Innovations in NYC Health and Human Services Policy
Child Welfare Policy

Allon Yaroni, PhD, and Ryan Shanahan, PhD, Vera Institute of Justice
Randi Rosenblum, PhD and Timothy Ross, PhD, Action Research Partners
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Overview

Child welfare agencies are mandated to investigate reports of child abuse and neglect. Many child welfare agencies also offer services to families and children where maltreatment has or is likely to occur. In cases involving concerns for a child's immediate safety, child welfare staff may remove children from their homes and place them in foster care.

Foster parents—including placements with relatives (known as kinship care)—provide temporary homes for children until they can live permanently with a safe and loving family. In most cases, children in foster care are reunited with their original families. If a court determines that children cannot be reunited with his or her family safely, however, permanency goals may be changed to guardianship (usually with a family or community member) or adoption.[1] Some children exit the foster care system without permanency, often referred to as "aging out", as they remain in foster care until they reach adulthood.[2]

Removing children from their homes is traumatic for all involved. Research shows that entry into foster care raises the risk of long-term adverse effects on children compared to socioeconomically similar children who are not removed, including poor school performance, homelessness, arrest, chemical dependency, and mental and physical illness.[3] Foster care is also expensive. The United States spends billions of dollars annually to recruit, fund, and supervise foster homes.

Since the 1990s, child welfare agencies have become increasingly focused on the development of service alternatives to foster care—services aimed at strengthening families and providing parents with the assistance they need to keep their children safe at home. The past decade has shown extraordinary shifts in the number of children in foster care nationally and locally. Between 2002 and 2012, the number of children in foster care in the United States decreased by about 23 percent—from 523,616 in September 2002 to 399,546 in September 2012. [4] The decrease in the number of children in foster care in New York City, commonly called the foster care census, has been even greater. Between September 2002 and September 2012 the foster care census in New York City shrank from 26,337 children to 13,289 children – a decline of almost 50 percent. This census dropped to 11,917 children by September2013.[5] The decline in the census occurred despite a relatively steady number of child maltreatment reports throughout this period.[6]

This policy brief focuses on the child welfare reforms implemented in New York City from 2002 and 2013 that many believe contributed to the decline in the number of children in foster care. Many of these reforms were triggered by the tragic death of seven-year-old Nixzmary Brown at the hands of her parents, despite several previous reports of maltreatment, in 2006.[7] It also identifies challenges that the city is likely to encounter in the future in its efforts to sustain and expand these reforms.

Methods

This policy brief draws on interviews with experts representing a range of perspectives, including members of New York City's Administration for Children's Services (ACS) executive leadership team, child welfare service providers, and advocates. The brief is also informed by review of internal documents and aggregate data provided by ACS, review of relevant literature, and the professional experiences and expertise of the authors.

Policy Responses

Experts attribute the decline in NYC's foster care census primarily to three core policy responses: (1) improving child maltreatment investigations; (2) expanding the array of preventive services and alternatives to foster care available to children and their families; and (3) developing the organizational learning and accountability processes that ACS uses to hold itself and its contracted providers accountable.

Improving child maltreatment investigative practice

Over the past 10 years, ACS made dramatic changes in the branch of the agency that conducts child protective investigations, the Division of Child Protection (DCP). These changes fall into two broad categories: strengthening the child protective workforce and improving the decision-making process during investigations.

Strengthening the child protective workforce. Following Nixzmary Brown's death in 2006, ACS made renewed efforts to hire motivated and qualified staff, improve their training, and support them in the field as they conduct investigations.

ACS received special budget authority allowing it to hire approximately 500 additional Child Protective Specialists (CPS). ACS also changed the internal hiring processes to allow adequate time for training new CPS and placing them in their permanent field units. For the first time, ACS launched a high-profile advertising campaign to recruit candidates with a strong interest in a career in child protection and made efforts to recruit candidates from local educational institutions. ACS also introduced a series of competency tools to identify the applicants best suited for work in the area of child protection during the recruitment stage.

