

February 2022

Working to Keep New York City Kids Safe & Out of Foster Care: An Examination of Changes to the Child Welfare System's Prevention Programs

Summary

Over the past two decades, the New York City Administration for Children's Services (ACS) has increased its focus on prevention as a means to keep children in their homes and out of the foster care system. Families are generally referred for prevention services following allegations of abuse or neglect, when the agency determines that a child's safety is not at immediate risk, but the family situation is unstable. The agency's prevention program has two main components—general and specialized services. General services largely include helping families meet their more concrete needs, while specialized services consist of intensive therapeutic interventions. ACS offers both types through contracts with non-profits.

In fiscal year 2021, ACS entered into new contracts with its prevention providers reflecting an effort to increase the availability of specialized services. This brief offers an overview of the prevention services offered over the past several years. We examine trends in enrollment, the number of slots available by service type and by borough, and changes in total spending on prevention. Among our findings:

- Following several years of growth, new enrollments into the city's prevention services programs declined in recent years, falling from 10,540 in fiscal year 2016 to 9,965 in fiscal year 2019 and 8,316 in fiscal year 2021.
- Much of the decline over the last two fiscal years relates to the pandemic. The closure of schools and shift to a mix of remote and in-person learning led to a sharp drop in reports of child abuse and neglect—leading to fewer referrals and enrollments in prevention programs. Referrals and enrollments dropped by nearly a quarter from fiscal year 2019 to 2020. Both increased slightly in fiscal year 2021, but are still below the pre-pandemic levels.
- Although new enrollments have declined, the number of total slots in the city's prevention programs has increased somewhat, growing from 12,149 in fiscal year 2016 to a peak of 13,803 in fiscal year 2020 before declining to 12,870 in 2021 under the new contracts.
- The city's new contracts were designed to increase the share of specialized services slots, as well as ensure that each type of specialized service offered by the city was available in every borough. Under the new contracts, slightly more than half—52 percent—of prevention slots are for specialized programs, up from 41 percent in 2016.

As the number of slots has increased, so has spending on prevention services, from \$235 million in fiscal year 2016 to \$345 million in fiscal year 2021. While there have been several reasons for this growth, in recent years some can be attributed to the shift to specialized programs, which are more expensive to contract than general services. The federal and state governments, however, cover the majority of the cost for prevention services. In 2021, the cost to the city was \$51 million.

Background

The city's Administration for Children's Services (ACS) is responsible for overseeing the city's child welfare system, a key aspect of which is the agency's prevention services system. These services, delivered by nonprofit providers contracting with ACS rather than by the agency itself, are designed to strengthen families and keep children out of foster care. Families typically enter prevention services after a referral from ACS, usually after a child abuse or neglect investigation, or before or after returning from foster care. While participation is often voluntary, under certain conditions related to child safety, ACS may ask for those services to be provided under the supervision of the Family Court. On the other end of the spectrum, families can also walk in to programs and request services.

There are two major types of programming offered under the prevention services umbrella: general and specialized. General services—which ACS now calls Family Support under a new set of contracts, discussed below—are for families considered to be at relatively lower risk. What these services consist of depends on what the family needs and could include teaching parenting skills, helping families sign up for public assistance, making sure they have basic needs such as food and diapers, helping them access devices for remote learning, or referrals to services such as job training, childcare, or housing assistance.

Specialized programs—variously called evidence-based, evidence-informed, or therapeutic and treatment models, but referred to throughout this brief as “specialized”—target specific needs or populations. These programs typically consist of intensive therapeutic interventions and case management tailored toward the needs of the target population. They rely on fidelity to a specific clinical model or framework, and have a prescribed length of service. Because of this, families usually spend less time in these specialized programs than in the general programs. Examples include Child-Parent Psychotherapy, for families with children ages five and under who have experienced a traumatic event and/or have mental health or behavioral issues; Family Treatment/Rehabilitation, for families where the primary issue is a child or caregiver's substance use or mental health problems; and Functional Family Therapy, an intervention that focuses on family relationships.

ACS's focus on prevention services and expansion of its specialized programs has coincided with a continuing reduction in the number of children in foster care each year. In 2000, when ACS began significantly increasing its focus

on prevention services as a means to prevent children from being removed from their homes, 10,137 children entered foster care; this number dropped to 3,657 in 2016 and 2,592 in 2021. The average number of children in care overall fell even more sharply, from 34,354 in 2000 to 9,906 in 2016 and 7,639 in 2021.

Although more specific causal outcome data are limited, there is some evidence that the city's use of specialized models can lead to more positive outcomes for families. A 2017 study by Casey Family Programs focused on ACS's experience with implementing specialized (referred to in the Casey study as evidence-based) models but also briefly looked at preliminary results on outcomes. It found that high-risk families served through specialized models were more likely to achieve their case goals compared to high-risk families in more traditional prevention services, and less likely to have a substantiated abuse or neglect investigation after completing the program.¹ (A substantiated investigation previously meant that an ACS caseworker determined there was credible evidence of maltreatment; as of January 1, 2022, this standard has changed to “a fair preponderance of the evidence.”)

Regardless of the type of program, providers are required not only to provide services to the family, but to continually assess whether the child or children can remain safely in the home.

