiation Date:

Is this an active court case?    Yes    No

Attorney FCLS    Name:

Telephone:

Court County:

Attorney AFC    Name:

Telephone:

Court County:

Parent Attorney Name:

Telephone:

Court County:

Other                      Name:

Telephone:

Court County:

Conference Type *(Drop Down List)*

Child Safety

Family Support

Permanency

Discharge

Family Composition			
Name	DOB	Relation to child(ren)	Permanency Planning Goal

Reason for FTC

Please explain what prompted request *(Describe Safety/Risk/Concerns)*. Narrative:

- Describe the unsafe behaviors exhibited by the child(ren):  
(Drug use/gang related/inappropriate social behavior/poor service follow/family violence/pregnancy)

• Describe parental incapacity: (Medical/Mental)

• Specify prior service history – Name and dates-recommended/completed services

• Specify prior foster care history for all children – Name and dates, trial and successful discharges

• Mental/medical/hospitalization concerns (specify who and impact on safety)

• Unsafe environmental conditions (specify the unsafe conditions and impact on safety)

• Excessive corporal punishment (specify who is unsafe and impact on safety)

• Domestic violence/sex abuse (specify who and impact on safety)

• Substance Misuse and Abuse (specify who and impact on safety)

Emergency Removal *(if removal occurred before conference request)* DCP/Foster Care and Replacement

Describe the unsafe conditions and/or behaviors that placed child(ren) in danger (do not list safety factors, please include parent/ caretaker arrest.

Discuss safety plan for child(ren) until the case is filed in court:

Who will care for child? Name:

Kinship    Yes    No    Where:

SCR cleared resources:

Findings:

Please discuss family’s prior Child Welfare History including all Jurisdictions:

\*In this section please discuss all known service involvement including current services. Note services offered, date service began, agency and what specific service was offered to each member and what specifically the service is/was intended to address. (Please indicate if family declined services/and unsuccessful service interventions). Regarding foster care please indicate all foster care history for each child including current placement information.



### Preventive Services (current and past)

Services Offered	Date referred	Date completed	Agency Name

### Permanency/Foster Care *(current and past)*

Foster Care Hx for each child <i>(include current)</i>	Agency Name	Dates from	to

## School Information

Child's Name	School Name/Number and Location	Grade	Is student attending school?	Is student designated to receive Special Ed services?	If yes, please choose disability
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	
			Yes No	Yes No	

## Special Considerations

Is any child currently in an ACUTE psychiatric hospital?		Yes	No	Child's name(s):			
If yes, name of hospital:		Hospital contact person/phone:					
Date Mental Health Coordination Unit was notified (if applicable):							
Discuss/list all diagnosis and attach all assessments:							
Is any child currently in a Juvenile Justice Settings?		Yes	No	Name of facility:	Date of admission:		
Is any child expecting a baby or parenting a child?		Yes	No	If yes, whom?	Sexual Trafficking Victim?	Yes	No
Expected delivery date:		Name of expecting child:					
Mental Health Concerns	Yes	No	If yes, specify (parent/child/other and list name):				
Substance Abuse Concerns	Yes	No	If yes, specify (parent/child/other):				
Family's Race/Ethnicity (use agency code):			Religion (use agency code):				
Primary language spoken:			Identify language to be utilized at the conference:				
Is an Interpreter required?	Yes	No	Native American?	Yes	No	Which Tribe/Nation:	
Parent advocate/community representative invited?		Yes	No	Date of invite:			

Prospective Participant Check Box if attendance confirmed	Relationship to child(ren)	Contact Number(s)	Phone Participation Contact Number

### CFS-Conference Assignment Information

ACS Facilitator:	Date of Conference:
Location Conference:	Time of Conference:
Cancellations:	

## CHILD WELFARE PROGRAMS

### CHILD WELFARE CONFERENCING / FAMILY TEAM CONFERENCING

#### BEVERLY ALI, ASSISTANT COMMISSIONER

Office # (212) 341-8979/ Cell # (646) 584-2593

Email: Beverly.Ali@acs.nyc.gov

#### MELANIE DUNCAN, ADMINISTRATIVE DEPUTY DIRECTOR

Office # (212) 341-9023/ Cell # (646) 842-2397

Email: Melanie.Duncan@acs.nyc.gov

#### SANDRA GRAYDON-LONG, FTC BOROUGH DIRECTOR

##### MANHATTAN (SOUTH) & STATEN ISLAND

Office: (718) 720-8864/ Cell # (917) 583-4130

Email: Sandra.Graydon-Long@acs.nyc.gov

#### JUDITH VASSELL-MARIETTE, FTC BOROUGH DIRECTOR

##### MANHATTAN (NORTH)

Office: (212) 676-6715/ Cell # (347) 844-3060

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#### ROBERT MARTINEZ, FTC BOROUGH DIRECTOR

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Office # (718) 260-8566/ Cell # (347) 860-5090

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#### DEBORAH GEORGE-WEST, FTC BOROUGH DIRECTOR

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#### CELESTE LUCAS POWERS, FTC BOROUGH DIRECTOR

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Office # (718) 725-4352/ Cell # (917) 716-2211

Email: Celeste.LucasPowers@acs.nyc.gov

#### TARYEN DAVIDSON, FTC BOROUGH DIRECTOR

##### QUEENS

Office # (718) 557-1768/ Cell # (917) 769-1975

Email: Taryen.Davidson@acs.nyc.gov

SANDRA GRAYDON-LONG, FTC BOROUGH DIRECTOR MANHATTAN (SOUTH) & STATEN ISLAND								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Beverley Booker (Staten Island)	O: (718) 720-3785 C: (929) 271-6259	<a href="mailto:Beverley.Booker@acs.nyc.gov">Beverley.Booker@acs.nyc.gov</a>	DGP - All of Staten Island	Beverley Booker			O: (718) 720-3785 C: (929) 271-6259	<a href="mailto:Beverley.Booker@acs.nyc.gov">Beverley.Booker@acs.nyc.gov</a>
Yvette Rodgers (Manhattan & Staten Island)	O: (212) 442-2037 C: (646) 584-3373	<a href="mailto:Yvette.Rodgers@acs.nyc.gov">Yvette.Rodgers@acs.nyc.gov</a>				Lenore Hurdle	(212) 676-7173	<a href="mailto:lenore.hurdle@acs.nyc.gov">lenore.hurdle@acs.nyc.gov</a>
			Boys Town	Tahisha Salmon Lue- Hing	(212)725-4260			
			Chinatown YMCA	Narcisa Loza	(212) 219-8393 ext. 16			
			Chinese-American P.C.	Judy Ah-Yune	(212) 941-0030 ext 251, 230 or 206			
			Edwin Gould Services for Children	Amelia Swanigan	(646) 315-7600 (Main) or (646) 315-7604			
			Graham Windham	Laurie Sands	(917) 697-9316 ext. 218			
				Laurie Sands	(212) 368-4100 ext. 7112 or (917) 697-9316			
			Harlem Children's Zone, Inc.	Maria Lozano- Cartegena	(212) 666-7390			
				Andrew Eisenberg	(212) 234-6714			
				Allison Peay	(212) 281-7000			
			Leake & Watts Services, Inc.	Anne Nadig	(718) 794-8425/ (718) 794-8248			
			Lower East Side Family Union	Hazel Ordanez	(212) 260-0040 ext. 1241			
			New Alternatives For Children	Carola Haberly	(212) 696-1550/ (646) 352-9032			

