



LEADERSHIP LESSONS

# SAFE STRONG SUPPORTIVE

June 2026

## How has New York City's approach to family services evolved?

The Administration for Children's Services (ACS) in New York City has a decades-long history of providing a broad array of supports aimed at keeping families safely together. Since the early 1990s, ACS has contracted with a network of nonprofit providers for case management services, which were expanded in 2011 to include [11 evidence-based prevention models](#). ACS first implemented these models as part of its reform efforts in serving justice-involved youth and their families, resulting in far fewer placements among those youth. Leveraging that success and responding to feedback from service providers that some families needed more intensive support to prevent foster care, ACS expanded implementation of the evidence-based models to child welfare services. While the models were impactful, parents, service providers, and partners called for families to be able to access services more easily via pathways outside the child protection hotline.

In 2017, within an environment of heightened political and media scrutiny, an increase in child protection referrals and court filings led to a need for more family support services. Based on this need, city leaders have leaned into more flexible, data-driven, and family-centered approaches for supporting children and families — informed by local and national movements for racial justice, lessons learned from the COVID-19 pandemic, and evidence of [economic supports](#) reducing family stress.

This work continues to evolve, with the goal of creating a child welfare system that promotes collaboration, innovation, and equitable access to effective services, in the community. This approach is represented by the September 2025 name-change of ACS' Division of Prevention Services to the Family Services Division. Lived experts, providers, and other stakeholders felt that the word "prevention" carried with it the implication that the system was expecting something negative to happen within families.<sup>1</sup>

The evolution of ACS' family services rests on the notion that supporting families helps keep children safe. This brief describes the evolution of family services in New York City, its positive impacts on various child welfare outcomes, and key areas of family support that continue to grow.<sup>2</sup>

“The major shifts now are about how to prevent unnecessary calls to the state registry (child protection hotline) and how to get families help. Experiencing an investigation is traumatic and should only be used when maltreatment is truly suspected. Dedicating upfront resources provides a way to support families without having to contact CPS.”

—Luisa Linares, Deputy Commissioner of Family Services, New York City Administration for Children's Services

## Service array and access

When ACS started piloting evidence-based prevention models in 2011, it knew that not all families referred to family services needed intensive interventions. In 2019, ACS analyzed data and engaged providers and families to better understand what supports were most needed and most effective, and ACS honed its approach in identifying which services were most appropriate for each family.

Today, support is provided annually to 15,000 families, including about 30,000 children.<sup>3</sup> ACS has set up easier access to services, including those with no connection to ACS. **While fewer reports are coming into ACS from mandated reporters, community referrals to family services are increasing, fewer children are entering foster care, and there is no evidence of decreased child safety as a result.**

Key developments from New York City's shift in approach to family services include:

### Access to the full array of services has expanded.

When first piloted, providers could choose which evidence-based models they wanted to implement, leading to inconsistent availability across the city. Now, ACS ensures that each service within the continuum is available in each borough, giving equitable access to families across the city. And as ACS seeks to better understand what drives child welfare involvement, providers now are expected to help families address resource needs. For example, a housing security assessment has been added to the intake process and economic resources are offered when appropriate.

#### ACS Family Services continuum:

- Family support
- School-based early support
- Family treatment/rehabilitation
- Functional family therapy child welfare
- Functional family therapy — therapeutic case management
- Functional family therapy
- Multisystemic therapy — prevention
- Multisystemic therapy for child abuse and neglect
- Brief strategic family therapy
- Child parent psychotherapy
- Trauma systems therapy

### Families can access services without interacting

**with the child welfare system.** ACS' goal has expanded from reducing the number of children in foster care to preventing unnecessary reports to the state hotline in the first place. While CPS referrals still are the most common pathway to family services, the use of other pathways has increased dramatically:

- **The city's [Support Line and Connect mailbox](#)** are key alternatives to the child protection hotline that help mandated reporters, the public, and families identify family services in their communities.
- **Community referrals** occur when places like schools, hospitals, and shelters connect families to services without engaging CPS.
- **Self-referrals** allow families to choose where to go for support, giving them more control and privacy. Walk-ins are welcome at over 44 community-based providers across the boroughs.

