

# **Appendix I: Response from the New York City Administration for Children’s Services (ACS), February 1, 2022**

## POVERTY:

- **What steps does ACS take to confront and address the role poverty plays in child-welfare decision making? What policies have been implemented? How does ACS monitor the implementation of these policies?**
- **What data has been collected and what analysis has been undertaken to evaluate the impact of poverty in child welfare and to address the efficacy of measures implemented? We would be grateful for copies of any such data and analyses.**

ACS believes that the best way to keep children safe is to provide families with the supports and resources they need, well before there is any interaction with the traditional child protection system. ACS has taken many steps to reduce families’ interaction with the traditional child protection system and we are continuing to identify ways to safely reduce the need for a child protective response or involvement with a family.

In 2017, ACS created a new division, the Division of Child and Family Well-Being, dedicated to providing critical supports and drawing on communities’ and families’ strengths to help families and children thrive and, as a result, mitigate factors that can lead to child welfare involvement. This work is part of ACS’ strategy of addressing racial inequity and disproportionality in the child welfare system.

Through the work of this Division, we support eleven Community Partnerships, which are coalitions that serve as local hubs for providers, community leaders and other committed stakeholders located in under-resourced neighborhoods across the City. We also fund three Family Enrichment Centers (FEC) in neighborhoods that have had historically high child welfare involvement. In 2021, ACS announced the expansion of the FECs from 3 to 30 sites across the City over the next three years. FECs are designed to promote family

strength and stability by building community connections and by helping families meet concrete needs. One of the key factors that makes FECs powerful is that both the physical space and the centers offerings to the community are designed with community members and caregivers. Throughout the COVID-19 pandemic, FECs have been meeting families' critical needs, including by providing technology/hotspots to assist children with virtual learning; LYFT car credits so community members could pick up food, medication and commute to doctor visits; and food laundry cards and detergent.

We are also expanding our work to keep children safe by providing training, technical assistance, education, and materials to service providers and caregivers. –In 2021, ACS created a brand-new office, The Office of Child Safety and Injury Prevention, to lead these efforts including those related to safe sleep practices for infants, unsafe storage of prescription medications and, most recently, accidental ingestion of marijuana edibles.

In addition, our network of 171 nonprofit community-based and citywide prevention programs serve about 20,000 families each year with more than 40,000 children. These services include assisting families with concrete supports and access to public benefits, child care, homemaking, Medicaid, and linkage to housing resources while also in many cases addressing fundamental issues such as health and mental health challenges, substance misuse, and domestic violence advocacy.

We are also educating professionals working with children and families on the many ways to provide support without the need for a report to the child abuse hotline. For example we have worked closely with our colleagues at the Department of Education and Health & Hospitals so that they understand when they should call the SCR due to a safety concern and when they should help families get access to services without involving ACS.

While we are legally required to respond to all SCR reports that are referred to us, we are emphasizing the provision of support and services to address the family's needs. In our child protection system, we have been steadily expanding our alternative-track approach that focuses on family support and does not require a traditional investigation in cases where there is no indication of significant safety risk or physical abuse to a child. In New York City, this is called Collaborative Assessment, Response, Engagement and Support (CARES). The CARES program focuses on engaging families in supportive services. In CARES, specially trained child protective staff partner with the family to identify needs, empower the family to address them, and connect families to appropriate services. The CARES approach is family-centered, family-driven, and solution-focused.

There is strong research about the relationship between poverty and reported and confirmed maltreatment of children. For example, see [Lindo, Schaller and Hansen, in the Journal of Public Economics, July 2018](#). There is also research about the impact of bias in decision making, most notably at the front door to the child welfare systems – the point when mandated and other reporters call in reports of suspected maltreatment to state hotlines. ACS does not collect income data from the families it serves that can be aggregated in data reports, but we are well aware that the vast majority of families we serve have low incomes and are African American and Hispanic.

During the pandemic, reports and incidents of confirmed abuse and neglect declined. This was also a period marked by substantial economic support for families from the federal government and a moratorium on evictions. Measurable poverty declined in New York City. We hypothesize that despite the pandemic, the reduction in poverty and the moratorium on evictions had a beneficial impact on family stress, and as a consequence, on child safety.