SANDRA GRAYDON-LONG, FTC BOROUGH DIRECTOR MANHATTAN (SOUTH) & STATEN ISLAND								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Saint Luke's-Roosevelt	Barbara Rothbart (Executive Director)	(212) 523-2695			
				Heather Sutter (Program Manager)	(212) 523-2692			
				Clarene Richards (Program Manager)	(212) 523-2688			
			The Children's Aid Society	Alirio Guerrero	(347) 291-8601			
				Linda McAndrew	(347) 291-8701			
				Kim Dorsey	(718) 625-8300			
				Schmika Risher	(212) 619-0383			
					(212) 619-0383 Ext. 6410			
			Jewish Board of Family & Children Services	Christine Sirianni	(718) 727-3303 ext. 830234			
				Vicki Kriemelman	(718) 727-3303 ext. 830226			
			Sauti Yetu Center for African Women & Families	Pierre Deshauteurs	(718) 665-2486			
			Seamen's Society for Children & Families	Katrina Schermerhorn	(718) 447-7740 ext. 4204			
				Linda Santlofer				
			United Activities Unlimited	Karen Felton- Handley	(718) 448-5591			
			The NY Foundling Hospital	Melissa Fulgieri	(646) 285-2593			
					(212) 206-4111/ (212) 886-4095			
				Anna Poiarkoff	(347) 913-2958			
				Tara Benjamin	(646) 315-3561			
				Zaida Fernandez				
Valerie Foy (Manhattan & Staten Island)	O: (212) 676-6516 C: (646) 872-3629	<a href="mailto:Valerie.Foy@acs.nyc.gov">Valerie.Foy@acs.nyc.gov</a>				Rosa Quinones	(212) 442-5660	<a href="mailto:rosa.quinones@acs.nyc.gov">rosa.quinones@acs.nyc.gov</a>
			The Children's Aid Society	Rachel Luski	(212) 949-4409			
				Bob Sloan	(718) 273-5305			
			Sheltering Arms	Lisa Gitelson	(646) 839-5357			



SANDRA GRAYDON-LONG, FTC BOROUGH DIRECTOR								
MANHATTAN (SOUTH) & STATEN ISLAND								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Good Shepherd Services	Emily Faro	(212) 475-4245			
			Jewish Board of Family & Children Services	Mindy Mayer	(212) 477-1565			
			New Alternatives for Children	Carla Riccobono	(212) 696-1550			
			The NY Foundling Hospital	Jacqueline Sanders	(917) 485-7716			
			Seamen's Society for Children & Families	Jacqueline Lawrence	(718) 447-7740 ext. 4629			



JUDITH VASSELL-MARIETTE, FTC BOROUGH DIRECTOR								
MANHATTAN (NORTH)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Sonia Tye-Santiago (Manhattan-North)	O: (212) 426-3769 C: (347) 578-4134	<a href="mailto:Sonia.Tye-Santiago@acs.nyc.gov">Sonia.Tye-Santiago@acs.nyc.gov</a>	DCP - Zone A, B, C, Z and OSI	Sonia Tye-Santiago			O: (212) 426-3769 C: (347) 578-4134	<a href="mailto:Sonia.Tye-Santiago@acs.nyc.gov">Sonia.Tye-Santiago@acs.nyc.gov</a>
Rhonda Sealey (Manhattan-North)	O: (212) 227-3498 C: (929) 271-6321	<a href="mailto:Rhonda.Sealey@acs.nyc.gov">Rhonda.Sealey@acs.nyc.gov</a>				Sultana Khanam	(212) 341-0959	<a href="mailto:sultana.khanam@acs.nyc.gov">sultana.khanam@acs.nyc.gov</a>
			Catholic Guardian Services	Liana Deleon	(212) 926-1774			
			The Children's Village	Danielle Gaffney	(212) 932-9009			
			Edwin Gould Services for Children	Baily Anais	(212) 602-5836			
			Graham Windham	Antoinette Grant	(917) 386-2121/ (718) 875-1667 ext. 3411			
			Lutheran Social Services of NY	Lisa Marie Vargas	(646) 790-6566			
			The NY Foundling Hospital	Authurine Tucker	(917) 485-7137			
Catrize Vega (Manhattan-North)	O: (212) 427-3866 C: (646) 770-7569	<a href="mailto:Catrize.Vega@acs.nyc.gov">Catrize.Vega@acs.nyc.gov</a>				Tanika Moore	(212) 860-6938	<a href="mailto:Tanika.Moore@acs.nyc.gov">Tanika.Moore@acs.nyc.gov</a>
			Association to Benefit Children (Administrative Director)	Samantha Acevedo	(646) 459-6099			
			Association to Benefit Children (Clinical Director)	Carrie Wolleman-Stein	(646) 459-6142			
			Cardinal McCloskey	Nadia Luburic	(212) 987-1806			
			Harlem Dowling Westside	Gatiana Smith	(212) 927-9200			
			Little Sisters of the Assumption	Nilsa Machado-Welsh	(212) 987-2725			
			New York City Mission Society	Mary Mckevitz	(212) 749-5800			