In 2019, ACS released a Request for Proposals (RFP) for contracts for a new prevention services system, which heavily emphasized a shift toward more specialized programs. This shift had been underway for years, but the new contracts represented an opportunity to formally overhaul the system and codify ACS's desire to see more families served by specialized programs.² They also represent ACS's move toward alignment with the new federal Family First Prevention Services Act, discussed later in this brief.

Providers, including ones already offering prevention services at the time, applied for the specific programs they wanted to offer and specified which areas they wanted to serve; it is not uncommon for providers to run multiple programs at various sites throughout the city. ACS announced the providers selected for the 119 new contracts in early 2020. Almost all that received new contracts had already been offering prevention services under the older system, though in many cases, they were now working in different communities. The new contracts went into effect on July 1, 2020.

Primary Prevention

The prevention programs discussed throughout this brief fall into categories sometimes known as “secondary” or “tertiary” prevention. Secondary prevention is intended to reduce the possibility of maltreatment to a child considered at risk of harm. In tertiary prevention, maltreatment has already occurred and prevention measures are put into place to try to avoid repeat maltreatment and/or removal from the home and placement into foster care. The majority of families in ACS’s prevention programs discussed in this report have already come to the attention of the child welfare system, usually through an allegation of abuse or neglect.

ACS also runs several primary prevention initiatives, which are broader in their reach because they aim to provide families with the supports and resources they need to thrive and to manage difficulties rather than reaching a crisis point that potentially prompts child welfare involvement. While they are not the focus of this brief, these initiatives are also an important part of ACS’s prevention continuum.

In 2018, ACS launched three Family Enrichment Centers (FECs) in neighborhoods in the Bronx and Brooklyn with high rates of child welfare involvement. The drop-in sites serve as community centers where families can receive help from staff or simply engage in activities with other community members. Community members are not asked to provide any personally identifiable information.

FECs have received praise for providing families with support and resources outside of any involvement with the child welfare system. However, FECs have also received criticism because they are funded by ACS and their staff members, like those of all social service agencies, are mandated reporters of suspected child abuse or neglect.

ACS is often viewed as a disruptive force in communities with high child welfare involvement, which are also typically low-income communities of color. ACS sees FECs as a way to begin to reduce the racial and ethnic disparities within the child welfare system. Some parent leaders and other child welfare advocates, however, would strongly prefer to see support and resources provided to families from a source without any affiliation with ACS.

In May 2021, then-Mayor de Blasio announced the coming expansion of this program to a total of 30 sites in all five boroughs; the new sites are to be located in neighborhoods that were hit the hardest by the Covid-19 pandemic or otherwise suffer from health and social disparities. (Agencies are awaiting the announcement of who received these contracts.)

Another primary prevention initiative is ACS’s Community Partnership Programs (CPP), established in 2007 but redesigned beginning in 2016. Unlike FECs, CPPs are not fixed sites, but rather community coalitions in 11 high-needs districts that connect families with services and resources and advocate for the well-being of children and families in the community. Anyone in the community, including residents, community leaders, social services providers, representatives of government agencies, and other stakeholders, can join the CPPs’ monthly meetings and share local resources and ideas for supporting local children and families.

Finally, ACS also classifies its new Office of Child Safety and Accident Prevention and some slots in its Group Attachment Behavioral Intervention (GABI) as primary prevention. GABI began as an add-on for some families in prevention services and is now also being opened to families not already involved with ACS, making it partially a primary prevention program as well.

There are two programs also discussed in this brief that are on a somewhat different procurement cycle than the rest of the prevention services system and are still under old contracts. The first is general prevention services housed at Department of Youth and Community Development (DYCD) Beacon sites. These contracts were held by DYCD until January 2021, when they shifted to ACS. Prior to that, ACS provided funding to DYCD for Beacon prevention services. Second is Safe Way Forward, a small program for families impacted by domestic violence. Because they are still a part of ACS’s prevention services continuum, they are included in this analysis even though they were not part

of the new contracts. Together, they make up roughly one-tenth of the slots in the prevention services system.

Beyond the programs in the new contracts, Beacon programs, and Safe Way Forward, ACS includes in its prevention services budget some relatively small programs and initiatives that are outside the scope of this brief because they have different goals from what we refer to as the prevention services system. These include programs that divert youth from the juvenile justice system or other court intervention; an intervention offered as a therapeutic enhancement to families already receiving ACS’s general

prevention services; and some initiatives for youth in foster care that also receive prevention services funds.³ ACS also offers short-term prevention “homemaking services” for families with parents or guardians who are either unable to care for their children due to illness or need training in household and child rearing skills. These services are separate from the rest of ACS’s prevention services system and are excluded from this brief.⁴

This brief offers an overview of the prevention services landscape over the past several years, examining overall enrollment in services, spending, and funding sources since 2012, but focusing mostly on 2016 through the present. (Our [last fiscal brief](#) on this topic discussed prevention services trends in earlier years.) We chose to begin most of our analysis in 2016 because ACS added a substantial amount to its prevention services budget beginning in 2017 (from here on, all years refer to city fiscal years unless otherwise noted). This was part of its increased focus on specialized programs, as a portion of the funding was intended to convert some of the general programs in its portfolio to specialized ones. Much of the remaining additional funding was used to increase the total number of prevention services slots available to families.