To ensure that CPS are equipped with the necessary skills, ACS revamped their training to focus on developing the core competencies needed for effective child protective work and strengthening the connections between classroom trainers and CPS supervisors located in the borough offices. CPS trainees attend the James Satterwhite Academy—the training arm of ACS. From the classroom, trainees move back and forth between the borough offices and the Academy. Under the new curriculum, CPS's initial training is followed by three months of working on cases in a training unit where they are mentored by training specialists. After the orientation period, they are integrated into regular units and commence a series of second-level courses. Strengthening the training created a smoother transition to the borough offices, reducing stress for the newly trained CPS and gave field trainers and supervisors more confidence in the readiness of the new CPS.

ACS also introduced an array of expert consultants and advisers to assist CPS in making well-informed risk assessments during investigations and decisions about the referral of families to services that target their unique needs and circumstances. Through the Clinical Consultation Program (CCP), CPS consult with nurse

practitioners and experts in domestic violence, mental health, and substance use. ACS also hired more than 100 former law enforcement investigators and investigative supervisors to serve as consultants. The investigative consultants conduct criminal background checks on clients as part of the maltreatment investigations, advise CPS on approaches to gathering information, and co-investigate complex cases with CPS. Interviews suggest that the CCP and law enforcement investigators helped increase the quality and comprehensiveness of DCP investigations. Prior to the availability of these resources, CPS and their supervisors were often left alone to make decisions about complex evidentiary and medical issues.

The expansion of the CPS workforce, reform of hiring processes, and training of more qualified and motivated staff enabled ACS to increase staff retention and reduce caseloads—factors that experts credit for improving investigative practice.[8] According to statistics provided by ACS, the average caseload of a CPS dropped from an average of 16 cases per CPS in 2006 to nine cases per CPS in 2013—among the lowest in the nation. Low caseloads are associated with higher worker satisfaction, more methodical investigations, and lower staff turnover.[9] Prior to 2007, as many as 25 percent of CPS left ACS every year. In 2013 this number dropped to about 3 percent. Many experts consider low caseloads and high retention rates to be crucial elements in sustaining quality child protective investigations.

Improving decision-making processes. ACS introduced several changes to its child protective practice aimed at improving the processes by which CPS make decisions. These changes include: (1) using a risk assessment tool, (2) conducting conferences to address safety concerns at critical decision points during the life of a case, and (3) increasing the use of court-ordered supervision.

Risk assessment is the core of child protective work. In 2012, ACS drafted new policy and guidance around the appropriate use of a standardized risk assessment tool called the Risk Assessment Profile (RAP). The RAP is a state-wide assessment tool that helps structure investigations by requiring the collection of a core set of information that distills risk into a four-point scale, ranging from one (low risk) to four (very high risk). A high RAP score does not mean that a child is automatically removed from his or her home, but it provides a standardized framework across investigation cases and discourages decisions based on gut instincts or suppositions. In recent years, DCP has placed increased emphasis on integrating the use of the RAP in management and supervisory practice, staff training, and ChildStat (an accountability measure discussed below).

To help ensure that all alternatives are explored before a child is removed from home, ACS introduced child safety conferences (CSCs) citywide in 2008. CSCs are mandatory meetings that take place when a child's removal from his or her family is imminent.[10] The CSCs bring together parents, supporters that parents may invite such as family and friends, child protective staff, and other community stakeholders to determine if alternatives to removal are available. When no alternatives are available, the CSCs try to identify kin or other caregivers known to the children and their families as placement resources.

ACS also expanded the use of court ordered supervision (COS) after the Nixzmary Brown tragedy. COS allows judges to set conditions that the parents have to comply with in order for the children to stay at home during the pendency of the case. The COS also requires staff from ACS's Family Services Unit to visit the family and monitor adherence to the conditions set by the court. ACS standards set these contacts between ACS and the family at a minimum of twice a month. The use of COS has been controversial. Proponents argue that COS allows ACS to monitor families whose children would otherwise be removed from their home and therefore, allowed more children to stay at home while ensuring their safety. Critics argue that COS is overused, intrusive,

and orients ACS toward monitoring compliance with court orders instead of working with the families to improve safety and long-term solutions.

Expanding the array of services available to children and families

During the past 10 years, ACS has made significant changes in its array of contracted services. Many interview participants attributed the decline in the number of children in foster care to improvements in the range and availability of those services. Changes in the service array made it more likely that children could be kept at home safely while helping children who were removed from their families move through foster care and into a permanent placement more quickly.