## SUBSTANCE USE

- **What policies does ACS have in place to address the complex needs of parents with substance use disorders and promote family stability?**
- **What data has been collected and what analysis has been undertaken to evaluate trends related to this issue? We would be grateful for copies of any such data and analyses.**

A strong foundation for preventing child abuse and neglect is supporting families who need a helping hand. We have put forth a full continuum of prevention services to help meet these challenges, which includes substance misuse treatment to help support families and keep children safe.

We have worked closely with our public hospital system, Health + Hospitals, as well as with private hospitals to educate hospital and other medical staff about the impact that reports to the state abuse and neglect hotline and the required follow-up by ACS can

have on families; we have provided them with guidance that that calls should be made only when there is a concern about the child's safety and describes when it is and when it is not appropriate for hospitals to report possible child abuse or neglect related to newborns prenatally exposed to substances.

Neither a positive drug test of a parent nor a positive toxicology of a newborn baby is in itself a basis for a report of abuse or neglect or, if investigated, a determination that evidence of abuse or neglect existed. ACS's decision-making is based on the safety of the children.

Our prevention continuum includes more than 2,000 slots for families in community-based programs that provide a combination of case management, access to benefits and concrete supports, and substance abuse treatment. These programs are designed to support families so that the children can remain safe with their parents, in a stable home.

## PARTICIPATION

- **What steps does ACS take to ensure there is genuine, meaningful, and sustained involvement of parents with lived experience of the child welfare system in ACS policies, practices, and programs?**
- **We understand the stated role of the Parent Advocacy Council is to meet and share recommendations with ACS leadership in an effort to include more parent voices in policies, procedures, and services. What recommendations has the Parent Advocacy Council shared with ACS leadership over the last 3 years? Which of the Council's recommendations have been implemented? How does ACS monitor the implementation of these recommendations? Is there a representative of the Parent Advocacy Council that we can interview for this report?**
- **We understand that in early 2020 ACS developed and launched new protocols to review cases of children in foster care to identify those that could safely progress toward reunification through agreement among the parties in an effort to**

**expedite family reunification despite limited family court operations. What steps did ACS take to ensure meaningful engagement of parents during the development of these protocols? We would be grateful for copies of these protocols and any documents related to their development.**

ACS has infused more parent and youth voice into policies, procedures and service arrays. ACS created the new role of Parent Engagement Specialist to increase the voice of parents with lived experiences in all aspects of ACS's work around practice, policy and programming. The Parent Engagement Specialist supports the Parent Advocacy Council (PAC), which meets and shares recommendations with ACS leadership regularly. ACS launched a new Parent Advocate Initiative, called "Parents Supporting Parents," (PSP) to improve reunification and racial equity outcomes by pairing a parent advocate with lived experience to families with a goal of reunification whose children are currently placed in foster care. This initiative is currently in pilot phase, but will be expanded to all of ACS' contracted foster care agencies when our next foster care contracts begin. The PAC has provided extensive input into the design of the PSP program. The PAC has also informed areas of child welfare practice including family team conferencing (meetings where ACS and families discuss child safety), foster care case practice and meeting children's educational needs.

ACS seeks feedback from parents and those with lived experiences in other ways as well. For instance, ACS conducted an evaluation of the FECs which showed that the centers are having a positive impact on families. The report said that FECs were enhancing members' social supports (from family, friends and neighbors), family functioning, emotional connection with their children, and outlook on life. Additionally, those surveyed reported significant increases in their access to advice and resources in addressing several life challenges, including parenting, financial issues, relationships, food and nutrition issues, and stress management. Moreover, ACS also surveyed families who are engaged in prevention services and, most recently, found that approximately 93% of all survey participants said they are happy with the prevention services their families receive and 87% of participants said that they would recommend these services to a friend and/or family member.

ACS also has a Youth Leadership Council that includes youth who have experienced the foster care and/or juvenile justice systems. ACS also works closely with the Fair Futures Advisory Board, a group of young people with experience in the foster care system who are dedicated to advocating for all NYC youth in foster care.