**Schools and ACS have strengthened supports provided to students and families.** In 2024, ACS redesigned an agency prevention program with the schools into the [School-Based Early Support Programs](#). In collaboration with elementary and middle schools in target districts, these programs work with families to reduce stressors (academic and behavioral, for example), provide concrete supports, and strengthen ties to the community. Families can engage directly or via referral from school staff or service providers.

**Hospitals have become more active in connecting patients to prevention services.** The city's Health and Hospitals system updated its mandated reporter training to encourage collaborative decision-making and reduce unwarranted hotline reports, and has leveraged its [FindHelp](#) resource to identify community resources for families. The Maternal Health Quality Improvement Network, operated by the city's Department of Health, has facilitated connections with hospitals interested in supporting families without a hotline report. This has provided an entry point for ACS to engage with hospital staff.

**The New York City Health Department and ACS are partnering to increase the capacity of an evidence-based home visiting program.** [Strong Foundations: Health and Wellness for New York City's Families](#) expands the [Nurse-Family Partnership](#) program's eligibility criteria to include expectant parents later in their pregnancy as well as parents who already have children, some of whom are involved with ACS. The partnership also is meant to reach more families outside the child welfare system by adding clinical staff, and offering peer support and resources through perinatal and early childhood mental health clinics.

**ACS continues to engage other partners and build awareness of services available to families and the pathways to access them.** These community partners include social services agencies, health clinics, shelters, and law enforcement. One challenge, however, has been keeping partners on the same page about supporting families in the community while still prioritizing child safety. Creating and maintaining a shared responsibility for keeping families safely together, historically viewed as ACS's purview, is a significant and ongoing community-wide education effort.

## Funding and contracting

The overall funding structure for family services has changed little over the years, with the state currently covering 62% of costs and the city covering 38%. The state funds, however, come with prescribed eligibility requirements, limiting which families can benefit from the support. City funding provides greater flexibility, which ACS has leveraged to provide a wider array of family services. The [Family First Prevention Services Act](#) allows states to use federal funds for certain types of prevention services, but New York is just now beginning to claim the dollars.

To support families across the city, ACS relies on an expansive nonprofit provider network. The agency has asked its contracted providers to engage more deeply with families by:

- **Increasing their visibility in communities** so families are aware of services and know where to access them.
- **Including more [economic supports](#)** to meet the basic needs of families.
- **Engaging families in decisions** related to their service plans through the use of family team conferencing.
- **Soliciting feedback from families** through parent advisory boards, focus groups, hiring committees, and similar activities.

To support providers around these shifts, ACS developed a toolkit for including family voice, facilitates a peer-learning collaborative, and engages [Rise](#), a parent-led organization that empowers parents to support other families in their communities, to provide technical assistance.

Providers also are required to employ case aides or parent advocates (individuals with lived experience in child welfare) as part of their core staff. These staff support family engagement through activities such as connecting families to concrete resources, participating in family conferences and meetings, and accompanying families to appointments or visits as requested. Rise helps train and support the parent advocates.

## Training and capacity building

Along with services, training and capacity building for both mandated reporters and providers also have evolved, giving families enhanced support from an even broader base of stakeholders.

### Mandated reporters

**New mandated reporter training is required for all ACS partners.** Since 2023, ACS has been [training mandated reporters](#) about when a call to the child protection hotline is necessary — and when it is not. The state Office of Child and Family Services rolled out a [new mandated reporter training](#) that addresses implicit bias and clarifies the standards of evidence required to file a child protection hotline report. As part of re-envisioning the role of mandated reporting, ACS partners with the city's public schools, the Department of Homeless Services, Health and Hospitals, and Family Justice Centers (which work with families experiencing interpersonal violence) — all entities that have significant interactions with families — to educate their respective staff on when reporting is required by law and what pathways can be leveraged to support a family outside of a hotline call. The message to mandated reporters has evolved from “when in doubt, report,” to “you don't have to report a family to support a family.”

### Providers

ACS has bolstered its provider workforce in recent years by expanding training and engagement.

**ACS assumes some of the costs of training providers on evidence-based model programs.** Prior to 2019, each provider had to identify and pay for their own training. Now, ACS supports model developers to train providers, which helps to ensure consistency. ACS also convenes provider cohorts for each model where ACS, providers, and the model developers can discuss model requirements, child welfare expectations, and how to achieve model fidelity.