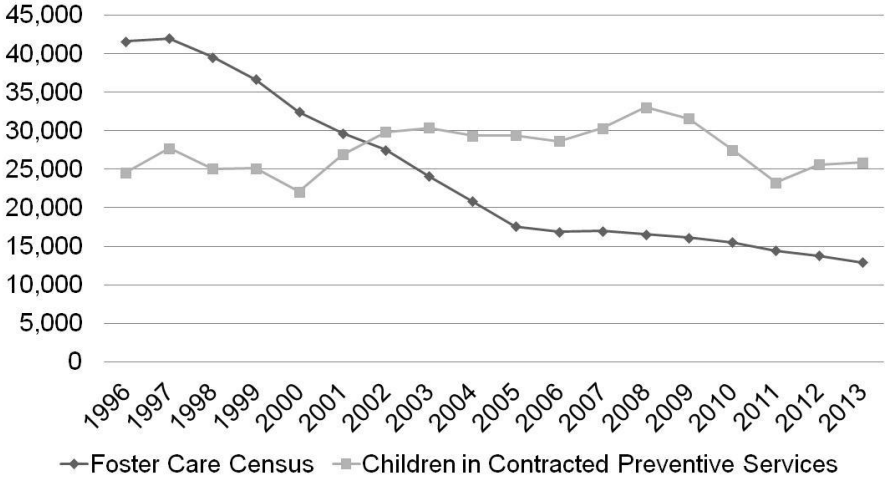
Expanding the range of preventive services. Preventive services are designed to strengthen families, provide parents with the assistance they need to keep their children safe at home, and prevent entry to foster care. Preventive services are typically provided by contracted nonprofit organizations and include, among others, family or individual counseling, parenting classes, substance abuse treatment, domestic violence intervention, and support for pregnant and parenting teens.

Experts believe that expanding the range of available services helped reduce the number of children entering foster care. From 2000 to 2010, ACS's expenditures for preventive services nearly doubled.[11] In 2012, the city added 3,000 preventive service slots to ACS's baseline budget.[12] The state's uncapped matching funds for preventive services, which provide a 65 percent match for every dollar the city spends, has played an important role in building and sustaining preventive service capacity.[13]

As shown in Figure 1, the number of children receiving preventive services increased by 25 percent from 2000 to 2010. The number of city children receiving preventive services exceeded the number of children in foster care in 2002 for the first time in the city's history.

Figure 1

New York City Children in Foster Careand Children Receiving Preventive Services 1992-2013



Source: NYC Administration for Children's Services

Shrinking congregate care. Children in foster care placed in congregate care—institutional placements such as group homes or residential treatment centers—tend to have worse outcomes compared to similar children who

are placed in family settings. Furthermore, congregate care tends to cost at least three times as much as family-based placements.[14]

Beginning in 2004, ACS discontinued many of its contracts for congregate care services. These changes were motivated by an emerging consensus among experts that all children are better off in a family setting, as well as concerns about the quality of some of the city's facilities (some of the closed facilities had received strong criticism for several years). Children who entered congregate care were found less likely to be reunified with their parents or to achieve permanency compared to children in family foster care.[15] By reducing the use of congregate care, ACS believed that more children could achieve permanency faster. In June 2004, there were almost 4,000 foster children living in congregate care. This number dropped to about 2,500 by March 2008.[16] In September 2013, there were 939 children in city congregate care facilities.[17]

Improving service to special populations. General preventive services usually lack medical and psychosocial expertise or the ability to assess risk properly among some types of children, such as medically fragile children or LGBTQ youth. In addition to increasing the availability of general preventive services, ACS invested considerably in specialized preventive services and foster care options for high-risk children. For example, the city currently contracts with six nonprofit agencies to provide child welfare services to children with special medical needs and their families. These children are often medically fragile. The specialized services can provide medical supervision and support that are individually tailored to the children's medical conditions and the strengths and challenges of the families. ACS, through its contract service providers, recruited foster parents who are willing and able to care for and to adopt children with special medical needs if they cannot return home safely. Similarly, specialized services and programs are now in place for LGBTQ youth, homeless and runaway youth, and parenting teens.[18]