Additionally, the Parent Advocacy Initiative is a peer support program in which parents with prior experience in the child welfare system offer advocacy and support to parents currently involved in the child welfare system. In New York City, Parent Advocates participate in Initial Child Safety Conferences, meetings in which family members and child protective specialists (CPS) at ACS discuss safety concerns in the home and identify the best safety plan for the child. The recently published study in the *Children and Youth Services Review* titled, “Outcomes of the Parent Advocacy Initiative in Child Safety Conferences: Placement and Repeat Maltreatment,” examined the impact of the child safety conferences on case outcomes of families served by parent advocates. The study revealed that, with the Parent Advocacy Initiative in place, ACS saw a significant increase in the conference attendance by parents in comparison with the past; a reduction in child removals; and an increased use of kinship care for children who had to be removed due to safety concerns.

During the pandemic, ACS launched new approaches to accelerate safe reunification in the context of the Family Court’s limited operations. Our foster care agencies and ACS Family Court Legal Services completed thousands of case reviews in order to identify children who could proceed to extended home visits, trial discharge or final discharge with agreement from all parties, including the parent and child attorneys and the court. We also leveraged technology in new ways in order to better connect children and their families and increase support for parents and foster parents.

## DUE PROCESS

- ACS has previously [opposed legislation](#) that would require child protection investigators to read parents their rights during an initial home visit, instead advocating for an alternative proposal. Is this still ACS’ position? If so, what steps does ACS take to ensure parents understand the process and their rights, and that parents’ rights are protected during the investigation process and throughout the time they experience child-welfare involvement?

ACS is committed to providing New York City families with the support and resources they need, while ensuring that parents’ rights are protected in all interactions with the health care and child welfare systems. We strongly believe that there are ways to ensure

parents understand the process and their rights, while also fulfilling our obligation to assess and protect the safety of the children.

## DISPARITY AND DISPROPORTIONALITY

- How does ACS operationalize its [commitment](#) to transition towards an antiracist organization to address disparities and disproportionalities within the child welfare system?
  
- We understand that the National Innovation Service was conducting a racial equity audit of ACS' operations to identify key areas of intervention to drive system-level change. What is the status of that audit? We would be grateful for copies of any materials related to the audit's scope, methodology, results, and recommendations.
  
- What steps has ACS taken towards fulfilling the [OCFS requirement](#) to develop and implement the blind removal process, where social workers and supervisors decide on a plan of action for a child based on data that excludes race and related factors?
  
- We understand that ACS developed the [Equity Action Plan](#) as part of the agency's commitment to confront and address racial disparities at key stages in the child welfare system. The following questions pertain to the concrete strategies that were identified in the plan and discussed in the most recent [report](#):
  - Other than mandatory implicit bias trainings, what other steps has ACS taken to minimize implicit bias in child welfare case decision-making? How does ACS assess the efficacy of these measures?
  - What initiatives related to race, gender, and equity has ACS considered for implementation to reduce disparities in the three pilot communities with high rates of State Central Registry reports? Which initiatives have been implemented? How does ACS monitor the implementation of these initiatives and measure their efficacy?
  - What were the results of the analysis conducted by ACS to understand why disparities existed in how ACS referred families to court-ordered supervision versus foster care? Other than early referrals to ACS prevention services, is ACS considering other strategies to address these disparities? If so, please describe the strategies and the intended impact.

- **Other than increasing placement in kinship care, what other strategies is ACS pursuing to address the disparities in the length of stay in foster care?**
- **How does ACS ensure prevention providers fulfill mandated requirements to address racial disparities in all programs? How does ACS assess the efficacy of these measures?**
- **What is the status of the assessment on ACS' systems and activities as they relate to racial equity to identify potential areas of change? What were the findings from each phase of the project that has been completed thus far?**

It is deeply concerning to us that year after year, there are dramatic racial and ethnic disparities in the reports ACS receives from the State and is required to investigate.