JUDITH VASSELL-MARIETTE, FTC BOROUGH DIRECTOR								
MANHATTAN (NORTH)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Northside Center for Child Development, Inc.	Adrienne Williams-Myers	(212) 426-3419			
			The Children's Aid Society	Frances Lopez	(347) 708-8475			
			The Children's Village	Daphne Torres-Douglas	(917) 734-7059			
			The NY Foundling Hospital	Jennifer Brannon	(646) 369-6321			
				Jose Vasquez	(212) 206-4111/ (212) 886-4095			
				Fanny Duran	(212) 886-4000/ (212) 886-4095			
				Tara Benjamin	(347) 913-2958			
				Sylvia Rowlands	(212) 660-1313			
				Reina Batrony	(212) 660-1354			
Catrize Vega (Bronx - South)	O: (212) 427-3866 C: (646) 770-7569	<a href="mailto:Catrize.Vega@acs.nyc.gov">Catrize.Vega@acs.nyc.gov</a>				Tanika Moore	(212) 860-6938	<a href="mailto:Tanika.Moore@acs.nyc.gov">Tanika.Moore@acs.nyc.gov</a>
			Association to Benefit Children	Cindy Bautista	646-937-2491			
			Cardinal McCloskey	Nadia Luburic	718-542-0255			
			Dominican Sisters	Eileen Cuevas	718-292-0151 ext. 1423			
			Edwin Gould Services for Children	Janie Johnston	718-732-7422			
			Graham Windham	Milagros Vega	718-294-1715 ext. 4150			
			Jewish Child Care Association	Justine Gottlieb	347-293-4194			
			Puerto Rican Family Institute	Sonia Acobe-Morales	718-584-6268			
			Sauti Yetu Center for African Women and Families	Katrina Schermerhorn	718-665-2486			
			Sheltering Arms	Adaisha Richards	718-401-5161			

JUDITH VASSELL-MARIETTE, FTC BOROUGH DIRECTOR								
MANHATTAN (NORTH)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			The Children's Aid Society	Frances Lopez	347-708-8475			
				Stephen Douglas	718-716-7531			
			The NY Foundling Hospital	Marta Anderson-Winchell	917-485-7297			
				Reina Batrony	212-660-1354			
			University Behavioral Associates	Dr. Juanita Jose	718-401-5050			

ROBERT MARTINEZ, FTC BOROUGH DIRECTOR								
BRONX (NORTH) & UPSTATE								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Francis Ayuso (Bronx-North/West)	O: (718) 401-2081 C: (347) 213-0681	<a href="mailto:Francis.Ayuso@acs.nyc.gov">Francis.Ayuso@acs.nyc.gov</a>				Roxane Benjamin	(718) 401-2081	<a href="mailto:Roxane.Benjamin@acs.nyc.gov">Roxane.Benjamin@acs.nyc.gov</a>
			Catholic Guardian Services	Rita Alvis	(718) 828-0300 ext. 222			
				Peter Trivisonno	(718) 288-1515 ext. 165			
				Cacilda Pinto	(718) 828-0300 ext. 272			
			The Children's Village	Paulette Rivers	(718) 220-4700 ext. 6507			
			Astor Services for Children & Families	Lanika Lester	(718) 231-3400			
			Berkshire Farm Center Services for Youth	Jennifer Gilmore	(718) 617-7972			
			Bronx Works	Jonathan Morgenstern	(718) 508-3160			
			Graham Windham	Milagros Vega	(718) 294-1715			
			Jewish Board of Family & Children Services	Cynthia Carnaghi/ Andrea Edwards	(718) 320-3082 ext. 810207			
				Andrea Edwards	(718) 798-7801 ext. 265			
			Leake & Watts Services, Inc.	Rickie Daniels	(718) 794-8413			
			Good Shepherd Services	Sonia Velez	(718) 562-7865			
				Dalma Riquelme/John Fagella	(718) 562-2605			
				Mary Tanneberger	(718) 365-1400			

ROBERT MARTINEZ, FTC BOROUGH DIRECTOR								
BRONX (NORTH) & UPSTATE								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Mental Health Association of NYC	Elizabeth Rogers	(646) 532-3540 ext. 861			
			Scan -NY	Donna Pearce	(718) 293-2230			
			Saint Dominic's Home	Kimberly Herman	(718) 584-4407 ext. 111			
Ohan Carter (Bronx-North)	O: (718) 239-5415 C: (917) 769-1878	<a href="mailto:Ohan.Carter@acs.nyc.gov">Ohan.Carter@acs.nyc.gov</a>	DCP - Zone A, C, and Z	Ohan Carter			O: (718) 239-5415 C: (917) 769-1878	<a href="mailto:Ohan.Carter@acs.nyc.gov">Ohan.Carter@acs.nyc.gov</a>
Aline Fertil-Monroe (Bronx-North & Westchester County)	O: (718) 518-7047 C: (646) 584-3762	<a href="mailto:Aline.Fertil-Monroe@acs.nyc.gov">Aline.Fertil-Monroe@acs.nyc.gov</a>				Dion Cordice	(718) 239-2889	<a href="mailto:Dion.Cordice@acs.nyc.gov">Dion.Cordice@acs.nyc.gov</a>
			Catholic Guardian Services	Patricia Ekokobe	(718) 828-0300			
				Gerri Goldfarb	(212) 926-1774			
			The Children's Aid Society	Suzette Foncesca	(718) 764-2406			
			The Children's Village	Hewton Fider	(914) 693-0600 ext. 1244/ext. 2101			
				Sasha Cureton	(718) 220-4700 ext. 7280			
			Good Shepherd Services	Karen Callender	(718) 561-4340			
			Graham Windham	Latoya Plummer	(914) 478-1100 ext. 280			
			Jewish Board of Family and Children Services	Jonathan McLean & Valerie Cortalano	(914)773-6766 & (914)773-7466			
			Jewish Child Care Association	Malaika Gutman	(914) 741-4553			
				Silva Orellana	(914) 741-4536			

ROBERT MARTINEZ, FTC BOROUGH DIRECTOR								
BRONX (NORTH) & UPSTATE								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Leake & Watts Services, Inc.	Debra McCall	(718) 794-8442			
				Shanikwa McIntyre- Ligonde	(718) 231-9020			
			Lutheran Social Services of NY	Lisa Marie Vargas	(646) 790-6566			