After a broad look at how many families enter prevention services each year, IBO analyzes spending and funding in this program area. We then examine trends in the number of slots available by borough and by type, enrollment in services by type, how many families are referred to services in relation to how many actually enroll, and some potential factors that may stop referred families from enrolling. We also discuss the implications of the Family First Prevention Services Act of 2018, which opened up federal Title IV-E funding for prevention services in the city for the first time.

Finally, while the demographics of children who receive prevention services are not the focus of this brief, it is important to note that there are well-documented racial and ethnic disparities in the child welfare system. Advocates have long raised concerns around this issue, and ACS acknowledges these disparities as well. According to ACS testimony on this topic in 2020, children in families that identify as Black or Latinx/Hispanic are highly over-represented in reports of alleged maltreatment compared to their share of the population as a whole. One reason for this is that poverty and neglect are often conflated by reporters, and families in these communities are more likely to be living in poverty than others. This means that children from these communities are also over-represented in ACS’s prevention services.⁵

Maltreatment reports are also somewhat more likely to be substantiated for children from these communities, particularly those involving Black families. Black and Latinx/Hispanic children are also over-represented in court-ordered supervision filings and foster care placements compared to their share of substantiated investigations—again, this is especially true for Black children.

Entries into Prevention Services Declined In Recent Years After Years of Growth

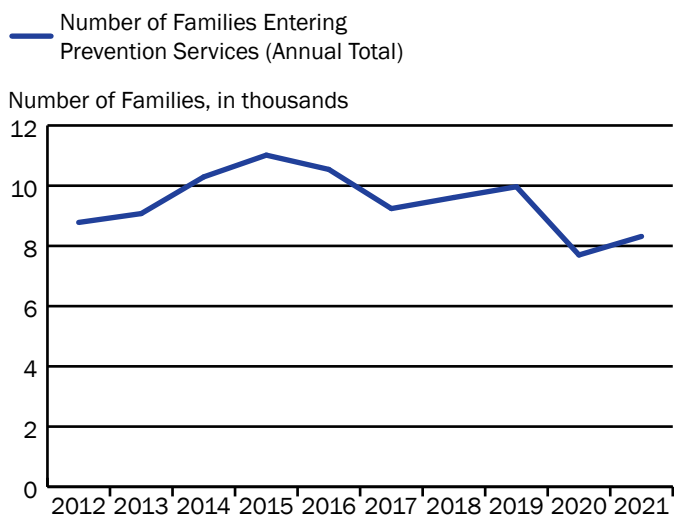
In this brief, we use “entries” and “enrollments” in prevention services interchangeably; both terms mean that a provider has opened a new case for a family and they have begun services. Sometimes, families are transferred from one prevention program to another, but these transfers are not considered new entries and are not included in the reported numbers. It is also important to note that numbers for entries into services are based on families rather than children.

The number of families entering prevention services has fluctuated over the past several years, reflecting in part various changes to ACS policies and in part the child welfare system’s response to tragedies and the Covid-19 pandemic.

Detailing the Changes. From 2012 through 2015, there was a steady increase in the number of families entering prevention services, reaching a peak in 2015 of 11,015 families. There was a small decline in 2016 to 10,540 entries, due in part to a decrease in substantiated abuse or neglect investigations and also in part due to a temporary ACS policy that gave providers more time to close very complex cases. According to ACS, this meant that providers were closing fewer cases, giving them less room to enroll new families in services.⁶

In 2017, the number of families entering services dropped more than 12 percent to 9,240. This was the result of changes made after the high-profile September 2016 death of Zymere Perkins—a six-year-old boy whose family had been enrolled in prevention services until shortly before his mother’s boyfriend killed him. ACS then began requiring that prevention service providers hold a conference with ACS staff and obtain approval before closing cases. With fewer cases closed, the number of families entering prevention services fell. Late in fiscal year 2017, ACS revised this new policy so that only high-risk cases required ACS approval for closure, which resulted in a small increase in prevention services entries in 2018, to 9,608.

Fluctuations in Entries into Prevention Services Often Reflect Administration for Children's Services Policy Changes



SOURCE: Mayor's Management Report
New York City Independent Budget Office

After increasing again to 9,965 entries in 2019, only 7,699 families entered prevention services in 2020—a 23 percent decline. Over the last several months of fiscal year 2020, ACS intentionally phased in reductions in the prevention services system as it prepared to transition to new contracts that would take effect on July 1, 2020, focusing on services for the highest-need families. IBO found only a 10 percent decline in enrollments between 2019 and 2020 when looking at only the first eight months of each fiscal year, from July through February, which is not unexpected given that ACS was purposely slowing entries into services near the end of the fiscal year. ACS has emphasized that it worked with its contracted prevention services agencies to ensure that the highest-risk families were still receiving services, and that the reduction in capacity was done carefully and in phases.

The last four months of the fiscal year marked the beginning of the Covid-19 pandemic, which ACS cites as another factor accounting for the drop in enrollments. In fact, enrollments in the last four months of 2020 dropped by nearly 50 percent compared to the same time period in 2019. In theory, because many families have struggled to meet basic needs during the pandemic, there could have been an increase in entries into prevention services during this time. However, this is not what occurred in practice.

Citywide lockdowns beginning in March 2020, in particular the closure of schools, led to a sharp drop in reports of child abuse or neglect—from March through June 2020 ACS conducted 11,752 investigations, compared to 20,060 in March through June 2019, a 41 percent decrease.