While the number of children in foster care is decreasing, the share of teens among children in foster care is increasing.[19] In order to address the unique developmental and emotional needs of teens and older youth in foster care, ACS implemented two evidence-based programs that focus on family dynamics and behavioral change: Multisystemic Therapy (MST) and Functional Family Therapy (FFT).[20] Additionally, for children who cannot return home safely, ACS implemented the Kinship Guardianship Assistance Payment Program (KinGAP) in April 2011. The program provides financial assistance to a family member who has served as foster parent for the child for a minimum of six months and is willing to serve as a permanent guardian. Though KinGAP serves children of all ages, the program is aimed at facilitating the discharge of older youth from foster care.

Increasing evidence-based programs. The introduction of MST and FFT programs are part of a broader trend toward increasing the number of evidence-based services and programs. Currently, about one-third of ACS's preventive and foster care programs are evidence-based. While the impact of these evidence-based programs on the city's child welfare system is still being evaluated, some interviewees believe the programs helped continue the reductions in the number of children in foster care in recent years.

For example, in 2012, ACS implemented ChildSuccessNYC—a model for foster care that combines several evidence-based practices related to engagement of birth parents, foster parent support, and youth development. ChildSuccessNYC was piloted in 2012 with five foster care contract agencies, representing about 20 percent of the foster care system. ACS is planning to expand the program to seven more foster care agencies in early 2014 and to the rest of the foster care agencies by 2015.[21] ChildSuccessNYC is the centerpiece of a Title IV-E waiver demonstration project granted by the U.S. Department of Health and Human Services in 2013.[22]

Another example is Multidimensional Treatment Foster Care (MTFC). In this evidence-based placement program, delinquent youth are placed with a specially trained foster family. A foster family, together with a family therapist, becomes part of a youth's therapeutic treatment team. Simultaneously, the youth's family receives intensive therapy and parenting skills training to prepare them for the child's return home. Upon the child's return, the family receives MST and family and youth progress are monitored.[23]

Strengthened accountability and organizational learning processes

Outside of child protective investigations, the vast majority of child welfare services are contracted out to nonprofit service providers. ACS, responsible for holding itself and the nonprofit providers accountable for performance, implemented three new accountability mechanisms during the past seven years: (1) ChildStat, (2) Scorecard, and (3) Improved Outcomes for Children (IOC).

Developing organizational learning and accountability. In July 2006, ACS introduced ChildStat—a staff accountability initiative and organizational learning process for continuously monitoring child protection practices and performance of families that are the subjects of abuse and/or neglect investigations. The purpose of ChildStat is to review case practice, decision-making processes, to learn what areas need to be strengthened, and to hold agency leaders accountable for making necessary changes. ChildStat draws on principles and practices used in the New York City Police Department's widely heralded CompStat process.[24]

ChildStat meetings occur on a weekly basis and include senior management from across ACS. During the meetings, teams from DCP are invited to present and discuss cases chosen according to criteria set by the ACS's Quality Improvement Unit. The meetings help keep ACS's executive team more connected to case practices across ACS's field offices and provide a forum to identify emerging challenges and potential solutions. ChildStat is broadcast live to several offices across the five boroughs, which facilitates the dissemination of best practices and policy directives. ChildStat was expanded in 2009 to include separate meetings to examine foster care cases, and again in 2011 to include cases receiving preventive services. Many interview participants credit ChildStat for strengthening and standardizing practice across field offices and the child welfare services.

Monitoring and improving services. In 2009, ACS's divisions of Quality Assurance and Policy and Planning introduced a new performance monitoring system that includes a new tool to evaluate the performance of contract foster care agencies and preventive service providers, called Scorecard. Scorecard replaced the Evaluation and Quality Improvement Protocol (EQUIP).

Both Scorecard and EQUIP use case record reviews and administrative data to generate scores for the performance of provider agencies, but Scorecard expanded the range of indicators that ACS uses to track and assess agency performance. Scorecard tracks each agency's performance and scores them using a letter grade of A, B, or C in key areas such as safety, permanency, well-being, and foster parent support. Unlike EQUIP, which released scores to agencies long after the performance period, agencies receive Scorecard marks quarterly and are required to develop plans with ACS to address challenges on an ongoing basis.

