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More Funding for Child Welfare: Mayor Aims to Expand & Enhance Preventive Services, Reducing Foster Care Placements

The executive budget added funds to the Administration for Children's Services' (ACS) budget for 2017 and the remaining years of the financial plan (all years refer to fiscal years) for its child welfare system, predominantly an expansion of preventive services to reduce the need for foster care and to support family reunification for children returning home from foster care. A total of \$18.6 million will support these initiatives in 2017, growing to \$53.0 million in 2019 and 2020. This includes \$7.6 million in city funds in 2017, \$16.7 million in 2018, and \$21.2 million a year in 2019 and 2020; almost all the remaining funding will be provided by the state, which reimburses localities' preventive services costs at a rate of 62 percent.

The city is funding its share of the initiatives in part by reinvesting \$4.2 million in savings that it expects to realize through a continued decline in the foster care census. ACS projects that the number of children in foster care will decline by 6 percent, from 10,692 in June 2015 to 10,060 in June 2016, reducing the need for payments to foster care providers. The rest of the city funding for the expanded child welfare supports will come from a mix of other agency savings identified in the executive budget and new funding.

Expansion of the Preventive Services System. Preventive services—which are delivered by nonprofit organizations under contract with ACS—are designed to avoid foster care placements for children who have been found to not be in immediate danger but who are still at risk of needing foster care without an intervention. These families have usually been investigated for abuse or neglect by ACS's protective services division. Even if the investigation does not substantiate the allegation of mistreatment, the families may be referred to preventive services. This is because many families that are ultimately found not to have

maltreated their children may still be in a state of crisis. Participation in preventive services is voluntary unless a family is under court-ordered supervision. Court-ordered supervision results when a Family Court judge turns down an ACS petition to remove a child to foster care and instead decides that the child can stay at home as long as an ACS worker monitors the family's compliance with orders such as participating in preventive services.

Some families are referred to preventive services by community-based institutions such as schools or clinics rather than through ACS, but they must still be considered at risk of foster care placement in order to qualify for preventive services. Preventive services are also offered to families whose children are returning from foster care, in order to reduce the time to reunification, and to prevent reoccurrences of maltreatment and returns to foster care. ACS has budgeted \$238.4 million for the preventive services system in 2016 and \$247.2 million in 2017, maintaining the growth of recent years.¹ The budget for 2017 does not yet include roughly \$5 million of funding for various preventive programs that the city typically draws down from the state once the fiscal year has begun; the actual 2017 figure should be closer to \$251.8 million.

ACS has been emphasizing efforts to keep children in their homes through the use of preventive services ever since its 1996 separation from the Human Resources Administration. IBO has [previously documented](#) the history and sometimes uneven progress of the transition away from foster care and toward preventive services. Since the release of the IBO report in 2011, the number of children entering foster care has declined from 5,698 in 2012 to 4,134 in 2015—a 27.4 percent decrease. Over that same time period, the number of families entering preventive



services increased by 22.8 percent, from 10,124 to 12,438 (families may include multiple children). In 2015, a total of 47,001 children received services, including some children who entered services in 2014 but whose cases continued into 2015. An average of 25,514 children received services on any given day in 2015.

Currently, most of ACS’s preventive services slots are for general preventive services designed for the lowest-risk families.² Services offered vary, based on the needs of the family, and may include individual and family counseling, parenting classes, or domestic violence intervention. Providers may also offer referrals to and assistance accessing substance abuse treatment, housing subsidies, employment and job training services, child care, and other community-based services.

The majority of the new funding added to the executive budget—\$7.8 million in 2017, increasing to \$31.2 million in 2019 and 2020—will be used to expand the existing preventive services system. The funding will both add new slots, specifically for families on court-ordered supervision, and support the continued conversion of general preventive services slots into evidence-based slots. In 2017, some organizations currently providing preventive services will have their contracted number of slots increased, and in 2018, ACS will issue a request for proposals for additional services. When fully implemented, there will be approximately 2,350 new slots per year in addition to the current 12,000. The number of slots refers to the number of families that can receive services at any given time. ACS encourages providers to close preventive cases within 12 months in order to increase the number of families

| New Spending on Child Welfare Supports | | | | |
|--|-----------------|-----------------|-----------------|-----------------|
| <i>Dollars in thousands</i> | | | | |
| | 2017 | 2018 | 2019 | 2020 |
| Additional Preventive Services Slots and Conversion of General Preventive Slots to Evidence-Based Models | \$7,800 | \$20,779 | \$31,200 | \$31,200 |
| Community-Based Primary Preventive Services | 750 | 1,500 | 1,500 | 1,500 |
| Aftercare Preventive Services for Foster Care Trial Discharges | 3,850 | 7,700 | 7,700 | 7,700 |
| Expanded Clinical Consultation Supports | 3,047 | 6,094 | 6,094 | 6,094 |
| Personal Services Spending to Support Initiatives | 3,182 | 5,095 | 6,516 | 6,516 |
| Totals | \$18,629 | \$41,168 | \$53,010 | \$53,010 |
| SOURCE: Mayor’s Office of Management and Budget | | | | |
| <i>New York City Independent Budget Office</i> | | | | |