PERPETUA IGWEATU, FTC BOROUGH DIRECTOR								
BRONX (SOUTH)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Joycelyn Garbutt (Bronx South)	O: (718) 933-6379 C: (347) 415-7947	<a href="mailto:Joycelyn.Garbutt@acs.nyc.gov">Joycelyn.Garbutt@acs.nyc.gov</a>	DCP - B, E and F	Joycelyn Garbutt			O: (718) 933-6379 C: (347) 415-7947	<a href="mailto:Joycelyn.Garbutt@acs.nyc.gov">Joycelyn.Garbutt@acs.nyc.gov</a>
Dale Roberson-Baker (Bronx - South)	O: (718) 319-8909 C: (347) 415-7579	<a href="mailto:Dale.Roberson-Baker@acs.nyc.gov">Dale.Roberson-Baker@acs.nyc.gov</a>	DCP - Zone D	Dale Roberson-Baker			O: (718) 319-8909 C: (347) 415-7579	<a href="mailto:Dale.Roberson-Baker@acs.nyc.gov">Dale.Roberson-Baker@acs.nyc.gov</a>
Francisco Guadamuz (Bronx - South)	O: (718) 933-1340 C: (347) 831-4084	<a href="mailto:Francisco.Guadamuz@acs.nyc.gov">Francisco.Guadamuz@acs.nyc.gov</a>				Remy Yigan	(718) 220-5296	<a href="mailto:remy.yigan@acs.nyc.gov">remy.yigan@acs.nyc.gov</a>
			Catholic Guardian Services	Grace Poppe	(718) 228-1515 ext. 128			
				Gerri Goldfarb	(212) 926-1774			
			Graham Windham	La Neeka Ross	(718) 294-1715			
			The NY Foundling Hospital	Jane Neville	(917) 485-7100			
			Edwin Gould Services for Children	Patricia McCollin	(212) 437-3531			
			Jewish Child Care Association	Kirsten Cooper	(718) 742-8727			
			Sheltering Arms	Lisa Gitelson	(646) 839-6357			
				Alana MiraFuentes	(929) 241-1961			
			Cardinal McCloskey	Allen. Feltman	(718) 993-7700 ext. 794			
			Abbott House	Michelle Basquiat	(718) 329-4968 ext. 3433			
			Cayuga Home	China Rivera	(718) 860-1656 ext.1602			
			Saint Dominic's Home	Taiesha Kim Zachary	(917) 645-9076			

HARRY COMEAU, FTC BOROUGH DIRECTOR								
BROOKLYN (WEST)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Andrea McNeil- Tucker (Brooklyn)	O: (718) 623-4640 C: (646) 761-5363	<a href="mailto:Andrea.Mcneil-Tucker@acs.nyc.gov">Andrea.Mcneil-Tucker@acs.nyc.gov</a>	DCP - Zone A, (FSU G & Z) and E	Andrea McNeil- Tucker			O: (718) 623-4640 C: (646) 761-5363	<a href="mailto:Andrea.Mcneil-Tucker@acs.nyc.gov">Andrea.Mcneil-Tucker@acs.nyc.gov</a>
Theresa Bullock (Brooklyn - Bushwick)	O: (718) 218-6357 C: (347) 675-5131	<a href="mailto:Theresa.Bullock@acs.nyc.gov">Theresa.Bullock@acs.nyc.gov</a>				Lisa Rivers- Campbell	(718) 218-6243	<a href="mailto:Lisa.rivers-campbell@acs.nyc.gov">Lisa.rivers-campbell@acs.nyc.gov</a>
			Coalition for Hispanic Family Services	Vladimir Carvajal	(718) 497-6090 ext. 328			
			Bethany House 1 with SCO	Carol Magaro	(718) 526-7533			
			Little Flower Children & Family Services	Kerine Mills	(718) 260-8840 ext. 5612			
			The NY Foundling Hospital	Audrey Spiegel	(347) 689-1043			
Leslie Carrington (Brooklyn - South)	O: (718) 221-4036	<a href="mailto:Leslie.Carrington@acs.nyc.gov">Leslie.Carrington@acs.nyc.gov</a>				Luceriza Hidalgo	(718) 245-5994	<a href="mailto:LucerizaA.Hidalgo@acs.nyc.gov">LucerizaA.Hidalgo@acs.nyc.gov</a>
			Arab-American Family Support Center	Yolanda Tart	(718) 643-8000			
			The Children's Aid Society	Kim Dorsey	(718) 858-8234			
			CAMBA	Brandi Vaughn	(718) 282-5575			
			Community Counseling and Mediation	Lana Chery/ Yasmin Creary	(718) 693-7700			
			Good Shepherd Services	Shalini Schaeffer	(718) 422-1900			
				Rita Sanchez- Torres/ Regine Cajuste	(718) 788-0666			
				Mi Seon Kang/ Claribel Marrero	(718) 965-3313			



HARRY COMEAU, FTC BOROUGH DIRECTOR								
BROOKLYN (WEST)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Graham Windham	Milagros Vega/ Dorka Sanchez	(718) 875-1167 ext. 3208/ ext. 3201			
			Jewish Board of Family and Children Services	Tricha Menelas	(718) 258-1714			
				Amira Martin	(718) 769-0405			
			Jewish Child Care Association	Diane Singleton	(718) 859-4500			
			The NY Foundling Hospital	Melissa Fulgieri	(212) 660-1384			
				Tara Benjamin	(212) 660-1330			
				Reina Batrony	(212) 660-1354			
			Ohel Children's Home & Family Services	Shelly Berger	(718) 851-6300 (Temporary #)			
					(718) 221-8880 ext. 2100 or ext. 2120			
			Sesame Flyers International	Leslyn Rahaman	(718) 928-8394/ (718) 372-0580			
			HeartShare St. Vincent's Services	Mary Semexant	(718) 234-1717			
				Sherry Brumel	(718) 522-3700			
				Maria Pena	(718) 438-9500 ext. 213			
			SCO Family of Services	Julia Jean Francois	(718) 375-7444			
				Barbara Denize/ Betsy Diaz				
			Mercy First					
Geraldine Sallee (Brooklyn - West)	O: (718) 260-8720 C: (347) 768-4101	<a href="mailto:Geraldine.Sallee@acs.nyc.gov">Geraldine.Sallee@acs.nyc.gov</a>				Ramona Green	(718) 260-8776	<a href="mailto:Ramona.Green@acs.nyc.gov">Ramona.Green@acs.nyc.gov</a>
			Graham Windham	Sandra Bernard	(718) 875-1167 ext. 3314			
			Jewish Child Care Association	Cy Orfield	(718) 742-8503			
					(718) 935-9644 ext. 6321			
			SCO Family of Services	Rory Francis	(718) 851-6300			
				Kelly Sarway				
			Ohel Children's Home & Family Services	Shelly Berger	(718) 851-6300			