**Training standards have been revised to clarify requirements for providers.** Expectations include supervisors and frontline staff participating in onboarding within the first year, taking a minimum of 42 hours of training annually, and implementing an annual development and training plan.

**[ACS' Workforce Institute](#) has been engaged to meet the training needs that providers and requirements of Family First elevate.** The institute is training most provider staff in Motivational Interviewing and will coach supervisors to ensure continued staff support.

**ACS and service providers have enhanced their partnership.** During the COVID-19 pandemic, ACS started monthly calls with providers to share updates and field questions. Because they were so beneficial, these calls continue today and are supplemented with dedicated office hours so providers can connect with each other and receive direct guidance from ACS. Additionally, ACS-sponsored learning collaboratives have helped to create a community among providers by supporting peer learning and collective problem-solving.

Barriers being addressed include staff shortages and turnover, both of which were exacerbated by the pandemic and continue to impact services today. Additionally, provider staff often get trained and certified in an evidence-based model and then are recruited to work for other systems.

## Continuous Quality Improvement

Historically, most community advocacy and internal quality improvement efforts focused on preventing and improving foster care. Given ACS's shift to supporting families earlier, ACS is expanding the ways it continuously improves family services by leveraging the expertise of people with lived experience and enhancing data analysis.

**ACS gathers feedback to improve the work of its contracted family services programs.** This is achieved through the annual family experience survey and conducting 2,000 case reviews per year. Most families in the 2025 survey had positive feedback on the service referral process and service quality, and reported that their opinion of ACS improved since their family started receiving services. Families have shared information about the types of services they need, and parents report they want more information about what services are available, how long the services last, and if/when services are required. To boost

referrals of families from public hospitals to family services — including those who might have previously been reported to CPS — ACS worked with Public Policy Lab to create materials for families, developed with input from both families and service providers, to increase awareness of available supports.

**ACS' Family Services Division has created a new parent advisor role.** This person, who reports to the ACS deputy commissioner, elevates families' perspectives by engaging with the community and providing their feedback on practice and policy.

**ACS analyzes qualitative and quantitative data at the system, provider, program, and case levels.**

This analysis helps guide decision-making, model fidelity, and contract management. ACS also examines proxy metrics for well-being, such as school attendance, graduation rates, and housing stability. ACS shares data with its providers every month, including from semi-annual case reviews. These data and other information are used to support an annual Collaborative Quality Improvement cycle with every provider.

“Many families don't understand what preventive services are, they think that it's only about taking away children and that's why some people don't ask for help because they're afraid that their children will be taken away, when in reality it's not like that.”

—Parent respondent from the 2025 Family Experience Survey (quote translated from Spanish)

## What the data tell us

Data tell a [promising story](#) about how this shift in approach has improved outcomes for families, including fewer family separations and foster care placements. At the same time, key child safety indicators have remained strong. System-level improvements as a result of the shift in approach include a decrease in unnecessary hotline reports, higher utilization of the Support Line, an increase in service referrals, and less burden on family courts.<sup>4</sup>

**Improved outcomes.** Compared to families referred to family services programs but who did not complete services, families that were referred to and completed family services in 2023 were:

- Half as likely to have an indicated child welfare investigation within one year. Of the 5,358 families with some or all goals achieved, 371 (6.9%) had an indicated case within one year.
- Almost three times less likely to have a child placed in foster care within one year. Fewer than 2% of families with some or all goals achieved had a child placed within one year.

**Fewer foster care placements.** There was a 16% reduction in foster care placements between 2019 and 2025.

**Hotline reports.** Unwarranted reports to the hotline create unnecessary trauma for children and families, and drain resources from the child protection agency. Between 2023 to 2025, hotline calls in New York City decreased among three groups of mandated reporters and increased for one:<sup>5</sup>

- Education (down 17%)
- Social services (down 16%)
- Health/mental health (down 7%)
- Law enforcement (up 2%)

It is important to note that child protection hotline reports from law enforcement are the most likely to be substantiated, while reports from schools and social services are the least likely.

**Support Line.** About half of the calls and emails to the Support Line originate from schools during periods when school is in session. During 2025, the Support Line overall received 3,879 calls and emails. Of these, 30% were from schools, 30% were from parents and the public (often given the Support Line information by schools); and the rest were from other reporter groups, including social services and physical health/mental health providers.