This in turn led to fewer families under ACS investigation who could have been referred to prevention services. Additionally, families may have been reluctant to have prevention services providers in person inside their homes, and some prevention services staff and families were initially not equipped with the technology needed for video visits. When possible, prevention services have continued to be delivered in-person throughout the pandemic, according to ACS, but providers have made decisions about this on a case-by-case basis.⁷

In 2021, enrollments in prevention services increased to 8,316. This is still not near the enrollment levels of the several years prior to 2020, likely due to continued effects of the pandemic as well as programs in the new system taking time to get fully up and running.

Spending and Funding on Prevention Services Increase in Recent Years

Most of the spending for ACS's prevention services is paid through contracts the city enters into with nonprofit providers, as opposed to spending on ACS staff, since the city does not provide these services directly. Providers receive contracts for a certain number of slots, and funding per slot varies by the type of program. All specialized programs are more expensive on a per slot basis than general ones.⁸

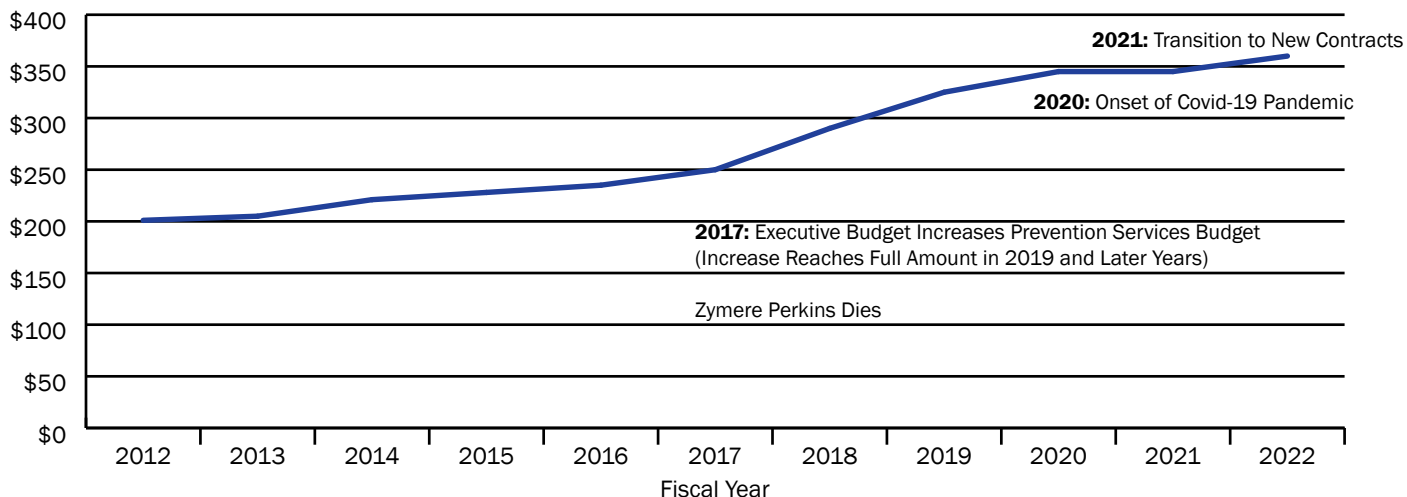
The biggest increases to the prevention services budget in recent years were in 2017 through 2019 when ACS added funding for various initiatives, detailed below. Most of this budget comes from federal and state dollars rather than city funding, although it is important to note that the city does need to expend funds first in order to receive state reimbursement. While it is a small share of the overall prevention services budget, city funding is therefore crucial to providing these services to families.

Spending. ACS's spending on prevention services increased by 72 percent from 2012 to 2021, from \$201 million to \$345 million; adjusted for inflation, the growth was 38 percent. The vast majority of that spending—\$328 million in 2021—goes to contracts with providers, with most of the remainder spent on ACS staff overseeing contracts.

This increase included a 31 percent jump just from 2017 to 2019, from \$248 million to \$325 million. The [2017 Executive Budget](#) contained the largest single injection of new funding during those three fiscal years, adding \$19 million for 2017, \$41 million for 2018, and \$53 million for 2019 and later years to the prevention services budget.

Spending on Prevention Services Accelerated After 2017

Dollars in Millions



SOURCES: Mayor’s Office of Management and Budget; Administration for Children’s Services

NOTES: Dollars are nominal and do not include Homemaking Prevention Services. Includes roughly \$67 million in 2022, and similar amounts in previous years, for programs outside the scope of this brief. 2012-2021 are actual expenditures; 2022 is projected. 2022 includes \$17 million for expanded Family Enrichment Centers and \$14 million for indirect cost rates that have not yet been transferred to the Prevention Services budget function, but should be transferred this year.