DEBORAH GEORGE-WEST, FTC BOROUGH DIRECTOR								
BROOKLYN (EAST)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Keeva Bragg (Brooklyn)	O: (718) 348-8173 O: (718) 942-2540 C: (646) 599-6606	<a href="mailto:Keeva.Bragg@acs.nyc.gov">Keeva.Bragg@acs.nyc.gov</a>	DCP - Zone C and D	Keeva Bragg			O: (718) 348-8173 O: (718) 942-2540 C: (646) 599-6606	<a href="mailto:Keeva.Bragg@acs.nyc.gov">Keeva.Bragg@acs.nyc.gov</a>
Nodica Johnson (Brooklyn)	O: (718) 218-6319 C: (917) 769-1757	<a href="mailto:Nodica.Johnson@acs.nyc.gov">Nodica.Johnson@acs.nyc.gov</a>	DCP - Zone B and F	Nordica Johnson			O: (718) 218-6319 C: (917) 769-1757	<a href="mailto:Nodica.Johnson@acs.nyc.gov">Nodica.Johnson@acs.nyc.gov</a>
Natasha Harding (Brooklyn)	O: (718) 623-4503 C: (646) 265-4387	<a href="mailto:Natasha.Harding@acs.nyc.gov">Natasha.Harding@acs.nyc.gov</a>				Patricia Allison	(718) 623-4859	<a href="mailto:Patricia.Allison@acs.nyc.gov">Patricia.Allison@acs.nyc.gov</a>
			Edwin Gould Services for Children	Maria Garay	(212) 437-3567			
			Lutheran Social Services of NY	Monica Ofori	(718) 443-1010			
			HeartShare St. Vincent's Services	Alexis Sosa	(718) 739-5000			
			Mercy First	Carla Wilson	(718) 232-1500			
			Seamen's Society for Children & Families	Daryl Dyer	(718) 447-7740			
Paulette Barry (Brooklyn - North)	O: (718) 218-6346 C: (347) 415-7576	<a href="mailto:Paulette.Barry@acs.nyc.gov">Paulette.Barry@acs.nyc.gov</a>				Darlene Lucky	(718) 218-6294	<a href="mailto:Darlene.lucky@acs.nyc.gov">Darlene.lucky@acs.nyc.gov</a>
			Boys Town	Jasmine Singleton	(718) 230-3947			
			Brooklyn Community Services	Jody Querbach	(718) 622-9400			
			Brooklyn Community Services (East NY Family Center)	Jody Querbach	(718) 345-6300			
			Catholic Charities Neighborhood	Daisha Laster	(718) 385-2043			
			Catholic Charities Neighborhood (East NY Family Center)	Yaminah Mcclendon	(929) 234-3042			
					(718) 282-5575 ext. 40312/ (718) 226-0412 ext. 59001			
			CAMBA	Brandi Vaughns/ Erica Linton				
			Coalition for Hispanic Family Services	Franc Villalobos	(718) 497-6090			

DEBORAH GEORGE-WEST, FTC BOROUGH DIRECTOR								
BROOKLYN (EAST)								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Community Counseling & Mediation	Lana Cherry	(718) 230-5100			
			Cypress Hills L. D. C.	Max Howard	(718) 277-9593			
			Edwin Gould Services for Children	Michelle Netzler	(347) 227-4160			
				Sylvia Fety	(347) 464-7140			
			Little Flower Children & Family Services	Kristen Marzo	(347) 533-3637 ext. 4208			
			Puerto Rican Family Institute	Marioli Sterling	(718) 387-5200 ext. 2121			
				Irma Rodriguez	(718) 782-7701			
				Portia Robinson	(718) 647-7520			
			SCO Family of Services	Elizabeth Rodriguez	(718) 455-2300			
				Karen Joseph/ Paulette Campbell	(917) 966-4610			
				Cavit Mehmet Zendut	(917) 966-4620 ext. 4633			
				Beth Tilden	(718) 342-4254			
				Gerardine Cadet-Mareus	(718) 342-2374			
				Angela Watson	(718) 596-1116 ext. 11			
			Seamen's Society for Children & Families	Roland Sombai	(888) 837-6687			
			The Family Center	Kandrea Higgings	(718) 230-1379			
			Women's Prison Association	Jennifer Schultz	(347) 227-4238			
			Jewish Board of Family & Children Services	Robert Vichnis/Nishanna Ramataur	(718) 881-1524 ext. 529203/ ext. 529207			

CELESTE LUCAS POWERS, FTC BOROUGH DIRECTOR								
QUEENS & LONG ISLAND								
Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Debbie Fraser (Queens & Long Island)	O: (718) 262-1408 O: (718) 725-6485 C: (646) 532-9509	<a href="mailto:Debbie.Fraser@acs.nyc.gov">Debbie.Fraser@acs.nyc.gov</a>	DCP - Zone B and C	Debbie Fraser			O: (718) 262-1408 O: (718) 725-6485 C: (646) 532-9509	<a href="mailto:Debbie.Fraser@acs.nyc.gov">Debbie.Fraser@acs.nyc.gov</a>
Fred Eirebamen (Queens & Long Island)	O: (718) 725-3788 C: (347) 768-4073	<a href="mailto:Fred.Eirebamen@acs.nyc.gov">Fred.Eirebamen@acs.nyc.gov</a>				Marie Gilles	(718) 725-2101	<a href="mailto:Marie.Gilles@acs.nyc.gov">Marie.Gilles@acs.nyc.gov</a>
			HeartShare St. Vincent's Services	Alexis Sosa	(718)739-5000 ext. 102			
			Little Flower Children & Family Services	Jennifer Horsely	(718) 526-9150 ext. 197			
			Mercy First	Dawn Bessemer	(516) 921-0808			
				Deitre Reynolds	(718) 318-6167			
			SCO Family of Services	Lee Pardee	(718) 935-9466			
Vacant Fred Eirebamen Covering	O: (718) 725-3788 C: (347) 768-4073	<a href="mailto:Fred.Eirebamen@acs.nyc.gov">Fred.Eirebamen@acs.nyc.gov</a>				Ramona Parilla	(212) 442-0534	<a href="mailto:Ramona.Parilla@acs.nyc.gov">Ramona.Parilla@acs.nyc.gov</a>
			Forestdale, Inc.	Linda Ford	(718) 263-0740			
			The Children's Village	Sasa Cureton	(212) 932-9009			
			Lutheran Social Services of NY	Lisa Marie Vargas	(646) 790-6566			
			Martin De Porres	Eon Parks	(718) 527-0606 ext. 302 or 303			
			The NY Foundling Hospital	Nicole Murray Roberts	(917) 485-7405			
			Saint John's	LaToya Hanson	(718) 945-2800			