Improved Outcomes for Children (IOC) is a family-centered accountability and financing measure to improve key outcomes for children in foster care and for families receiving preventive services.[25] While IOC has many components, experts interviewed point to two aspects that had an impact on the number of children in foster care. First, IOC gave contract agencies the authority to discharge children from foster care without pre-approval by an ACS case manager. By removing this bureaucratic step, children could be discharged more quickly. Second, IOC introduced Family Team Conferences (FTCs)—regular meetings between the foster care agency staff, ACS staff, and families—into the case practice model of preventive and foster care agencies. The FTCs

allow ACS to monitor delays in a case and make sure that reunification remains an option whenever safe and appropriate.

In addition to allowing ACS to monitor the practice of contracted providers more effectively, the new accountability mechanisms were used to guide contracting decisions. Agencies that succeeded in preventing foster care and moved children who entered foster care to permanency more often and more quickly—thus lowering the foster care census—were rewarded with larger contracts. Agencies whose performance lagged saw their contracts shrink or lost their contracts. From 2002 to 2013, for example, 11 foster care agencies closed and six others were merged, resulting in 16 fewer agencies in the system.

Challenges and Looking Ahead

The progress made in the city's child welfare system in the past 10 years is fragile. In many jurisdictions, a single child tragedy combined with negative press coverage has led to rapid increases in removals of children from their homes, and in the number of children in foster care.[26] Budget and fiscal pressures may also lead to hiring freezes that could raise child protective caseloads, decrease retention, and undermine the quality of child protective investigations. The previous decline in the number of children in foster care occurred from 1980 to 1985, for example, and was followed by a series of crises that led to a tripling of the number of children in foster care in five years amid exploding caseloads. In this context, ACS faces three challenges in continuing to drive down the number of children in foster care: (1) implementing the many recent initiatives successfully; (2) building stronger bridges to other city agencies; and (3) sustaining innovation.

Implementing current initiatives. ACS has embarked on a path that will overhaul several aspects of the agency's work and will challenge the capacity of public agency and contract agency staff. Over the past two years alone, ACS has rolled out several evidence-based preventive and foster care service models and began implementing the ChildSuccessNYC initiative system-wide. At the same time, the agency has absorbed the Department of Juvenile Justice and is rolling out New York State's Close to Home juvenile justice reform initiative—which involves many of the same contracted service providers as foster care.[27]

There is a strong rationale to support each of these major initiatives. However, the simultaneous implementation of numerous large-scale projects, along with other new practices and policies, will pose several challenges. It will be taxing on the capacity of executive and frontline staff to absorb new training, implement procedures with fidelity, and assess their impact—all while ensuring the quality of other core work. Assessing the efficacy of the evidence-based programs is especially important, as all are replicating models from outside of New York City that have not been evaluated in the context of the city's unique conditions. Understanding the return on investment in these programs, which have been criticized by some interview participants as costing too much compared to locally grown alternatives that may produce similar outcomes, requires faithful implementation and careful research. Ensuring that staff has the time and resources to implement reforms while ensuring the safety of New York City's children is essential to their success.

Building stronger bridges to other agencies. Many believe that there is a need to strengthen further coordination with agencies that have frequent contact with ACS-involved families, including the city's Department of Education, Homeless Services, Department of Health and Mental Hygiene, Housing Authority, and criminal justice agencies. In recent years, ACS has made substantial progress in strengthening internal procedures to support more comprehensive case management, such as developing data sharing agreements with other city agencies and the judiciary. For example, ACS is part of several cross-agency data-sharing

initiatives coordinated by the Office of the Deputy Mayor for Health and Human Services.[28] ACS has also been working with the Family Court on improving processes and data-sharing involving child abuse and neglect cases.[29] In 2005, ACS established an internal education unit to better coordinate special education services for children in foster care with the New York City Department of Education (DOE).

ACS should continue to collaborate with other human service agencies to identify policies and protocols that address gaps in service access and interagency communication. ACS should also evaluate the impact of these collaborations and data-sharing efforts on case outcomes. Many people interviewed emphasized the need to further strengthen coordination between ACS and DOE in order to improve the continuity of education services and the educational outcomes for all children in foster care, particularly older youth. While recent changes in the federal Family Educational Rights and Privacy Act (FERPA) that governs the confidentiality of education data may help in sharing information, deeper collaboration on the front lines is needed to address issues of educational performance and safety for children involved with ACS.