ACS also offers specialized preventive services for specific high-risk populations, such as young people involved in the juvenile justice system, young children who have experienced trauma, or parents or children with medical issues or developmental disabilities. Many of these specialized services follow a highly specific model. ACS refers to these types of services as evidence-based because they have been vetted through a formal evaluation process—not necessarily in New York City—and found to be effective. (Since general preventive services vary according to families’ needs, they are more difficult to evaluate.) Because evidence-based services require intensive training and fees paid to the organization providing the model, they are usually more expensive than general preventive services. They are also designed to take place in a shorter timeframe, allowing providers to serve more families. In recent years, ACS has added several new evidence-based models, for a current total of 11, and converted some existing general preventive service slots to evidence-based service slots.

receiving services, so it is possible for one slot to be used for more than one family in the course of a year. This is why the number of families entering services in 2015, 12,438, was higher than the 12,000 slots available that year.

According to the 2016 Preliminary Mayor’s Management Report, the number of families entering preventive services in the first four months of 2016 declined by 8 percent compared with the first four months of 2015—from 3,955 to 3,638—due to a decrease in substantiated abuse/neglect investigations. ACS believes that preventive services are an important tool for any family at risk of foster care placement—a broader category than just those families involved in substantiated investigations—and is therefore seeking to make more families aware of these services. The agency stated in the preliminary management report that it is attempting to increase enrollment in preventive services by offering these services to more families whose abuse/neglect investigations were unsubstantiated, but who are still considered at-risk, and

by encouraging more community-based institutions to refer at-risk families to preventive services.

Primary Preventive Services. In addition to the expansion of the existing preventive services system, the executive budget adds \$750,000 in 2017 and \$1.5 million each year in 2018 through 2020 to support the launch of new community-based primary preventive services that will offer on-demand assistance to any family. The goal is to aid families before they reach a state of crisis and become involved with the child welfare system.

Primary preventive services will be based in new Family Enrichment Centers, which will use a “storefront” model, acting as a one-stop site for families to walk in and get information about and referrals to a variety of neighborhood services such as after-school programs, family counseling, parenting classes, health services, or financial literacy education. The overall goal is to create a community-based support system, and the hope is that families will not see these centers as identified with ACS, an identification that often carries a stigma, but rather as a neighborhood resource.

In 2017 the city plans to establish Family Enrichment Centers in three neighborhoods, which have not yet been identified but will be chosen based on indicators such as high rates of abuse/neglect investigations and foster placement. These centers will serve as a test of the primary preventive model. ACS will use what it learns from this test to improve the model and eventually issue a request for proposals in order to expand the initiative to new neighborhoods, again based on need. Because state and federal preventive services funding can only be used for families considered at immediate risk of foster care, the city is financing these new primary services by itself.³

Aftercare Preventive Services. The executive budget also allocates \$3.9 million in 2017 and \$7.7 million in 2018 through 2020 to ACS’s budget to expand aftercare preventive services for youth returning home from foster care on trial discharge, in order to support reunification and prevent a reoccurrence of maltreatment. Children on trial discharge are still in the legal custody of ACS, and are with their families on a probationary basis. A caseworker from their foster care agency makes home visits and monitors the safety of the children. The children will be returned to

foster care if the caseworker determines that they are not safe in their home; otherwise, they will experience final discharge and return to the legal custody of their parents at the end of the trial discharge period, which typically lasts about three months. Aftercare preventive services are currently offered only to families on final discharge. By 2018, the added funding will serve all of the approximately 1,500 youth who are on trial discharge each year.

Clinical Consulting Services. Another change in the executive budget is the addition of \$3.0 million in 2017, increasing to \$6.1 million in 2018 through 2020, to expand ACS’s clinical consulting services—currently only available to ACS’s child protective workers—to staff at preventive and foster care providers and to ACS staff at the Children’s Center, where some children stay while awaiting foster care placement. Clinical consultants are experts in mental health, domestic violence, substance abuse, and the needs of young children. They offer advice and assistance in making assessments, matching children and families to the appropriate services, and providing referrals.

Personal Services. The remainder of the new spending—\$3.2 million in 2017, \$5.1 million in 2018, and \$6.5 million in 2019 and 2020—will fund a total of 91 new staff members in ACS. When fully implemented, \$3.9 million and 53 positions will support the initiatives described above. An additional \$1.7 million will be used for 25 new attorney and support staff positions in order to reduce attorney caseloads and to enhance legal assistance offered to foster care providers, which helps them prepare for court appearances. Finally, \$900,000 is budgeted to add 13 new positions in ACS’s Investigative Unit to support its efforts in finding youth who are absent without leave from foster care placements.

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Endnotes

¹These figures do not include the Preventive Homemaking Services program area, for which ACS has budgeted \$24.6 million in 2016, because the new child welfare supports do not include increases in this area.

²In March 2016, 55.9 percent of all new preventive cases were placed in general preventive slots.

³New York State does offer the Community Optional Preventive Services (COPS) program, which allows localities to flexibly fund preventive services; the city has used about \$2 million of COPS funding annually for the Nurse-Family Partnership, a home-visiting program for low-income, first-time mothers. However, COPS funding has been frozen and cannot be used for any programs that were not operating with this funding as of 2008.

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