**TARYEN DAVIDSON, FTC BOROUGH DIRECTOR**

**QUEENS**

Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
Stephanie Arrington (Queens)	O: (718) 557-8901 O: (718) 725-6485 C: (347) 563-2620	<a href="mailto:Stephanie.Arrington@acs.nyc.gov">Stephanie.Arrington@acs.nyc.gov</a>	DCP - Zone A and C	Stephanie Arrington			O: (718) 557-8901 O: (718) 725-6485 C: (347) 563-2620	<a href="mailto:Stephanie.Arrington@acs.nyc.gov">Stephanie.Arrington@acs.nyc.gov</a>
Adeyinka Adeniran (Queens)	O: (718) 725-3698 C: (917) 681-5806	<a href="mailto:Adeyinka.Adeniran@acs.nyc.gov">Adeyinka.Adeniran@acs.nyc.gov</a>				Lorna Etkins	(718) 725-3555	<a href="mailto:Lorna.Etkins@acs.nyc.gov">Lorna.Etkins@acs.nyc.gov</a>
			Arab-American Family Support Center	Naffeesatu Massquo-Yancy	(718) 937-8000 ext. 25			
			Catholic Charities Neighborhood Services	Gloriane Roberson	(718) 526-5151 ext. 3610/ (718) 327-3471 ext. 3315			
			The Child Center of NY - CCNY Flushing GP & FTR	Dr. Nelly Marte	(718) 359-5345			
			The Child Center of NY - CCNY Elmhurst GP & FTR	Yolanda Vega	(718) 899-9810			
			The Child Center of NY - CCNY Jamaica GP & FTR	Denise Baird	(718) 297-8000 ext. 270			
			The Child Center of NY - CCNY Basie Beacon - JHS 72	Myriam Howell	(718) 276-7728 ext. 231			
			The Child Center of NY - HALE I	Nadine Merriweather	(718) 228-0720 ext. 218			
			The Child Center of NY - HALE 4	Dr. Tiffany Letlow	(718) 659-4000 ext. 202			
			The Child Center of NY - HALE III	Lisa Williams	(718) 228-0720 ext. 232			
			The Child Center of NY - HALE II	Keesha Ogburn	(718) 228-0720 ext. 232			
			Coalition for Hispanic Family Services	Franc Villalobos/ Veronica Cintron	(718) 497-6090 ext. 388/ ext. 327			

**TARYEN DAVIDSON, FTC BOROUGH DIRECTOR**

**QUEENS**

Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			Community Mediation Services, Inc.	Nathalee Campbell/ Kathy Moe	(718)523-6868 ext. 240/ext. 319			
			Forestdale, Inc.	Rose Jones	(718) 263-0740			
			Harlem Dowling Far Rockaway	Courtney Robinson	(718) 471-3303 ext. 405			
			Harlem Dowling Jamaica	Sherine Johnson	(718) 658-4580 ext. 101			
			Hellenic American Neighborhood Action Committee	Jean Sotirakis	(718) 274-9007			
			Lower East Side Family Union	Hazel Ordanez	(212) 260-0040			
			Ohel Children's Home & Family Services	Esther Asher/ Sarah Kahan	(718) 851-6300 ext. 3252/ (718) 686-3262			
			Sheltering Arms/ Safe Space Liberty GP	Veene Heron-Dawkins	(718) 847-1500 ext. 2141			
			Sheltering Arms/ Safe Space Liberty FTR	Carissa Carson	(718) 847-1500 ext. 2101			
			Sheltering Arms/ Safe Space Far Rockaway GP	Lydie Pierre	(718) 471-6818 ext. 2104			
			Sheltering Arms/ Safe Space Far Rockaway FTR	Carissa Carson	(718) 471-6818 ext. 2101			
			Sheltering Arms/ Safe Space Jamaica GP	Kamini Pierre	(718) 526-2400 ext. 2043			
			SCO Family of Services Astoria	Susan Grange	(718) 803-2000 ext. 109			
			SCO Family of Services Corona	Ernesto Arroyo	(718) 426-7520			
			SCO Family of Services Jackson Heights.	Ernesto Arroyo	(718) 507-0700 ext. 15			
			SCO Family of Services Medical & Developmental	Denise Richardson	(718) 526-7533			
			Southern Queens P. A.	Kenny McLemore	(718) 276-4630			
			Southern Queens P. A. JHS 8	Cynthia Guy	(718) 206-4080			
			The NY Foundling Hospital	Sarah Song	(917)-485-7819			

**TARYEN DAVIDSON, FTC BOROUGH DIRECTOR**

**QUEENS**

Managers' Name & Borough	Office Phone # & Cell #	E-Mail Address	Agency	Conferencing Contact	Conferencing Telephone #	Schedulers' Name	Office Phone # & Cell #	E-Mail Address
			The NY Foundling Hospital BSFT	Reina Y. Batrony	347) 913-2957			
			The NY Foundling Hospital MST-CAN	Reina Y. Batrony	(347) 913-2957			
			Boys Town	Tahisha Salmon	(347) 381-8181			
			Community Solutions, Inc.	Deborah Burton	(347) 551-1896			

ADMINISTRATIVE ASSISTANT								
						Leathene Molloy	(212) 442-0507	<a href="mailto:Leathene.Molloy@acs.nyc.gov">Leathene.Molloy@acs.nyc.gov</a>
						Sovia Magenta	(212) 442-6338	<a href="mailto:Sovia.Magenta@acs.nyc.gov">Sovia.Magenta@acs.nyc.gov</a>



# Family Team Conference Universal Action Plan

Case Name and Case#:

Date of Conference:

Child Protective Specialist Name/#:

Case Planner Name/#:

CPS Supervisor Name/#:

Case Planning Director#:

Case Planning Agency:

CWP/Facilitator#:

Family Court Borough:

Permanency Specialist Name/# :

Attorney FCLS Name/#:

Attorney AFC Name/#:

Parent Attorney Name/#:

Other Name/#:

Conference Type (Drop Down List)

Child Safety

Family Support

Permanency

Discharge

Identify Conference Location

Children's Services Office

Provider Agency Office

Community Site

Caretakers Minor Children

List all of Caretakers minor children (including non-subject children)

Name	Age	DOB	Service Initiation Date	Case Initiation Date	Permanency Planning Goal	Initial Placement Date	Trial Discharge Date

Reason for Conference (Current situation, incl. current length of service support/placement)

School Stability

Child's Name		Best Interest Determination ONLY if changing schools: (describe)	School Transportation Plan: (describe)
School			
Grade			
School Stability Decision (use drop down)			

Child's Name		Best Interest Determination ONLY if changing schools: (describe)	School Transportation Plan: (describe)
School			
Grade			
School Stability Decision (use drop down)			

School Stability

Child's Name		Best Interest Determination ONLY if changing schools: (describe)	School Transportation Plan: (describe)
School			
Grade			
School Stability Decision (use drop down)			

Child's Name		Best Interest Determination ONLY if changing schools: (describe)	School Transportation Plan: (describe)
School			
Grade			
School Stability Decision (use drop down)			

Conference Recommendation and Rationale, include identified strengths/concerns


Action Steps (Please include Safety/Risk Plan)

ACS/Agency/Advocate (Who-Full Name)	Detailed/Specific Tasks (What)	Dates (When)

Management Review Process Initiated      Yes      No  
Safety Plan:


Parents Comments:


Signatures of Participants

Name	Relationship to Child	Signature	Agency/Telephone #

# Entering a Progress Note in CONNECTIONS

## With A role in the case:

1. Click the Work button on the CNNX tool bar.
2. Highlight the case.
3. Click the Progress Notes button.
4. Click New Note button.