Continued collaboration with the Family Court will be critical in the coming years, especially in cases where adoption is a goal. Lengths of stay in foster care for city children with a goal of adoption are longer than for similarly situated children in other child welfare systems. Studies undertaken jointly by ACS and the Family Court indicate that delays in processing adoption occur for many reasons outside of the scope of ACS control, but which impact the number of children in care and how long they stay.

Sustaining innovation*.* The next administration will need to make strategic choices about how to further specialize the service array to better serve children who continue to come into foster care. Addressing racial and ethnic disparities is also high on the agenda of internal and external stakeholders. Though fewer African American children are in care today compared to 10 years ago, the disproportionate representation of African American children in care has persisted. Since 1987, African American children have made up 60 percent of the system's population. Overall, while fewer children enter care, those that do tend to come from families facing more complex issues. Developing or refining alternatives to foster care that address family issues while keeping children safe will be necessary to drive the foster care census lower.

This brief was prepared by the Vera Institute of Justice. Please direct all questions and correspondence to Allon Yaroni, Research Director, Center on Sentencing and Corrections, Vera Institute of Justice, 233 Broadway, 12th Floor, New York, NY 10279. Email ayaroni@vera.org.

Endnotes

[1] For an overview of the child welfare system see: Child Welfare Information Gateway Factsheet 2013. https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf (Accessed: December 26, 2013). For more information on child protection practice see: DePanfilis, D., Salus, M. K. (2003). *Child Protective Services: A Guide for Caseworkers* https://www.childwelfare.gov/pubs/usermanuals/cps/index.cfm (Accessed: December 26, 2013).

[2] Yaroni, Allon, Rachel Wetts, and Tim Ross, "*The Academy: A Program for Older Youth Transitioning Out of Foster Care*." New York: Vera Institute of Justice, 2010. http://www.vera.org/sites/default/files/resources/downloads/Heckscher-Academy-report-final.pdf (Accessed: December 30, 2013).

[3] Reva I. Allen, Alex Westerfelt, Irving Piliavin, and Thomas Porky McDonald. 1997. *Assessing the Long Term Effects of Foster Care: A Research Synthesis.* Child Welfare League of America.

[4] Administration for Children & Families, U.S. Department of Health & Human Services. 2013. Data Brief 2013-1: Recent Demographic Trends in Foster Care. http://www.acf.hhs.gov/sites/default/files/cb/data_brief_foster_care_trends1.pdf (Accessed: December 25, 2013).

[5] In New York City, the decline in the number of children in foster care started in 1996. That year, ACS was created as a stand-alone agency (separated from the Human Resources Administration) dedicated to serving children and their families. For 2002-2003 statistics

reposted by ACS see: http://www.nyc.gov/html/acs/downloads/pdf/stats_annual_fy03.pdf. For 2013 ACS statistics see: http://www.nyc.gov/html/acs/downloads/pdf/statistics/Flash_Nov_2013.pdf (Accessed: December 25, 2013).

[6] ACS conducted approximately 50,000 to 60,000 investigations involving 75,000 to 100,000 children in each year with some fluctuations. In 2005, there were 48,000 investigation cases and in 2006 a record high of 68,144 investigation cases. For 2008-2011 statistics: http://www.nyc.gov/html/acs/downloads/pdf/acs_stats_abuse_cd_2011.pdf (Accessed: December 18, 2013).

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[8] See J. Strolin, M. McCarthy, and J. Caringi. (2007). "Causes and effects of child welfare workforce turnover: Current state of knowledge and future directions." *Journal of Public Child Welfare*, 1(2), 29-52 and National Council on Crime and Delinquency. (2006). *The Relationship between Staff Turnover, Child Welfare System Functioning and Recent Child Abuse*. Oakland, CA: National Council on Crime and Delinquency.

[9] U.S. General Accounting Office. (2003). *Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff*. www.gao.gov/new.items/d03357.pdf (Accessed: December 18, 2013).

[10] CSC can also take place when ACS believes a case needs to be filed with the court but the children can remain safely at home.