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Of these totals, \$8 million in 2017, \$21 million in 2018, and \$31 million in 2019 and beyond was earmarked for additional prevention services slots and the conversion of some general slots to specialized programs.⁹

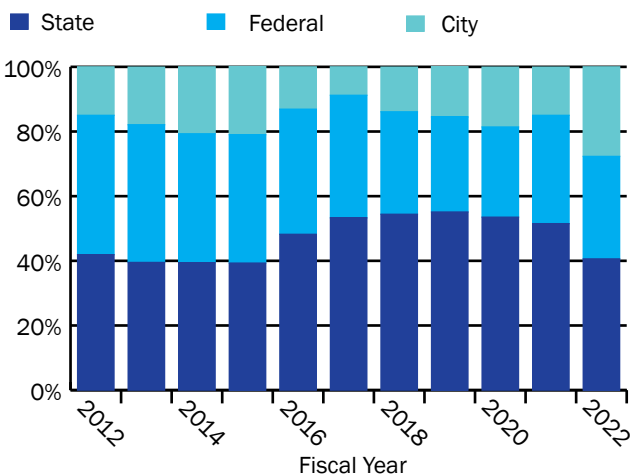
The 2018 budget saw another \$15 million a year added to increase training for prevention services staff and to streamline the referral and placement process, as well as \$26 million annually for the model budget process. This was a citywide process to more closely align select contracted human services providers’ budgets with their actual expenses; ACS used the funding to help prevention services providers hire more supervisors, case aides, and quality assurance staff and to increase staff salaries.

ACS projects spending \$359 million on prevention services in the current fiscal year, 2022.¹⁰

Funding. Over the past several years, city dollars have consistently made up the smallest share of funding for prevention services, as ACS is able to tap into state and federal funding streams. The city must spend money before it can receive the state funding described below, however, and the state’s share of prevention services funding, not accounting for federal funding, is significantly higher than the city’s (62 percent to 38 percent). The city’s relatively small outlay for prevention services is because of this funding structure, as well as the fact that it is also able to use some federal dollars for prevention services.

State Funding. State funding for prevention services comes almost entirely from its child welfare funding stream, which reimburses localities for 62 percent of their child welfare expenses, net of federal funding.¹¹ In 2012, \$89 million in state funding represented 42 percent of the

City Dollars Make up Smallest Share of Prevention Services Funding



SOURCES: Mayor’s Office of Management and Budget; Administration for Children’s Services

NOTES: Excludes Prevention Homemaking Services. Excludes intracity and other categorical funding. Includes roughly \$67 million in 2022, and similar amounts in previous years, for programs outside the scope of this brief. 2022’s calculations include \$17 million in city funding for expanded Family Enrichment Centers and \$14 million for indirect cost rates, in both state and city funding, that have not yet been transferred to the Prevention Services budget function, but should be transferred this year.

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total prevention services budget, but by 2015, \$91 million represented 39 percent of the budget, as city funding had increased from \$32 million to \$49 million over those years.

In 2016, ACS realized an additional \$21 million from the state child welfare funding stream for prevention services—the increase grew to \$34 million in 2017 and later years—due to a state budgetary realignment that was meant to more accurately reflect which expenses were eligible for reimbursement. This meant that the state funding share increased to 48 percent in 2016 and 53 percent in 2017 and ranged from 52 percent to 55 percent each year through 2021. City funding correspondingly dropped back down to \$34 million in 2016 and \$25 million in 2017, although it then steadily increased to \$64 million in 2020 with the implementation of the initiatives discussed above.

The amount of state funding also steadily increased as prevention services spending in general increased, reaching \$185 million in 2020. Both city and state funding dropped in 2021, to \$51 million and \$178 million respectively, due to a [state budget action](#) that required more federal Temporary Assistance for Needy Families, or TANF, dollars be spent on child welfare.

The Executive and Adopted Budgets for 2022 included a further realignment of the prevention services budget for 2022, removing \$30 million in state child welfare funding and replacing it with city funding. This was meant to reflect actual claims against the state funding and to adjust the budget to the current actual funding levels. It remains to be seen if this adjustment will recur in 2023 and later years.

Federal Funding. The largest source of federal funding is the Social Services Block Grant (using excess funds transferred from TANF), ranging from \$70 million to \$73 million each year from 2012 to 2020. Funding through

Title IV -B of the Social Security Act makes up \$10 million to \$12 million annually, and the remaining federal support for prevention services consists of smaller amounts from various other funding streams.

In total, federal funding barely changed, increasing from \$91 million in 2012 to \$96 million in 2020, but because the prevention services budget has increased substantially over this time period, there has been a steady decline in the federal share, from 43 percent in 2012 to 28 percent in 2020. However, the federal share increased to 34 percent in 2021 due to the required shift of more federal TANF dollars to child welfare. Federal funding of prevention services therefore jumped to \$116 million in 2021 and is forecast by the Mayor’s Office of Management and Budget to drop only slightly to \$114 million in 2022.

Finally, the \$17 million added annually for FECs in the 2022 Adopted Budget is city funding, because the state does not fund primary prevention. There is also \$14 million (of which \$5.3 million is city funding and \$8.7 million is from the state) for indirect cost rates that belongs in the prevention services budget, but currently appears outside of it. IBO projects that when these two buckets of funding are officially moved into prevention services this year, the city’s share of the budget will rise to its highest share in the time period studied: 28 percent.