The first drop-down box is the event date.

5. Select Event Date.
6. Select Type ("Case Conference" except for First (1st) Parent/Child Meeting, in which the Progress Note Type should be "Other Visitation.")
7. Select Method of Contact (Face to Face).
8. Select Location of Contact.
9. Select Participant / Focus.
10. Select Other Participant (all that apply).
11. Select Purpose (Conference Type from charts A&B on other side of this Tip Sheet.)
12. Write your notes.
13. Save. (Progress Notes entered in CNNX may be saved as Draft or Final. Draft Progress Notes will turn final after 20 days in CNNX.)

## Without a role in a case:

1. Click the Case button on the CNNX tool bar.
2. Enter either the Case ID or the Stage ID (CNNX IDs only).
3. Click the Search button.
4. Highlight the case.
5. Click Summary button.
6. Select the stage in which you wish to enter the Progress Note. (Only select an open stage.)
7. Click Options (within this window).
8. Select Enter Progress Notes.
9. Click New Note button.

The first drop-down box is the event date.

10. Select Event Date.
11. Select Type ("Case Conference" except for First (1st) Parent/Child Meeting, in which the Progress Note Type should be "Other Visitation.")
12. Select Method of Contact (Face to Face).
13. Select Location of Contact.
14. Select Participant / Focus.
15. Select Other Participant (all that apply).
16. Select Purpose (Conference Type from charts A&B on other side of this Tip Sheet.)
17. Write your notes.
18. Save. (Progress Notes entered in CNNX may be saved as Draft or Final. Draft Progress Notes will turn final after 20 days in CNNX.)

# Documenting a Conference in Progress Notes in CONNECTIONS

Using instructions for *Entering a Progress Note in Connections*, the following shows how a Conference should be entered:

As you enter the Progress Notes, use the following:

**Type:** Case Conference (except for First (1st) Parent/Child Meeting, where the Progress Note Type should be “Other Visitation”).

**Method:** Face to Face

**Purpose:** See chart “A” for Conferences. See chart “B” for Transition Meetings.

**Family Participant/Focus: FP:** Who attended? / **Focus:** Who was it about?

**Note:** Once a family participant is selected, the “Focus” checkbox automatically fills. If a family member is a participant but not considered the ‘focus,’ the caseworker must remove the checkmark in the “Focus” checkbox (for that individual family participant).

**Other Partic:** Check all that apply – (See chart “C”)

**Location:** Where did the conference take place?

**Event Date:** Date of Conference

**Event Time:** Time of Conference

**Author:** If you do not have a role in the case, choose “other”

Chart A

Conference	Progress Note Purpose Code to be used
<b>Child Welfare Programs Family Team Conferences</b>	
<b>ACS Facilitated</b>	
Initial Child Safety Conference	Protective Placement Decision Making
Follow-up Child Safety Conference	Family Team Conference Follow-up
Permanency Planning – 12-month	6-Month Service Plan Review
Trial Discharge	Plan Amendment – Trial Discharge
Final Discharge	Plan Amendment - Final Discharge
Placement Preservation – Placement Disruptions	Replacement
Preventive Service Planning – 30-45 days	Case Planning
Service Termination	Case Transfer Review
Elevated Risk	72-Hour Elevated Risk Child Safety Conference
<b>Provider Agency Facilitated</b>	
Permanency Planning – 90-day, 6-month, 1yr+	90-Day Service Plan Review/ 6-Month Service Plan Review Conference
Placement Preservation Conference – Sibling Reunification and Kinship Moves	Replacement
Goal Change – ACS Office of Older Youth to attend Goal change to APPLA	Change in PPG
Preventive Service Planning – 6 month, 12 month	Case Planning

If the conference is Dual Purpose, the Progress Note Purpose Code is either “90-Day Service Plan Review Conference,” “6-Month Service Plan Review Conference.

Chart B

<b>Transition Meeting Series</b>	
Meeting Type	Progress Note Purpose Code to be used
<b>Division of Child Protection</b>	
Transition Meeting*	72-Hour Post Placement Child Safety Conference
<b>Provider Foster Care Agency (Other)</b>	
Parent to Parent (P2P) Meeting**	Parent to Parent Meeting
First (1st) Parent/Child Visit***	Initial
Meeting Documented in CNNX By	Type =:
*Child Protection Staff (DCP)	*Case Conference
**Foster Care Agency Staff	**Case Conference
***Foster Care Agency Staff	***Other Visitation