[11] "A Changed Emphasis in City's Child Welfare System: How Has Shift Away From Foster Care Affected Funding, Spending, Caseloads?" *New York City Independent Budget Office Fiscal Brief*. October 2011.

[12] Andrew White. "The Reinvestment Myth: Beyond the IBO report." *Child Welfare Watch News Briefs.* October 21, 2011. http://www.newschool.edu/milano/nycaffairs/newsbriefs.aspx (Accessed: December 18, 2013).

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[14] *Rightsizing Congregate Care—A Powerful First Step in Transforming Child Welfare Systems* http://www.aecf.org/~/media/Pubs/Topics/Child%20Welfare%20Permanence/Foster%20Care/RightsizingCongregateCareAPowerfulFirstStepin/AECF_CongregateCare_Final.pdf

[15] Freundlich, Madelyn; Avery, Rosemary J. 2005. Planning for permanency for youth in congregate care. *Children and Youth Services Review*, Vol 27(2):115-134.

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[17] See ACS Statistics (11/2013): http://www.nyc.gov/html/acs/downloads/pdf/statistics/Flash_Nov_2013.pdf (Accessed: December 25, 2013).

[18] See *NYC ACS Preventive Services Directory*, 2013

[19] Annie E. Casey Foundation. (2010). *Rightsizing Congregate Care: A Powerful First Step in Transforming Child Welfare Systems.*

[20] See: ACS's Request for Proposals: Specialized Teen Preventive http://a068-aprodapp15.nyc.gov/rfponline/jsp/RFPPublicView.jsp?rfpid=137&caller=archive (Accessed December 18, 2013).

[21] For more information: http://www.nyc.gov/html/acs/html/about/child_success_nyc.shtml (Accessed: December 23, 2013).

[22] Title IV-E funds reimburse states for costs of a child in foster care. These funds cannot be used to pay for preventive services or for reunification services for a parent. The federal Child and Family Services Improvement and Innovation Act (P.L. 112-34), which was signed into law on September 30, 2011, reauthorized the U.S. Department of Health and Human Services to approve child welfare Title IV-E Waiver demonstration projects. The waiver allows more flexible use of federal Title IV-E funds to test new service delivery approaches to improve the outcomes for children and families involved in the child welfare system. http://www.acf.hhs.gov/programs/cb/news/title-iv-e-waiver-demonstration-projects

[23] For more information see: http://www.nyc.gov/html/acs/html/support_families/juvenile_justice.shtml (Accessed: December 23, 2013.

[24] Then-Police Commissioner William Bratton introduced CompStat in New York City in 1994. CompStat aids in targeting law enforcement practices by synthesizing the analysis of crime data, strategic problem solving, and a clear accountability structure.

[25] For more information see: http://www.nyc.gov/html/acs/html/about/ioc_initiative.shtml (Accessed: December 23, 2013).

[26] For example see: National Coalition for Child Protection Reform. Issue Paper 2 (ND). *Foster Care Panics*. http://www.nccpr.org/reports/02PANICS.pdf (Accessed: December 23, 2013).

[27] On New York City's efforts to reform the juvenile justice system see: J. Fratello, A. Salsich, and J. Jensen Ferone. 2013. *Innovations in NYC Health and Human Services Policy: Juvenile Justice Reform.* On the city's efforts to reduce out-of-placement for juvenile offenders see: J. Fratello, A. Salsich, and J. Jensen Ferone. 2013. *Innovations in NYC Health and Human Services Policy: The Close to Home Initiative and Related Reforms in Juvenile Justice* http://www.vera.org/justice-in-transition-nyc.

[28] On NYC efforts to increase cross-agency data sharing and collaboration see: A. Yaroni and T. Ross. 2013. *Innovations in NYC Health and Human Services Policy: Data Integration and Cross-Agency Collaboration* http://www.vera.org/justice-in-transition-nyc.

[29] ACS has worked closely for the last two years with the Child Welfare Court Improvement Project. This federally-funded initiative supports the Family Court's mandate to promote the safety, permanence and well-being of abused and neglected children. For more details about the project see: http://www.nycourts.gov/ip/cwcip/ (Accessed: December 30, 2013).