Prevention Slots Increase With Specialized Programs Making Up a Larger Share

The number of prevention services slots provided each year indicates the maximum number of families that can be served on any given day. The number of slots that a given prevention services provider offers for each program it delivers is spelled out in its contract. Over the past several years, both the share of slots dedicated to specialized

	2016	2017	2018	2019	2020	2021	Percent Change 2020-2021
Bronx	3,099	3,099	3,231	3,773	3,773	3,624	(4%)
Brooklyn	4,142	4,102	4,332	4,474	4,474	4,021	(10%)
Manhattan	1,752	1,772	1,782	2,079	2,079	1,731	(17%)
Queens	2,208	2,208	2,201	2,389	2,389	2,177	(9%)
Staten Island	638	638	608	788	788	885	12%
Citywide	310	500	500	300	300	432	44%
TOTAL	12,149	12,319	12,654	13,803	13,803	12,870	(7%)

SOURCE: Administration for Children’s Services
 NOTES: Figures are of June 30 of each year, except for 2021, which is as of July 1, 2020—the first day of the new contracts. Includes all programs, not just those included in new contracts as of July 2020. Citywide programs can enroll families in any of the five boroughs.

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Specialized Prevention Services Make Up an Increasing Share of Slots						
<i>By Fiscal Year</i>						
	2016	2017	2018	2019	2020	2021
Specialized Programs' Share of Slots: Including only programs included in new contracts	41%	41%	41%	45%	45%	52%
Specialized Programs' Share of Slots: Including all programs, not just those included in new contracts	37%	38%	38%	42%	42%	48%
SOURCE: IBO analysis of Administration for Children's Services data NOTE: Slots are of June 30 of each year, except for 2021, which is as of July 1, 2020.						
<i>New York City Independent Budget Office</i>						

prevention programs and the share of families enrolling in these specialized programs have increased. With both the old and new systems of contracts, ACS has offered the highest numbers of slots in boroughs where prior enrollment has also been the highest.

The breakdown of slots by borough shows that Brooklyn has consistently had the most slots in both the old and new systems, followed by the Bronx, Queens, Manhattan, and finally Staten Island. The number of families enrolling in services each year has followed the same ranking. Every borough except Staten Island lost slots with the transition to the new contracts.

IBO also examined the ratio of enrollments in a given year to slots available. This ratio can tell us where the city might consider adding slots—a higher ratio would indicate fewer available slots relative to enrollments. Staten Island, which gained slots in the new system, has generally had the highest ratio of new enrollments to slots available. This ratio was 109 percent in 2018 (the year before ACS released the Request for Proposals for the new system), compared to only 65 percent in Manhattan, which was the borough with the biggest decline in slots. Citywide slots—which mostly serve families with medical issues that may impact children's safety, and are open to families in any borough—increased in the new system, even as the number of citywide programs decreased from three to two.

ACS's messaging around its prevention services system has for years signaled an increased emphasis on more specialized programs, sometimes called evidence-based, evidence-informed, or therapeutic and treatment models.

As noted earlier, these programs typically target specific populations; examples include families with children ages five and under who have experienced a traumatic event or with a child or caregiver with substance use or mental health problems. The press release announcing the awards for the new contracts stated that, "for the first time, therapeutic and treatment models will make up the majority of prevention slots."¹²

When looking solely at programs that were included in the RFP for the new contracts, slightly more than half—52 percent—of prevention slots are indeed dedicated to specialized programs in the new system, building on an increase from 41 percent in 2016 through 2018 to 45 percent in 2019 and 2020. This earlier increase came as the funding initially added beginning in 2017 to, in part, convert some general prevention services slots to specialized slots, reached its full planned amount in 2019.

Adding in the two programs on a somewhat different procurement cycle than the rest of the prevention services system—general prevention services at DYCD Beacon sites (1,020 slots each year) and Safe Way Forward (65 slots in 2019 and 2020 and 130 in 2021)—shows a somewhat smaller share for the specialized programs. Including these programs, the share of slots offering specialized services increased from 37 percent of all slots in 2016 to 42 percent in 2019 and 2020 and 48 percent in 2021.

Whether or not the programs on a different procurement cycle are included, specialized programs have clearly made up an increasingly important part of the prevention services system. The share of families actually enrolling

Specialized Prevention Services Make Up an Increasing Share of Enrollment						
<i>By Fiscal Year</i>						
	2016	2017	2018	2019	2020	2021
Enrollment in Specialized Programs	40%	37%	38%	43%	43%	54%
Enrollment in General Programs	60%	63%	62%	57%	57%	46%
SOURCE: Administration for Children's Services						
<i>New York City Independent Budget Office</i>						

Number of Specialized Slots Increased in Some Boroughs, Decreased in Others		
	Last Two Years of Old System	New System*
Total	5,832	6,186
Citywide	300	432
Bronx	1,716	1,953
Brooklyn	1,600	1,600
Manhattan	890	840
Queens	850	824
Staten Island	476	537

SOURCE: IBO analysis of Administration for Children’s Services data
NOTE: *Includes Safe Way Forward, a small domestic violence-related program in the Bronx and Staten Island not included in new contracts.
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in specialized programs has increased along with their share of slots. In 2017, 37 percent of families enrolling in prevention services entered one of the specialized programs; by 2020, this had increased to 43 percent. In 2021, the share of families enrolling in specialized programs jumped sharply to 54 percent with the increased focus on these programs in the new contracts.

ACS has emphasized that the new system boasts universal access, meaning that families in all boroughs can access all types of programs. This was not the case prior to July 2020, when some specialized programs had slots in all five boroughs but some did not. In the new system, families across the city have access to the same seven specialized programs within their home boroughs, as well as two that are citywide, along with general programs.¹³ This is an important change, since specialized programs are targeted toward specific populations and involve specific interventions. Now, if there is a program geared toward their specific need, families in all boroughs should be able to access it—as long as the program has space available and families are able to travel to it. This was not always the case in the past; for example, in the last two years before the new contracts began, families in the Bronx had access to a total of 13 specialized programs (including three that were citywide), while Queens families only had access to nine (including the three citywide programs).