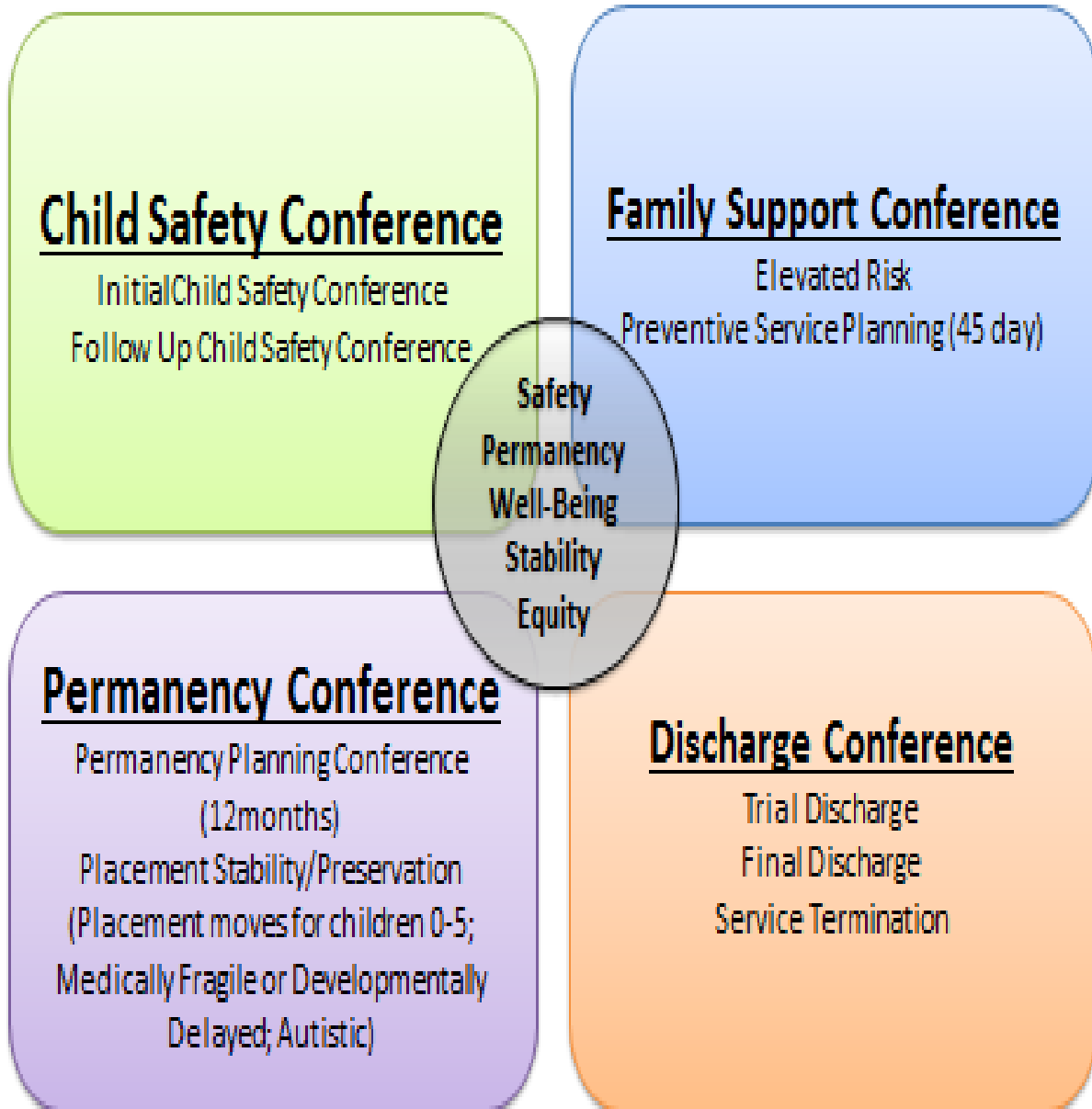
Chart C

Staff	Progress Note (Other Participant Value) to be used
<b>ACS Staff</b>	
ACS Worker (Any – CPS, Case Manager)	Case Manager
ACS Supervisor	District/Agency Staff
<b>Provider Agency Staff</b>	
Provider Agency Worker	Case Planner
Provider Agency Supervisor	Supervisor
Child Planner or other agency Staff	Caseworker

As you can see from charts A&B, the choices in CNNX do not exactly match our needs. We chose these items for all to use so there will be consistency in documentation.

**Important:** Use only one Purpose Code, even for a Dual Purpose conference.

**Conference Types**  
***FTC Integration Project***



*(Use additional forms if necessary)*

Date of request:		CNNX Intake Case ID:	
<b>Staff Information</b> <i>List info of staff member making this request.</i>			
Name			
Title			
Unit			
Phone			
Monitor			
<b>Child's Information</b> <i>List each child who has been trial-discharged or whose trial-discharge is being planned.</i>			
Name	Date of Birth	Date of Trial Discharge or planned Trial Discharge	
<b>Address of the home where the child has been or will be placed on trial discharge.</b>			
(Street/Apt/City/State/Zip)			
<b>Family Information</b> <i>List each adult, 18 years of age and older, who reside in the home listed above.</i>			
Name	Date of Birth	Relationship to child	
<b>Other Information</b> <i>List any other party playing a significant role in the child's discharge  (example: a family member who does not reside in the home but has caretaking responsibilities)</i>			
Name	Date of Birth	Relationship to child	

## Investigative Consultation Request Form - Trial Discharge Cases

Part B

*(Completed by FPS ONLY)*

Review Findings/Concerns of IC Consultation Report	
Date IC Consultation Report Received:	
Date Reviewed:	
Name of Manager:	
Name of Facilitator	
Name of IC Consult	

Recommendation as per IC/Manager Consult:

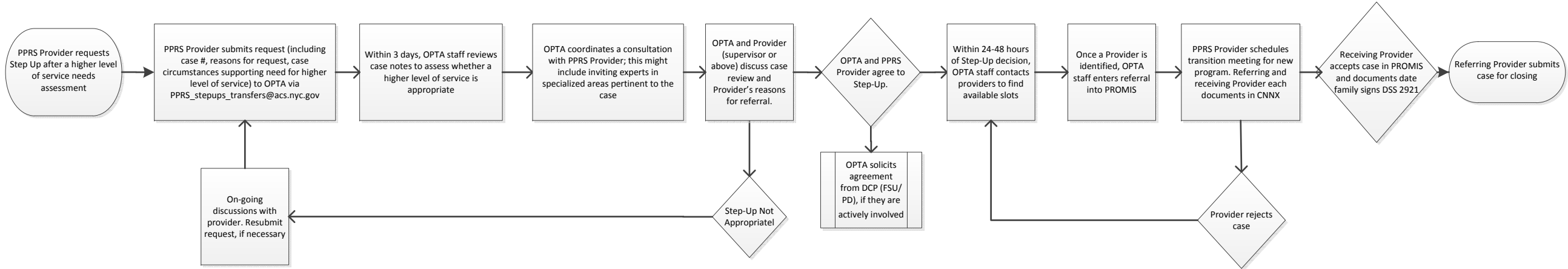
Plan of follow up by Manager:

Action by Facilitator:

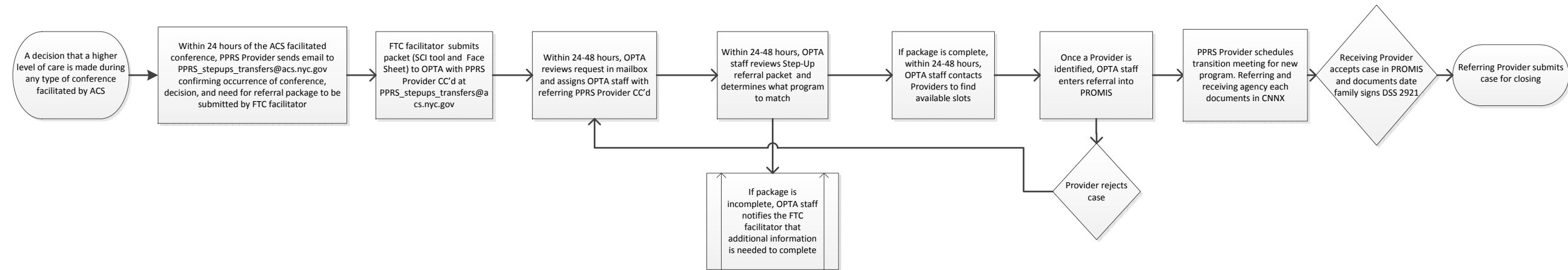
Signature:	
{Name of Manager}:	
{Name of Facilitator}:	

# Step-Up Business Process

## REQUEST FOR STEP UP: PREVENTIVE CASE ONLY



## REQUEST FOR STEP UP: ACS FACILITATED CONFERENCE



**NOTE:** This Step Up Process replaces Protocol for Step Up of Preventive Services (January, 2014)