



How does **New York City** provide **voluntary services**?

Overview

The voluntary services offered through New York City Administration for Children's Services (ACS) fall under the umbrella of services provided by the agency's Division of Prevention Services.¹ Prevention services offered by ACS are designed to be child-centered, family-focused, community-based, and culturally competent.² As a result, all prevention services are provided in the home of a family. The available services are shaped by and familiar to the members of the community, and are provided by 54 contracted nonprofit service agencies, which are spread across the five boroughs of New York City and cover more than 200 programs.

Initiation of voluntary services

Of all the referrals that Prevention Services receives, about 80% come from the Division of Child Protection (DCP) and 20% from community referrals.³ The decision to refer a family to Prevention Services is a collaborative effort made by a team of frontline staff, supervisors, and managers. The ACS Child Protective Services (CPS) worker completes a safety assessment, which helps the team determine whether the family should receive prevention services, whether the child(ren) can remain in the home but receive court ordered supervision, or whether the child(ren) need to be removed from the home. If the assessment determines the family is high risk, ACS has the



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responsibility to put services in place that reduce the risk of foster care placement.

DCP has offices in each of the five boroughs. In these offices, there is a team of referral management specialists who work with the child protection staff to help them understand the prevention services available to families. Referral managers also use information from the ACS Service Connect Instrument (SCI), which guides the CPS worker through a series of questions to help them determine which services will best meet a family's needs. ACS has a wide variety of prevention services that fall along a continuum related to the level of family risk and need (low, moderate, high, very high).

Ongoing provision of voluntary services

To reduce the risk of out-of-home placement and to keep children and families within their neighborhood and community as often as possible, ongoing prevention services are fully provided through community-based providers. To achieve this goal, provider agencies serve specific communities. The contracted agencies provide about 14 different models of prevention services, and while most agencies provide just one model, there

are a few that provide two different models. Once an appropriate service model has been identified for the family's needs, a referral consultant sends the referral to the program in the family's community. The prevention program is responsible for engaging the family and managing the case for the duration of the service intervention.

This diverse landscape of services and providers necessitates overarching standards, outlined by ACS, that apply to all provider agencies to ensure quality services are delivered to every family. ACS policies require that a family have no more than one case planner at a time and, due to the intense level of services required by families, recommend that case planners carry no more than 12 cases at any one time (though the exact number depends on the specific service being offered). ACS further recommends that supervisors oversee no more than five case planners at one time, which means they supervise no more than 60 cases across all case planners at any point in time. Policy also requires that provider agencies assess safety and risk for all children in the home, even if the referral was driven by one identified child in the family.²



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In addition to providing the contracted services, providers must be able to identify, assess, and address health or clinical issues, such as substance mis-use, mental health, and/or domestic violence. If the provider is unable to provide services related to the identified issues, families are referred to community-based treatment services, which the provider agency case planner monitors for progress.

Decisions regarding elevated risk and service plan changes are made through the Family Team Conference model. This allows decisions to be made and service plans to be developed by a team, which often includes the family, community supports, and service providers. If a service provider thinks there is an elevated risk concern, the provider will bring the team together for a meeting, which ACS facilitates. The ACS conference facilitator is typically a licensed MSW. At that meeting, the team can discuss the prevailing issues and put a service plan in place to reduce the risk. For example, an Elevated Risk Conference can be scheduled after a family is referred to a low-risk program and a parent's substance use is identified as putting the children at potential risk of harm or neglect. As a result, the family, case planner, and ACS conference facilitator might agree to take actions to step the family up to a more intensive prevention intervention.

Oversight and Evaluation

At the state level, the Office of Child and Family Services (OCFS) has outlined standards for what each local jurisdiction and contracted agencies must be able to offer families in order to avoid the removal of children. For example, all families must have access to services such as child care, respite care, transportation, and housing. Provider agencies must be able to not only refer the family to the needed services, but also help the family become engaged in these services to prevent more intrusive child welfare oversight or actions (such as court-ordered supervision or foster care placement).

To provide effective oversight to the wide variety of contracted programs and ensure they are meeting OCFS standards, ACS developed a set of standards

and indicators that offer guidance and clear expectations to provider agencies. These standards and indicators cover staffing structure and practice expectations, as well as specifics related to model intervention types. These standards and indicators are then used for monitoring and evaluating performance to ensure the provider agency is delivering services consistent with its contract and producing the desired outcomes for children and families. This oversight includes, but is not limited to, a review of the provider's casework contacts, assessments, and service planning.

Provider agency performance is measured at least twice a year through the ACS Provider Agency Measure System, and each agency is given a scorecard of its performance once a year. System-wide data is shared with agencies so that each can see how its performance ranks against all others. Provider agencies use this information to examine practice and make improvements. If programs are struggling, ACS offers supportive technical assistance services to help improve services. ACS also uses this information to examine data trends across provider agencies. For example, ACS has learned that repeat maltreatment is more likely to occur in programs serving higher risk families.

Closing voluntary services

The length of time prevention services are offered varies with the type of service intervention. Families can request their voluntary services to end at any time during delivery. If they request termination or if a family becomes non-compliant, the provider agency must assess for child safety and risk. The agency might conclude that another service intervention is a better fit or determine that court-ordered supervision is needed. All provider agencies are mandated reporters, so if they determine there is a risk or safety issue, and the family does not agree to continued services, the agency can request an Elevated Risk Conference. If there are outstanding safety concerns, the provider must file a report with the State Central Register.

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When deciding whether to end services for high-risk cases, a case closure conference is required and a representative from ACS facilitates the conference, regardless of whether the family is requesting the closure because it no longer want to continue services or the family has successfully completed services.

Relevant case data

According to ACS Prevention Services data, in FY2017:

- 19,494 families received prevention services.
- 44,445 children received prevention services in total.

In general, the data indicate that families have better outcomes if they complete the prevention services intervention. If they complete the services and achieve the goals of the program, they are less likely to return to the system. Families that do not complete the prevention services program have a higher rate of repeat maltreatment than those who do (14.3% vs. 2.6%). This trend holds true regardless of whether the family has been frequently referred in the past. In addition, the data indicate lower rates of return for services even with families completing high-risk evidence-based models.

- 1 Information throughout this brief was obtained through an interview with staff from the Division of Prevention Services, New York City Administration for Children's Services, February 1, 2019.
- 2 Information throughout this brief was pulled from the Preventive Services Quality Assurance Standards and Indicators. New York City Administration for Children's Services, September 2011.
- 3 New York City Administration for Children's Services Prevention Services. PowerPoint provided by staff October 1, 2018.

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