Bronx families had access to both the largest number of specialized programs and specialized slots in the old system, and the latter remains true in the new system. The borough had a 14 percent increase in specialized slots with the new contracts. The number of specialized slots in Staten Island also increased, by 13 percent, while Manhattan and Queens saw decreases. Brooklyn, which had access to the second-highest number of specialized

programs in the old system and the second-highest number of slots in both the old and new systems, saw no change in its number of slots. Queens had access to the fewest number of programs in the old system, and has had the second-fewest number of specialized slots after Staten Island. The Bronx and Brooklyn have the most slots, as these are also the two boroughs with the most abuse and neglect investigations; these boroughs also have the highest poverty rates, and as described earlier in this brief, poverty and neglect are often conflated by reporters of child abuse, causing children from these communities to be over-represented in ACS’s prevention services.

Finally, it is important to note that even general programs, now called Family Support under the new contracts, use a more formalized approach in the new system than in the past. Providers must use one of three research-informed case practice frameworks—Family Connections (which was its own separate program in the old system), Solution Based Casework, or Mobility Mentoring.

Share of Referrals Leading to Enrollment Increasing In Recent Years. Not all families who are referred to prevention services—typically but not always by ACS’s protective services staff—end up enrolling in services, for a variety of potential reasons. However, the most recent complete fiscal year saw the highest share in the past several years of referred families actually enrolling in services, potentially due to the Covid-19 pandemic.

The great majority of referrals to prevention services—typically above 80 percent each year—come from ACS’s child protective division, which investigates allegations of child abuse or neglect. Other potential sources include foster care agencies, schools, hospitals and other medical facilities, Family Court, self-referral, or other city agencies such as the Department of Homeless Services, the New York City Housing Authority, and the Department of Probation.

Ratio of Enrollments to Referrals Has Increased in Recent Years						
<i>By Fiscal Year</i>						
	2016	2017	2018	2019	2020	2021
Enrollments	10,540	9,240	9,608	9,965	7,699	8,316
Referrals	15,538	14,048	14,690	13,847	10,706	10,669
Enrollment Ratio	68%	66%	65%	72%	72%	78%

SOURCE: Administration for Children’s Services
NOTE: Includes new enrollments only—excludes transfers from one prevention program to another
New York City Independent Budget Office

IBO examined the share of referrals leading to actual new enrollments in services, and found that this share declined somewhat from 68 percent in 2016 to 65 percent in 2018. According to ACS, this was likely due at least in part to the 2017 policy changes that made closing cases, and therefore opening up room for new enrollments, a more involved process.¹⁴ There was then a sharp increase in 2019 to 72 percent, likely at least partially due to money added to ACS's budget to streamline the referral and placement process.

In 2021, there was another increase, with 78 percent of referrals resulting in enrollments in services—despite the continued pandemic-driven partial lockdowns across the city during this time period. It is possible that with fewer child abuse or neglect reports being made during the pandemic, those cases that did come to ACS's attention were more likely to be serious and therefore to lead to enrollment in services. Additionally, the fact that families can now access all of the different specialized programs no matter which borough they live in may have led more of them to enroll in programs.

The share of referrals that came from ACS's child protective division rose to 91 percent in 2021, compared to 86 percent in 2020 and 85 percent in 2019. This may be another reason why a higher share of referrals resulted in enrollments—ACS had become an even more dominant source of referrals and even when ACS referrals to prevention services are voluntary, families may not experience them as such.

Even with the high ratio of enrollments to referrals in 2021, there were many families that ACS or other organizations believed could benefit from prevention services but who did not enroll. There are a number of potential reasons why a referred family might not end up enrolling in services, including that some individual providers may lack room for new families. And even if providers are available, they may not be conveniently located or may have only limited times available, or they may lack the language and/or cultural competency that would make them a good fit for a given family.

Finally, families voluntarily referred to services may not see any value in receiving them. In fact, some advocates have voiced concerns that the increasing focus on specialized prevention services over the past several years may create mismatches between families' concrete, day-to-day needs, such as food, diapers, and housing, and what these services offer. Services that use therapeutic or

clinical models must follow the model with fidelity and could potentially lack the flexibility to focus on a particular family's specific needs. In addition, the specialized models are usually time-limited and providers may not be able to keep families beyond the prescribed amount of time, even if the family's broader needs have not been fully met.¹⁵ However, according to ACS, all prevention services, including specialized programs, are required to provide case management and meet both the child welfare and concrete, day-to-day needs of families.

According to advocates, while prevention services providers saw fewer families during the height of the coronavirus pandemic, many that they did see not only were more likely to be in need of immediate assistance with day-to-day needs, but also often needed help accessing and setting up devices for children's remote learning or accessing personal protective equipment. Despite the pandemic coinciding with the advent of the new contracts, the increase in the share of families enrolling in specialized services, and the increased emphasis even in general programs on a more formalized approach to services, advocates report that ACS showed flexibility in allowing prevention services agencies to use some of their budgets to help with these needs.¹⁶ ACS has also testified about recognizing the importance of helping families meet these concrete needs during the pandemic—particularly through its primary prevention initiatives, Family Enrichment Centers and Community Partnership Programs.¹⁷

Family First Prevention Services Act

The federal Family First Prevention Services Act was signed into law in 2018. States were given the option to delay implementation, and New York State did delay until September 2021. Among other provisions, Family First represents the first time that federal Title IV-E funding can be used for prevention services; however, only evidence-based services approved by a federal clearinghouse will receive reimbursement.