While ACS does not have control over reports that are called in and that the State accepts and refers, we are taking numerous steps toward addressing disparities among families that are reported to the SCR, given that the largest racial and ethnic disparity we see is at this initial critical point. For instance:

- ACS is educating professionals working with children and families on the many ways to provide support without the need for a report to the child abuse hotline, when there is no reason to suspect that a child may have been abused or maltreated. During the pandemic, we worked closely with the Department of Education to develop guidance that was issued to school staff to help them in making decisions about reporting. Similarly, we have been working closely with our public hospital system, Health + Hospitals, so that hospital and other medical staff understand the impact that reporting has on families and that calls should only be made when there is a concern about the child's safety. For instance, we worked on guidance for hospitals that makes clear when it is and when it is not appropriate for hospitals to report possible child abuse or neglect related to newborns prenatally exposed to substances.
- We are pleased that, as a result of our advocacy, New York State passed a law last year requiring mandated reporters to receive implicit bias training, like the requirement we have in place for all ACS staff. Additionally, the State is now required to implement procedures to address implicit bias.



- We are working hard to reduce families' interaction with the child protective system by providing resources and support upfront. This involves our primary prevention work, including the launch of child safety campaigns on important topics for parents, like safe sleep practices for newborns, safe storage of medication that's hazardous to children, and ensuring homes with children are equipped with window guards.
- We also support three "Family Enrichment Centers" in neighborhoods of historically high child welfare involvement, to provide parents with a safe and nurturing environment to build social connections and receive concrete resources like food and clothing – which was especially critical during the pandemic. In fact, we are expanding this work from 3 centers to 30 centers across New York City in the neighborhoods that were hardest hit by COVID.
- For families who come to our attention through a report, we are emphasizing the provision of support and services to address the family's needs. Our Collaborative Assessment, Response, Engagement and Support (CARES) program is being expanded with the goal of reducing unwarranted investigations.
- In 2020, we implemented a new set of prevention programs — designed to prevent future risks to children — which now offer 10 different service models to families across all parts of NYC, designed with increased family voice and choice, and with an explicit focus on racial equity in meeting family needs.
- We've successfully reduced the number of children in foster care, and the time they remain in care. And more and more children who must enter foster care are being placed with family and friends.

Additionally, internally:

- Every single ACS staffer is required to take an implicit bias training course.
- We're implementing our Equity Action Plan, which addresses specific racial disparities across the child welfare system.

- We created an Office of Equity Strategies to provide focus and direction to our work in this area. The Office leads ACS's efforts to develop and advance specific policies and practices that reduce disparities in outcomes for children and families that are the result of bias based on race, ethnicity, gender and gender expression, and/or sexual orientation.
- We have an ACS Racial Equity and Cultural Competence Committee (RECCC). The committee is open to all staff -- from every level and every division of ACS-- as well as representatives from our provider agencies and the child welfare advocate community.

## TRANSPARENCY

- **What data does the [Safe Measures Dashboard](#) gather? What sources are data gathered from? What policies govern the transformation of case data into actionable information?**

In 2018, ACS launched the Safe Measures Dashboard, which gives caseworkers, supervisors, and other staff a streamlined overview of details on cases to which they already are assigned. The case information is entirely drawn directly from the systems of record, CONNECTIONS and PROMIS, and includes nothing that a worker does not already have access to. It is a tool for streamlining information. For instance, Safe Measures provides each caseworker with a calendar of tasks and deadlines for their cases; it tracks interviews that were conducted or are still outstanding, and it helps them to prioritize workloads. Safe Measures also allows supervisors to view caseworkers' workload and progress on their cases.

- **What data does the [Emergency Children's Services \(ECS\) Application Unit](#) gather? What background information is provided on each case? What sources are data gathered from?**
- **What policies govern the implementation and use of this application?**

Emergency Children's Services is a team in our Division of Child Protection that responds to reports of abuse or neglect transmitted by the Statewide Central Register to ACS at night, on weekends and on holidays. These child protective workers initiate ACS' response to reports of child abuse and neglect within New York City, which are then assigned to the appropriate borough-office team on the next business day. ECS is staffed by Child Protective Specialists (CPS) who perform the same initial investigatory functions as CPS assigned to borough office locations throughout the city. As with all CPS teams, ECS enters details of data gathered, sources contacted, and the initial safety assessment into the CONNECTIONS system of record. The "applications unit" that you mention in your question is the team that does the initial intake and clearance of the case as it is assigned to a caseworker, as with all incoming cases forwarded to ACS by the state.