**Service referrals.** Community referrals to New York City family services have increased, indicating that alternative approaches to help families are taking hold. From 2022 to 2025, community referrals to ACS' nonprofit service providers increased 213%, from 782 to 2,447. Community referrals account for 25% of new referrals to the family services programs, up from 9%, while referrals from child protection have gone from 91% of new referrals in 2022 to 75% in 2025.

**Court involvement.** The number of families taken to court on an abuse or neglect petition declined 50% between 2019 and 2025, from 6,026 to 2,996. One result of this reduction is that fewer families are under court-ordered supervision in New York City, and a greater proportion of families are engaging in family services voluntarily.

**Child safety.** New York City health system data consistently show low rates of injury hospitalizations and injury deaths of children under age 14, indicating that the switch in approach for family services has not compromised safety. The rate of [child injury deaths](#) remains well below the national rate,<sup>6</sup> and the infant mortality rate is about 25% lower than the national rate.<sup>7</sup>

“The more we invest in prevention services, the more foster care numbers decline.”

—Andrew White, Deputy Commissioner for Policy, Planning and Measurement, New York City Administration for Children's Services

## Looking ahead

The evolution continues for New York City family services, as does ACS' growing emphasis on involving persons with lived experience and incorporating families' perspectives into its program models. The future is reflected in the Family Services Division's [2025-2028 strategic priorities](#) plan.

Strategic Priorities 2025-2028	Key Areas of Practice Improvement
<ul style="list-style-type: none"><li>• Embed family perspective and lived experience more deeply.</li><li>• Build capacity of providers to innovate and respond to family needs.</li><li>• Support community engagement to increase awareness of and access to services.</li><li>• Position providers as trusted resources for families and position the Family Services Division as the center of family services expertise inside and outside of ACS.</li><li>• Sustain commitment to best practices for evidence-based models and continuous quality improvement.</li></ul>	<ul style="list-style-type: none"><li>• Family and youth engagement, particularly with teens.</li><li>• Best practices for families involved with child welfare and those experiencing mental health challenges and/or substance use disorder.</li><li>• Motivational Interviewing training.</li><li>• More integrated access to economic supports.</li></ul>

## Implementation considerations

ACS offers guidance to other jurisdictions seeking to reduce involvement with the child protection agency by supporting families differently:

- Understand first the needs of all families and then identify effective interventions, beyond case management. Building the capacity for a continuum of evidence-based services that families want is key to effectively serving a broad range of families.
- Build accessible pathways for families to engage in services as early as possible, before an unwarranted child protection hotline call is made.
- Keep child safety at the forefront. Providers and other community partners need to understand their individual and collective role in supporting child safety and family well-being.

- <sup>1</sup> Given ACS' shift in language from "prevention services" to "family services," this brief primarily uses the term "family services" to reflect the agency's evolution and honor families' preferred terminology, except when making historical references.
- <sup>2</sup> Unless otherwise noted, information from this brief came from personal communications and interviews with staff from the New York City Administration for Children's Services between March 2025 and April 2026: Moira Flavin, Chief Research and Innovation Officer, Family Services Division; Luisa Linares, Deputy Commissioner of Family Services; Jacqueline Martin, former Deputy Commissioner of Prevention Services (now Family Services); and Andrew White, Deputy Commissioner of Policy, Planning, and Measurement.
- <sup>3</sup> [www.nyc.gov/assets/acs/pdf/data-analysis/2024/PreventionServicesCY2024.pdf](http://www.nyc.gov/assets/acs/pdf/data-analysis/2024/PreventionServicesCY2024.pdf)
- <sup>4</sup> Data provided by ACS, October 2025.
- <sup>5</sup> New York state has a centralized hotline, or central registry, which screens in most calls prior to passing them to counties, so ACS relies on the metric of screened-in calls rather than calls to the hotline.
- <sup>6</sup> New York City Department of Health and Mental Hygiene. (2024). [Understanding child injury deaths – Child Fatality Review Advisory Team Annual Report 2024](#), p.3.
- <sup>7</sup> New York City Department of Health and Mental Hygiene. (2023). [Summary of vital statistics: 2023](#), p.24.