It is not yet clear how much this law will impact the delivery of prevention services in the city, as unlike many other states, New York already has state funding for prevention services. As discussed earlier, the state reimburses localities 62 percent of their prevention services expenses, while Family First allows for only 50 percent reimbursement from Title IV-E. Unless the state changes its reimbursement structure in response to the law—which is possible—it is not clear if the city will attempt to access Title IV-E funding for prevention services. The city will need to determine the

potential benefits of accessing the Title IV-E funding, taking the current state funding structure into account.

ACS's concept paper for the new prevention services contracts did state that the agency is planning for compliance with Family First. While not all of ACS's specialized programs are on the federally approved list of services that can receive reimbursement, that list is still a work in progress.

One concrete result of Family First is that because the city has been at the forefront of using specialized prevention services, other states have looked to ACS for help in implementing these services. More specific impacts of the law on ACS's budget remain to be seen, however.

Conclusion

Entries into prevention services have fluctuated over the past several years, with declines in prevention services enrollments at least partially attributable to ACS policies. The years 2020 and 2021 are outliers and it is difficult to draw any conclusions about what entries into services would have looked like in those years without the factors of the Covid-19 pandemic and the winding down of the old contracts and the transition to the new system.

Additional funding beginning in 2017 resulted in an increase in slots and in the share of slots for specialized

prevention services. With the new system put in place as of July 1, 2020, there are no longer significant disparities between boroughs in the number of programs families can access. The boroughs with the most abuse and neglect investigations and the greatest enrollment in services over the past few years have the most slots in the new system. Additionally, the share of families enrolling in specialized models has been steadily increasing since 2017, with a sharp jump in 2021.

A sizable number of referrals to prevention services do not result in enrollment, although the share increased sharply in 2021 for a few potential reasons. These include that more serious cases may be coming to ACS's attention during the pandemic, that families in all boroughs can now access all specialized programs, and that a higher share of referrals have come from ACS.

While the fiscal implications of the Family First Prevention Services Act on New York City remain to be seen, the benefit for the city is not as obvious as it is for localities in other states, given New York State's existing reimbursement structure for prevention services. However, the city could still explore opportunities for claiming the new federal funding.

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Endnotes

¹Casey Family Programs and National Implementation Research Network (2017). “[Implementing Evidence-Based Child Welfare: The New York City Experience](#).”

²IBO has included two evidence-based models that were in the old system of contracts, Family Connections and Safe Care, in its “general” category throughout this brief. Safe Care was for low-risk families and therefore targeted a more general population than the programs categorized as specialized in this brief. It is no longer offered in the new system. Family Connections was its own separate model in the old system, but it is now one framework that providers of general prevention services may use, so it has also been categorized as a general program in this brief.

³According to ACS, approximately \$67 million of the agency’s prevention services budget function (out of a total of over \$350 million) in 2022, and similar amounts in previous years, covers those programs and initiatives not discussed in this brief.

⁴Homemaking prevention services are a separate budget function, meaning that they have their own budget.

⁵ACS Testimony at 10/28/2020 City Council Hearing, “[Oversight - Racial Disparities in the Child Welfare System](#)”

⁶[2016 Mayor’s Management Report](#)

⁷ACS Testimony at 6/14/2021 City Council Hearing, “[Oversight - The Child Welfare System During COVID-19](#)”

⁸According to the Request for Proposals for the new contracts, general prevention services cost ACS \$15,000 per slot, while the majority of

specialized programs range from about \$18,000 to \$33,000 per slot, with one small citywide program costing \$60,000 per slot.

⁹The rest of the money was for the Family Enrichment Centers pilot program, aftercare for children returning from foster care, clinical consultation supports, and ACS personal services.

¹⁰This includes \$17 million for expanded Family Enrichment Centers and \$14 million for indirect cost rates that have not yet been transferred to the Prevention Services budget function.

¹¹When the legislation creating state reimbursement for child welfare spending was signed into law in 2002, the state’s reimbursement rate was 65 percent. While the statute still says 65 percent, every year since 2008, the state budget has reduced the actual rate to 62 percent.

¹²<https://www1.nyc.gov/assets/acs/pdf/PressReleases/2020/ACSPreventionServices.pdf>

¹³There is also Safe Way Forward, which is only in the Bronx and Staten Island—but that program only has 65 slots in each of those boroughs.

¹⁴[2017 Mayor’s Management Report](#)

¹⁵Testimony at 12/14/2016 City Council Hearing, “[Oversight - Preventive Services at the Administration for Children’s Services](#)”; IBO conversation with Council of Family and Child Caring Agencies (COFCCA), January 12, 2021

¹⁶IBO conversation with COFCCA, January 12, 2021

¹⁷ACS Testimony at 6/14/2021 City Council Hearing, “[Oversight - The Child Welfare System During COVID-19](#)”