- **What policies govern the provision of [Collaborative Assessment, Response, Engagement and Support \(CARES\)](#) to families? What data does ACS gather as part of this program? How does ACS determine the efficacy of CARES in combatting racial disparities and promoting social justice?**

We are expanding our utilization of an alternative child welfare approach that focuses on family support and does not require a traditional investigation, in cases where there is no indication of significant safety risk or physical abuse to a child, but a family may be in need of services. In New York City, the approach is called Collaborative Assessment, Response, Engagement and Support (CARES) – in state statute and guidance, the program is referred to as Family Assessment Response, or FAR (for additional information, see NYS Social Services Law 427-a and Chapter 5 of the [OCFS Child Protective Services Manual](#)). The CARES program focuses on engaging families in supportive services that meet their needs and enhance their ability to care for their children. In CARES, specially trained child protective staff partner with the family to identify needs, empower the family to address them, and connect families to appropriate services. The CARES approach is family-centered, family-driven, and solution-focused.

- **What policies govern the [Accelerated Safety Assessment Protocol \(ASAP\)](#)? What data is used to identify children at high risk of harm? What steps has ACS taken to ensure the predictive analytics do not reinforce harmful biases and disparities? What types of real-time feedback does ASAP provide to frontline child protection staff? What is the impact of this feedback on decisions made by frontline child protection staff?**

To strengthen protection of children who are at the greatest risk of physical abuse, ACS has integrated additional levels of consultation, oversight and supervisory support into everyday child protective investigative practice. The Accelerated Safety Analysis Protocol (ASAP) is a quality assurance initiative that includes reviews of investigative practice in open child protection cases that involve children at elevated risk of serious physical or sexual harm. ACS built and extensively tested a predictive risk model that flags cases for this quality assurance review. The model is not used to make a decision about services or interventions with children and families, nor is any information from the risk model shared with caseworkers. Rather, it is used to identify high-risk cases for additional review and support by a review team composed of experienced child protective staff. For instance, the review team checks to see if all relevant safety assessments, contacts with collaterals, requests for appropriate consultations, and implementation of safety interventions have been completed, in order to alleviate risk and promote safety for children. The predictive model used to identify these cases for review dramatically out-performed previous approaches to identifying cases for closer review (“Clinical Judgement Criteria”, or intuition of experienced caseworkers), which were in fact found to be more likely to flag investigations pertaining to Black or Hispanic families for review than the predictive model.

- **We understand that ACS tracks performance and establishes annual improvement plans with all provider child welfare programs and supports and monitors implementation. Is it possible to receive copies of these plans and related implementation data and documentation, with identifying information redacted if necessary?**

ACS publishes the Foster Care Scorecard each year on its website, which includes substantial data related to quality improvement.

- **Does ACS publicly report disaggregated data regarding the families it serves in a way that is meaningful and accessible to external stakeholders? If not, what steps does ACS take to promote transparency?**

Yes, ACS regularly produces reports on key data metrics which are available to the public on our website: <https://www1.nyc.gov/site/acs/about/data-analysis.page>. This includes our monthly FLASH report on key indicators, for which an extensive online archive is also available, as well as numerous City Council-mandated reports.

- **The City Council recently enacted five [bills seeking transparency and accountability](#) within the child welfare system. What steps has ACS taken towards fulfilling these statutory requirements?**

As noted above and you can see in that link, ACS regularly publishes data and our web site and regularly produces reports for the City Council. The first of the newly enacted reports begins in April 2022.

- **[Int. No. 1717-A](#) requires ACS to report on various demographic information and to create a plan to address any disparities identified as a result. What steps has ACS undertaken to ensure meaningful parent involvement in the development and implementation of related policies?**

To develop the [Equity Action Plan](#) that we are currently implementing, ACS conducted an Equity Assessment that looked at the disparities at key stages in the child welfare system. As mentioned in the previous answers above, many of the initiatives we have put in place and continue to put in place incorporate the voices of parents and those with lived experiences. For instance, the Family Enrichment Centers operate with a keen focus on parents' voices, and it is these parents who have co-designed the centers. We also have a Parent Engagement Specialist, who helps increase the voice of parents with lived experiences in all aspects of ACS's work around practice, policy and programming. The Parent Engagement Specialist supports the Parent Advocacy Council (PAC), which meets and shares recommendations with ACS leadership regularly.